

Appendix 3 ON THE JOB TRAINING ACTIVITIES AND ACCOMPANYING COMPETENCY BASED TRAINING ASSESSMENTS

This Appendix 3, On The Job Training (OJT) Activities and the accompanying Competency Based Training Assessments (CBTAs) has been designed to enhance your Direct Support Person (DSP) training. The OJT activities and CBTAs may be used as they are, or modified to meet your particular training needs. A breakdown and explanation of the enclosed material has been provided to help you make the most of your training time.

The Bureau of Quality Management would like to thank all of the agencies who provided sample OJT activities and CBTAs for this Appendix. Agencies are encouraged to submit additional OJT/CBTAs for possible use in future publications. A blank OJT/CBTA template can be found at the back of this Appendix. Use this form for creating your own OJT/CBTAs. Completed forms should be mailed to the following address:

**Division of Developmental Disabilities
Bureau of Quality Management
Quality Enhancement Section
319 E. Madison, Suite 4J
Springfield, IL 62701**

On-the-Job-Training provides DSPs an opportunity to practice what they have learned in class. With OJT, the DSP performs specific tasks under the supervision of someone else who is qualified to perform that task (e.g., supervisors, experienced DSP, QMRP). Instructors should look for opportunities to reinforce the interventional competencies through on-the-job training. Once an opportunity for OJT is identified, the process of task analysis begins. Task analysis breaks down the competency into recognizable steps that can be performed and subsequently analyzed through a competency based training assessment.

The following steps are used to develop the attached OJTs:

1. Identify the task.
2. Complete the task analysis.
3. Establish the *SHOW, TELL, DO, CHECK* model for the identified task.
 - *SHOW* the DSP the OJT to be completed. Demonstrate the activity for them.
 - *TELL* the DSP what you want them to do. Be clear in your instructions regarding the process to complete the task and your performance expectations.
 - *DO* the activity. The DSP should perform the activity one or more times.
 - *CHECK* the DSPs performance using the Competency Based Training Assessment. Provide feedback and redirection as needed.

Allow the DSP ample opportunities to practice the OJT before the evaluation.

Competency Based Training Assessment takes the sequential process of on-the-job-training a step further through demonstration and evaluation. Retrain on each missed step of the OJT when established performance standard is not achieved. Use the evaluation key contained in the CBTA to document performance.

Elements of the OJT:

| | | |
|---|---|--|
| OJT Activity: Use of Communication Board |  | <i>Indicates the name of the OJT.</i> |
| Approximate Time to Complete: 1 Hour |  | <i>Indicates the approximate time it should take to complete the OJT.</i> |
| Recommended Number of Practice Opportunities: 1-2 practice sessions |  | <i>Indicates the number of practice opportunities the DSP should have before they are evaluated.</i> |
| Introduction to Developmental Disabilities Human Rights Abuse & Neglect <input checked="" type="checkbox"/> Human Interaction & Communication Service Plan Development & Implementation Basic Health & Safety |  | <i>Indicates the appropriate module or modules to which the competency applies.</i> |
| Competencies Addressed: C The DSP is respectful. C The DSP recognizes and demonstrates appropriate modes of communication. C The DSP actively engages in a non-directive manner with individuals. C The DSP demonstrates effective use of assistive technology. C The DSP demonstrates active listening skills. |  | <i>Indicates the competency addressed through the OJT. Note—several competencies are addressed through the performance of one OJT.</i> |
| On-The-Job Training Activity Steps: 1. Identify an individual who uses a communication board. 2. Begin the training by locating the communication board. 3. Disengage the communication board by pulling the cord from the charger. |  | <i>Explains the steps/process the DSP should perform before, during, and after the OJT.</i> |

Elements of the CBTA:

| | | | | | | | | |
|--|--|--|-------|-----|-----|-----|--|--|
| <p>Name of DSP</p> <p>Date First Try: Second Try: Third Try:</p> <p>Reviewer Initials</p> |  | <p><i>Indicates the name of the DSP, name of the evaluator, and dates of the evaluation.</i></p> | | | | | | |
| <p>CBTA Evaluation #: Use of Communication Board</p> |  | <p><i>Indicates the name of the OJT/CBTA being performed.</i></p> | | | | | | |
| <p style="text-align: center;"><u>Skill Areas</u></p> <p><u>Performance Approved/Yes or No</u></p> <ol style="list-style-type: none"> 1. The DSP respectfully greeted the individual. 2. The DSP asked the individual if they would like to complete the activity. 3. The DSP listened to what the individual had to say. |  | <p><i>Lists the criteria as compared to the Interventional Competency.</i></p> | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 33%;">First</td> <td style="text-align: center; width: 33%;">Second</td> <td style="text-align: center; width: 33%;">Third</td> </tr> <tr> <td style="text-align: center;">Y/N</td> <td style="text-align: center;">Y/N</td> <td style="text-align: center;">Y/N</td> </tr> </table> | First | Second | Third | Y/N | Y/N | Y/N |  | <p><i>Allows the evaluator to document each attempted performance. (No need to repeat 2-3 times if done correctly the first time.)</i></p> |
| First | Second | Third | | | | | | |
| Y/N | Y/N | Y/N | | | | | | |
| <p>Comments:</p> <hr/> <p>Signature of reviewer upon successful OJT completion Date of completion</p> | | <p><i>Documents the successful completion of the OJT.</i></p> | | | | | | |

Interventional Competencies Table of Contents

| Introduction to Developmental Disabilities | OJT/CBTA Number |
|---|--|
| Creates opportunities for the individual to speak on his/her own behalf in a variety of situations. | 5, 6, 8, 9, 12, 39, 40, 42, 43, 44, 45 |
| Gathers and documents information in an accurate, objective and unobtrusive manner. | 1, 2, 3, 4, 12, 15, 17, 18, 19, 20, 22, 33, 38, 41, 42 |
| Provides information needed to complete assessments that are relevant to the individual's goals, interests and preferences and that are consistent with relevant professional practice. | 3, 5, 41 |
| Names and defines life skill areas and demonstrates observable skills and tasks. | 13 |
| Defines developmental disabilities and lists associated characteristics. | 38 |
| Documents and communicates identified strengths, abilities, desires, concerns and needs of the individual. | 3, 13, 41 |
| Follows established directions and procedures. | 1, 2, 3, 4, 10, 11, 15, 17, 18, 19, 20, 22, 24, 28, 29, 31, 32, 33, 37, 42, 45 |
| Human Rights | OJT/CBTA Number |
| Contributes to a normalized environment. | 5, 40, 45 |
| Utilizes person centered language and concepts. | 6, 38, 45 |
| Communicates effectively in verbal and written form. | 1, 2, 3, 37, 39, 43 |
| Demonstrates cultural competency in the planning process. | 6 |
| Utilizes age appropriate strategies. | 5, 6, 40, 45 |
| Intervenes or identifies advocacy issues. | 8, 9, 15, 31, 43 |
| Obtains information from the individual. | 2, 5, 8, 33, 40, 41, 42, 45 |
| Demonstrates an ability to build rapport. | 5, 6, 39, 41, 42, 44 |
| Offers opportunities for choice. | 5, 6, 12, 40, 42, 43, 44, 45 |
| Recognizes human rights violations. | 31, 34, 35 |
| Identifies available community resources. | 6, 40, 45 |
| Educates individuals in choice making and their potential outcomes. | 6, 9, 40, 43, 45 |

Interventional Competencies Table of Contents (continued)

| Human Rights – continued | OJT/CBTA Number |
|--|--|
| Follows established directions and procedures. | 1, 2, 3, 4, 10, 11, 15, 17, 18, 19, 20, 22, 24, 28, 29, 31, 32, 33, 37, 42, 45 |
| Assists in individual self-advocacy efforts. | 5, 9, 40, 43, 45 |
| Protects rights and confidentiality. | 3, 4, 9, 13, 15, 17, 18, 19, 20, 22, 36, 38 |
| Protects personal property. | 8 |
| Abuse & Neglect | OJT/CBTA Number |
| Participates in producing a healthy, engaging environment. | 5, 6, 12, 32, 33, 34, 35, 42 |
| Recognizes the forms of abuse (e.g., sexual abuse, physical abuse, and mental abuse). | 2, 4, 8, 15, 31, 34 |
| Recognizes the forms of neglect (e.g., medical, physical care, lack of needed supervision). | 2, 4, 8, 15, 31, 34 |
| Follows rules and procedures related to preventing, identifying and reporting abuse and neglect. | 2, 31, 34 |
| Develops strategies for preventing abuse and neglect. | 32, 33, 34, 35 |
| Contributes to creating a supportive environment. | 5, 9, 32, 33, 34, 35, 42 |
| Human Interaction & Communication | OJT/CBTA Number |
| Is respectful. | 2, 5, 6, 7, 12, 14, 41, 42, 43, 44 |
| Actively engages in a non-directive manner with individuals. | 5, 6, 7, 35, 41, 42, 43, 44 |
| Recognizes speech deficiencies. | 1, 7, 44, 45 |
| Demonstrates various communication modes and styles. | 12, 44, 45 |
| Demonstrates effective use of assistive technology. | 7, 45 |
| Demonstrates active listening skills. | 6, 8, 35, 44 |
| Recognizes and demonstrates appropriate modes of communication with the individual. | 7, 44, 45 |
| Implements communication programs. | 7 |
| Documents results of communication programs. | 7 |
| Initiates the process for revising the communication program as needed. | 7 |
| Establishes rapport. | 14, 33, 41, 42, 43, 44 |

Interventional Competencies Table of Contents (continued)

| Human Interaction & Communication - continued | OJT/CBTA Number |
|---|---|
| Supports choice. | 5, 6, 12, 40, 42, 43, 44 |
| Demonstrates appropriate transfer of information from staff to staff. | 1, 4, 9, 15, 35, 39 |
| Recognizes and provides support during times of grief. | 39 |
| Service Plan Implementation & Development | OJT/CBTA Number |
| Actively participates in the development of an individual's service plan. | 5, 13 |
| Involves the individual in identifying and choosing activities and supports and addresses potential barriers/problems. | 6, 45 |
| Schedules events and needed supports as requested. | 9, 10, 11 |
| Monitors success in achieving outcomes. | 13 |
| Operates transportation/mobility adaptive equipment in a safe and appropriate manner. | 9, 10, 11 |
| Serves as a professional and active member of the IDT/community support team. | 13 |
| Listens to the individual. | 2, 5, 7, 33, 41, 42, 43, 44 |
| Respects the appropriate boundaries of the relationship. | 5, 12, 14, 23, 24, 25, 26, 41, 44 |
| Communicates effectively with the individual and the IDT/community support team. | 13 |
| Reviews and completes assessments. | 5, 15 |
| Facilitates choice in the person's life by assisting in identifying positives and negatives. | 6, 12, 40, 43 |
| Encourages and develops individual's leisure interests. | 6, 8 |
| Assists the individual in obtaining employment - complete job applications and prepare the person for job interviews, as requested. | 40 |
| Completes documentation as required and use correction procedure for addressing errors. | 1, 2, 4, 8, 9, 10, 11, 30, 31, 32, 33, 34, 35 |
| Demonstrates the ability to teach. | 7 |
| Demonstrates the ability to communicate effectively with individuals and staff - orally and in writing. | 2, 3, 4, 6, 9, 15 |
| Demonstrates understanding of informational releases. | 9 |
| Demonstrates organizational and environmental management skills. | 6, 28, 29 |

Interventional Competencies Table of Contents (continued)

| Service Plan Implementation & Development - continued | OJT/CBTA Number |
|--|---|
| Uses people first language. | 9, 13 |
| Assists with the admission, transfer and discharge of individuals as directed. | 37 |
| Implements the habilitation plan. | 6, 12, 46, 47 |
| Participates as directed in social habilitation. | 5, 6, 40 |
| Basic Health & Safety | OJT/CBTA Number |
| Implements seizure protocol. | 30 |
| Recognizes red flags that would be indicators of medical conditions. | 2, 9, 15, 17, 18, 19, 20, 22, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61 |
| Notifies appropriate person(s) about emergency health and safety concerns. | 2, 4, 23, 28, 29, 30, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61 |
| Accurately determines and records the individual's vital signs. | 15, 17, 18, 19, 20, 22 |
| Follows universal precautions and infection control procedures. | 2, 16, 20, 21, 22, 24, 25, 26, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61 |
| Demonstrates basic health observation skills. | 2, 9, 15, 30, 31, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61 |
| Demonstrates proper transfer techniques. | 11, 14, 59, 60, 61 |
| Demonstrates environmental safety skills. | 2, 16, 23, 48 |
| Demonstrates personal care and hygiene skills and techniques. | 16, 17, 18, 19, 20, 21, 22, 25, 26, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58 |
| Assists with personal hygiene. | 25, 26, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58 |
| Helps individual understand their bodily functions. | 9, 24 |
| Utilizes proper body mechanics and proper positioning techniques. | 11, 12, 14, 47 |
| Implements disaster procedures and assists individuals as needed. | 28, 29, 48 |
| Utilizes basic food safety and sanitation techniques. | 12, 16, 27, 46, 47 |
| Demonstrates basic nutrition skills. | 12, 36, 46 |

Interventional Competencies
Table of Contents (continued)

| Basic Health & Safety - continued | OJT/CBTA Number |
|---|--|
| Identifies and responds appropriately to identified safety hazards. | 2, 23, 28, 29, 48 |
| Demonstrates techniques required to support ADLs. | 25, 26, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61 |

OJT Activity #1:

Communication Process

(May only be completed in conjunction with Communication Process Worksheet)

| |
|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights Abuse & NeglectU Human Interaction & CommunicationU Service Plan Development & ImplementationBasic Health & Safety |
|---|

Approximate Time to Complete:

1 hour

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Recognizes speech deficiencies.
- Demonstrates appropriate transfer of information from staff to staff.
- Follows established directions and procedures.
- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Communicates effectively in verbal and written form.
- Completes documentation as required and uses correction procedure for addressing errors.

On-the- Job Training Activity Steps:

1. Review the Communication Process Worksheet.
2. Observe the interaction between two individuals in your program, or the interaction between an individual you serve and another staff member.
3. Complete the attached Communication Process Worksheet.
4. Review the completed Communication Process Worksheet with your OJT trainer.

| | | | | | | | |
|---|--|---|----------|--------------------------------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #1: Communication Process | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | | | | | | |
| 1. The DSP reviewed the information on the Communication Process Worksheet. | | | | | | | |
| 2. The DSP observed the interaction between two individuals in the program, or the interaction between an individual and another DSP. | | | | | | | |
| 3. The DSP thoroughly completed the Communication Process Worksheet. | | | | | | | |
| 4. The DSP reviewed the completed worksheet with the OJT trainer. | | | | | | | |
| Comments: _____ _____ _____ | | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

| | |
|---|----------------------|
| <p>Communication Process Worksheet (continued) (To be completed by DSP in conjunction with OJT/CBTA #1 Communication Process)</p> | |
| Name of DSP _____ | Date Completed _____ |

| | |
|--|--|
| Identify the interaction participants (those who are communicating). | |
| Identify the message sender and their role in the interaction (example: the message sender was the DSP- they are the caregiver, or the message sender could be the individual being served). | |
| Identify the message receiver (example: the message receiver was the individual being served—they are the care recipient, or the message receiver could be the DSP). | |
| Where did the interaction take place? | |
| What was going on at the time of the interaction (example: what were the events leading up to the interaction)? | |
| What was the facial expression of the sender? | |
| What was the facial expression of the receiver? | |
| What was the body language of the sender? | |
| What was the body language of the receiver? | |
| What was the mood of the sender (example: happy, sad, angry, frustrated)? | |

| Communication Process Worksheet (continued) (To be completed by DSP in conjunction with OJT/CBTA #1 Communication Process) | |
|--|--|
| Name of DSP _____ Date Completed _____ | |
| What was the mood of the receiver (example: happy, sad, angry, frustrated)? | |
| Were there any distractions on the part of the sender (example: other individuals, activity, television, etc.)? | |
| Were there any distractions on the part of the receiver (example: other individuals, activity, television, etc.)? | |
| Were there any communication challenges present (example: language, speech, hearing, or visual impairments)? | |
| Were there any assistive communication devices used in the interaction? If so, what? | |
| Identify attempts to communicate by the sender/receiver or receiver/sender that were not recognized. | |

OJT Activity #2:

First Aid for a Minor Wound

Approximate Time to Complete:

30 minutes

| |
|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human RightsU Abuse & NeglectU Human Interaction & CommunicationU Service Plan Development & ImplementationU Basic Health & Safety |
|---|

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Communicates effectively in verbal and written form.
- Demonstrates the ability to communicate effectively with individuals and staff orally and in writing.
- Recognizes the forms of abuse.
- Recognizes the forms of neglect.
- Follows rules and procedures related to preventing, identifying and reporting abuse and neglect.
- Completes documentation as required and uses correction procedure for addressing errors.
- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health and safety conditions.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Demonstrates environmental safety skills.
- Obtains information from the individual.
- Is respectful.
- Listens to the individual.
- Identifies and responds appropriately to identified safety hazards.

On- the-Job Training Activity Steps:

When an individual being supported has a minor wound, perform the following procedures:

1. Ask the individual if they are ok.
2. Assist the individual in sitting down.
3. Put latex gloves on your hands.
4. Examine the wound.
5. Ask the individual how they got the wound.
6. If wound is determined to be minor, clean the wound with cold water and pat dry.
7. Put antiseptic ointment on the wound.
8. Apply a clean bandage to the wound.
9. Ask the individual if they feel better. Praise the individual for their effort.
10. Remove and discard gloves appropriately.

11. Check the individual's record for medical conditions that may be affected by a minor wound.
12. Notify supervisor/QMRP as dictated by agency policy and procedure.
13. Document the incident/injury report as dictated by agency policy.
14. If incident is OIG* reportable do so according to agency policy and procedure.
15. Report and remove if possible any safety hazards that may be a threat to individuals and staff.

* Not all agencies report to the Office of Inspector General (OIG). Some agencies are required to report to the Illinois Department of Public Health (IDPH). If you are unsure of your agencies reporting requirements, talk with your OJT trainer.

| | | | | | | |
|--|---|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #2: First Aid for a Minor Wound Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP was respectful toward the individual. | | | | | | |
| 2. The DSP followed universal precautions and infection control procedures. | | | | | | |
| 3. The DSP cleaned the wound and applied a bandage. | | | | | | |
| 4. The DSP asked the individual how they got the wound. | | | | | | |
| 5. The DSP demonstrated basic health observation skills. | | | | | | |
| 6. The DSP checked the individual=s record for medical conditions that might be affected by a minor wound. | | | | | | |
| 7. The DSP notified the supervisor/QMRP as directed by agency policy and procedure. | | | | | | |
| 8. The DSP reported to OIG as directed by agency policy and procedure, if the incident was OIG reportable. | | | | | | |
| 9. The DSP documented the injury and treatment as directed by agency policy and procedure. | | | | | | |
| 10. The DSP reported and removed any safety hazards, if applicable, to prevent further injury by other individuals or staff. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #3:
Documentation**Approximate Time to Complete:**
1 hour

| |
|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights Abuse & Neglect Human Interaction & CommunicationU Service Plan Development & Implementation Basic Health & Safety |
|---|

Recommended Number of Practice Opportunities:
5 practice sessions**Interventional Competencies Addressed:**

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Provides information needed to complete assessments that are relevant to the individual's goals, interests and preferences and that are consistent with relevant professional practice.
- Documents and communicates identified strengths, abilities, desires, concerns and needs of the individual.
- Demonstrates the ability to communicate effectively with individuals and staff orally and in writing.
- Follows established directions and procedures.
- Communicates effectively in verbal and written form.
- Protects rights and confidentiality.

On –the-Job Training Activity Steps:

Agencies should provide the DSP with multiple opportunities for documentation that include daily logs, progress reports, incident reports, injury reports, as well as all aspects of the Individual Service Plan (ISP).

1. Identify and locate the individual's record.
2. Identify the information area for documenting and reporting data (e. g., progress reports, goal training, behavior incidents).
3. Obtain the correct page in the daily log, reporting form, or ISP for entering documentation.
4. Follow these documentation rules at all times:
 - Documentation should be legible and written in ink.
 - Documentation should be a correct and concise report of the facts.
 - Documentation should be standardized across the agency.
 - Documentation errors should be crossed out with a single line and initialed accordingly.
 - Documentation should be dated and signed.
5. Turn the document into your supervisor or file in the appropriate place as directed by agency policy and procedure.

| | | | | | | |
|---|---|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #3: Documentation Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified and located the individual's record. | | | | | | |
| 2. The DSP documented in the appropriate area of the individual's record (e.g., progress note, etc.). | | | | | | |
| 3. The DSP documented on the correct page of the appropriate area. | | | | | | |
| 4. The DSP followed these documentation rules; C The documentation was legible and written in ink. C The documentation was a correct, concise report of the facts. C The documentation followed agency standards. C Documentation errors were crossed out with a single line and initialed accordingly. C The documentation was dated and signed by the DSP. | | | | | | |
| 5. The DSP turned the document into the supervisor or filed it in the appropriate place. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #4:**Injury Reporting**

(Use the attached injury reporting scenarios and agency specific injury reporting forms in conjunction with this OJT).

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|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human RightsU Abuse & NeglectU Human Interaction & CommunicationU Service Plan Development & ImplementationU Basic Health & Safety |
|---|

Approximate Time to Complete:

1 hour

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Recognizes the forms of abuse.
- Recognizes the forms of neglect.
- Demonstrates appropriate transfer of information from staff to staff.
- Demonstrates the ability to communicate effectively with individuals and staff- orally and in writing.
- Protects rights and confidentiality.
- Completes documentation as required and uses correction procedure for addressing errors.
- Notifies appropriate person(s) about emergency health concerns and safety concerns.

On- the-Job Training Activity Steps:

1. Obtain the appropriate form.
2. Complete the form in ink.
3. Correct any errors in documentation by drawing a line through the error, initial, begin documentation again directly after the error in the record.
4. Enter the full name, date of birth and ID number (if applicable) of the injured individual.
5. Enter your full name and title.
6. Enter the name and title of the person the injury was reported to.
7. Enter the date, time and location of the incident.
8. State whether the injury was observed or unobserved.
9. Enter the name(s) of any witnesses of the incident.
10. Provide a complete narrative of the injury.
 - State only the facts as they have been observed. Offer no opinions of what may or may not have happened.
 - Identify any antecedents (a preceding occurrence or cause).
 - Identify any environmental conditions.
 - List behaviors observed, note severity of behavior.

11. Maintain confidentiality of all participants in the injury.
12. Sign and date the injury report.
13. Inform other staff of the injury.
14. Follow agency policy and procedure for OIG reporting.

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> | <p>CBTA Evaluation #4: Injury Reporting</p> | | | | | |
|---|---------------------------------|--|---|-------------------------------|---|-------|---|
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. The DSP documented the injury on the appropriate form. | | | | | | | |
| 2. The DSP completed the form in ink and wrote legibly. | | | | | | | |
| 3. The DSP correctly entered all names, dates, and times into the injury report. | | | | | | | |
| 4. The DSP stated that the injury was observed or unobserved. | | | | | | | |
| 5. The DSP accurately reported only facts, no opinions. | | | | | | | |
| 6. The DSP provided a complete narrative including antecedents and environmental conditions. | | | | | | | |
| 7. The DSP protected the confidentiality of others involved in the injury incident. | | | | | | | |
| 8. The DSP corrected any errors in the report by drawing a line through the error, initialing and continuing documentation after the error. | | | | | | | |
| 9. The DSP signed and dated the injury report. | | | | | | | |
| 10. The DSP informed other staff of the injury. | | | | | | | |
| 11. The DSP followed agency policy and procedure regarding OIG reporting. | | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

Injury Reporting Scenarios

Scenario #1

On Tuesday, January 25, 2010 at 4:50 p.m., you are assisting an individual set the table for dinner. Jeffrey Jones, another individual, comes to get you to let you know Bob Smith has fallen. Jeffrey stated that Bob lost his balance and fell as he got up from the chair after watching television. You ask Bob if he is hurt and explain you must examine him for injuries. Bob has sustained a small bruise on his right arm, which apparently took the brunt of the fall. Bob has full mobility of all his extremities and no other apparent injuries.

Scenario #2

On Monday, March 12, 2010 at 2:30 p.m., Joan Smith had a seizure, which lasted for approximately 30 seconds, while playing bingo with her peers in the dining room. During the onset of the seizure, Joan fell and hit her head on the corner of the table. You immediately went to her aid to try and protect her from the injury. It was at this point you noticed there was blood on the right side of her face. You call out to your co-worker, John Williams, DSP, to obtain the first aid kit. You put on latex gloves and stabilize Joan by applying pressure to the wound until the bleeding stops. You then cover the wound with a bandage. The wound on Joan's head is minor but will require the attention of professional medical personnel. You notify your immediate supervisor of the injury and per her request you make arrangements for Joan to be taken to the physician's office or hospital for further treatment.

OJT Activity #5:

Individual Preference

(To be completed in conjunction with attached Preference Worksheet)

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|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human RightsU Abuse & NeglectU Human Interaction & CommunicationU Service Plan Development & ImplementationBasic Health & Safety |
|---|

Approximate Time to Complete:

1 work day

Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Provides information needed to complete assessments that are relevant to the individual's goals, interests and preferences and that are consistent with relevant professional practice.
- Contributes to a normalized environment.
- Utilizes age appropriate strategies.
- Demonstrates the ability to build a rapport.
- Offers opportunities for choice.
- Supports choices.
- Participates in producing a healthy, engaging environment.
- Listens to the individual.
- Respects appropriate boundaries of the relationship.
- Reviews and completes assessments.
- Contributes to creating a supportive environment.
- Assists in individual self-advocacy efforts.
- Obtains information from the individual.
- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Actively participates in the development of an individual's service plan.
- Participates as directed in social habilitation.

On- the-Job Training Activity Steps:

1. Identify an individual you will be supporting.
2. Read the interest areas on the preference worksheet.
3. Throughout your workday, find opportunities to talk about the areas on the preference worksheet. The following examples illustrate how you can work the questions into the individual's normal daily routine.
 - At mealtime, you can talk about his/her favorite foods.
 - Encourage him/her to choose their favorite outfit after bathing.
 - Encourage him/her to choose their favorite activity during leisure time.
4. Work with the individual until you have been able to answer all the questions on the preference worksheet.

5. Review the answers with the individual.
6. Thank the individual for working with you.
7. The DSP should discuss, with the QMRP, how the worksheet will be used in developing the individual's ISP.

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|---|---|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #5: Individual Preference Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual they would be supporting. | | | | | | |
| 2. The DSP reviewed the information on the preference worksheet. | | | | | | |
| 3. The DSP created opportunities for the individual to make his/her preferences known. | | | | | | |
| 4. The DSP worked with the individual until all of the questions on the preference worksheet were answered. | | | | | | |
| 5. The DSP reviewed the answers with the individual. | | | | | | |
| 6. The DSP thanked the individual for his/her participation. | | | | | | |
| 7. The DSP discussed, with the QMRP, how the worksheet will be used in developing the individual's ISP. | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

| Preference Worksheet (To be completed in conjunction with OJT/CBTA #5 Individual Preference) | |
|--|--|
| Name of DSP _____ | |
| Name of Individual _____ | |
| What things made his/her feel happy? | |
| What things made his/her feel sad? | |
| What are his/her favorite sedentary (indoor) activities? | |
| What are his/her favorite physical (outdoor) activities? | |
| What are his/her favorite foods? | |
| What is his/her favorite color? | |
| What is his/her favorite piece of clothing? | |
| What is his/her favorite holiday? | |
| What does he/she like to do to help others? | |

REMEMBER TO THANK THE INDIVIDUAL FOR THEIR PARTICIPATION IN THIS PREFERENCE WORKSHEET

OJT Activity #6:
Recreation Planning

Approximate Time to Complete:
1 hour

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| <ul style="list-style-type: none"> U Introduction to Developmental Disabilities U Human Rights U Abuse & Neglect U Human Interaction & Communication U Service Plan Development & Implementation Basic Health & Safety |
|--|

Recommended Number of Practice Opportunities:
1-2 practice sessions

Interventional Competencies Addressed:

- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Identifies available community resources.
- Demonstrates organizational and environmental management skills.
- Demonstrates cultural competency in the planning process.
- Utilizes person centered language and concepts.
- Utilizes age appropriate strategies.
- Demonstrates ability to build rapport.
- Offers opportunities for choice.
- Supports choices.
- Educates individuals in choice making and their potential outcomes.
- Participates in producing a healthy, engaging environment.
- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Demonstrates active listening skills.
- Involves the individual in identifying and choosing activities and supports and addresses potential barriers/problems.
- Facilitates choice in the person's life by assisting in identifying positives and negatives.
- Encourages and develops individual's leisure interests.
- Participates as directed in social habilitation.
- Implements the habilitation plan.
- Demonstrates the ability to communicate effectively with individuals and staff-orally and in writing.

On- the-Job Training Activity Steps:

1. Before the recreation planning meeting gather any information that might be available regarding upcoming community activities for that month (i.e., concerts, craft shows, sporting events, etc.).
2. Survey individuals regarding a time they would be able to get together as a group to schedule monthly recreation plans.
3. Once a time has been established for monthly recreation planning, gather individuals together to plan.
4. Inform the individuals of upcoming events and assist in active discussion.
5. If two or more events fall on the same day, the individuals will need to vote for the activity that will be scheduled on that particular day.
6. Each day needs to include at least two activities.

- One sedentary (stationary) activity.
 - One physical activity.
7. Assist the individuals in recording the activities on their monthly calendar*.
 8. Assist the individuals in decorating the calendar in an age and culturally appropriate manner. When possible, decorate the calendar with realistic pictures. Pictures can be obtained in several ways.
 - Computer software, such as Board Maker.
 - Search the internet.
 - Take photographs of individuals participating in the leisure activity.
 - Looking through magazines.
 9. Assist the individuals in posting the calendar where it can be easily seen by all residents.
 10. Thank each individual for participating in the recreation planning meeting.
 11. Make any special arrangements (transportation, wheelchair accessibility, closed caption hearing, discount pricing, etc.) that may be needed to complete each activity.

* If, on the day of a scheduled event, an individual chooses not to participate in one of the scheduled activities, they should be offered additional choices. Their range of activity choices should include several activities they enjoy. The DSP should support their choice and assist them with the activity. Individuals should not be forced to participate in an activity just because it was scheduled on the activity calendar.

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> <p>CBTA Evaluation #6: Recreation Planning</p> | | | | | |
|---|--|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP was prepared for the recreation planning meeting by having a list of upcoming community events available. | | | | | | |
| 2. The DSP surveyed individuals in order to schedule the recreation planning meeting at an opportune time for all. | | | | | | |
| 3. The DSP scheduled and chaired the recreation planning meeting. | | | | | | |
| 4. The DSP informed the individuals of all the upcoming recreation opportunities, creating an opportunity for choice. | | | | | | |
| 5. The DSP assisted the individuals in open discussion regarding the recreation opportunities. | | | | | | |
| 6. If two or more events occur on the same day, the DSP used resident preference in scheduling the activity. | | | | | | |
| 7. The DSP assisted the individuals in scheduling at least two activities for each day. | | | | | | |
| 8. The DSP assisted the individuals in recording the activities on the calendar. | | | | | | |
| 9. The DSP assisted the individuals in decorating the calendar in an age and culturally appropriate manner, using realistic pictures when possible. | | | | | | |

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|--|--|--------------------------|--|--|--|--------------------------------------|---|---------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | | | | CBTA Evaluation #6: Recreation Planning (continued) | | | | |
| Competency & Skill Areas | | | | | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | | | | | Y | N | Y | N | Y | N |
| 10. The DSP assisted the individuals in posting the calendar where everyone can easily see it. | | | | | | | | | | | |
| 11. The DSP thanked all the individuals for their participation in the recreation planning. | | | | | | | | | | | |
| 12. The DSP made any special arrangements (transportation, wheelchair accessibility, closed caption hearing, discount pricing, etc.) that may be needed to complete each activity. | | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | | | Date of successful completion | | | | | |

OJT Activity # 7:

Use of Communication Board

Approximate Time to Complete:

1 hour

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|---|
| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| U Human Interaction & Communication |
| U Service Plan Development & Implementation |
| Basic Health & Safety |

Recommended Number of Practice Opportunities:

2-3 practice sessions

Interventional Competencies Addressed:

- Is respectful.
- Listens to the individual.
- Recognizes and demonstrates appropriate modes of communication with the individual.
- Actively engages in a non-directive manner with individuals.
- Demonstrates effective use of assistive technology.
- Recognizes speech deficiencies.
- Implements communication programs.
- Demonstrates the ability to teach.
- Documents results of communication programs.
- Initiates the process for revising the communication program as needed.

On- the-Job Training Activity Steps:

Use of a communication board by an individual is part of a larger communication program and should be viewed as such. To facilitate the guiding principles of communication, allow the individual to educate you on the maintenance of and use of a communication board as much as possible.

1. Identify an individual who uses a communication board.
2. Read the communication program for that individual.
3. Ask the individual if he/she would mind helping you learn how to use a communication board. If the individual is otherwise engaged arrange a more convenient time.
4. Allow the individual to instruct you, the DSP, as much as possible about the communication board.
5. Begin by locating the board's arm and removing the communication board from the chair.
6. Unscrew the board's clamp to the right arm of the chair.
7. Loosen the screw and slide the bracket off the board from the underside of the arm.
8. Identify the area where the board is stored and store as usual, engaging the charger.
9. Now, disconnect the charger and safely replace the board on the arm of the chair, tightening all screws and clamps (this should be a reverse of the process used to remove the board from the chair).

10. Implement the communication program for the individual.
11. Thank the individual for his/her assistance in the learning process.
12. Document the use of the communication board according to agency policy.
13. Discuss the progress on the communication program with your OJT trainer.
14. Discuss any needed changes to the communication program with the individual's QMRP.

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|--|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #7: Use of Communication Board | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual who uses a communication board. | | | | | | |
| 2. The DSP read the individual's communication program. | | | | | | |
| 3. The DSP respectfully asked the individual to instruct him/her in using the communication board. | | | | | | |
| 4. The DSP removed the communication board from the chair. | | | | | | |
| 5. The DSP placed the communication board in the recharging mode. | | | | | | |
| 6. The DSP disconnected the charger and returned the board to the arm of the chair. | | | | | | |
| 7. The DSP followed the communication program for the individual. | | | | | | |
| 8. The DSP thanked the individual for his/her time. | | | | | | |
| 9. The DSP correctly documented the results of the communication program. | | | | | | |
| 10. The DSP discussed the progress on the communication program with the OJT trainer. | | | | | | |
| 11. The DSP discussed any needed changes to the communication program with the individual's QMRP. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity # 8:

Welcome Home

Approximate Time to Complete:

30 minutes

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| <ul style="list-style-type: none"> U Introduction to Developmental Disabilities U Human Rights U Abuse & Neglect U Human Interaction & Communication U Service Plan Development & Implementation Basic Health & Safety |
|--|

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Demonstrates active listening skills.
- Obtains information from the individual.
- Recognizes the forms of abuse.
- Recognizes the forms of neglect.
- Completes documentation as required and uses correction procedure for addressing errors.
- Intervenes or identifies advocacy issues.
- Protects personal property.
- Encourages and develops individual's leisure interests.

On- the-Job Training Activity Steps:

1. Greet the individual and his/her family (or outing sponsor) as they return from their outing.
2. Express to the individual that you are glad to see him/her.
3. Ask the individual what they did on the outing. Look to the family (or outing sponsor) for confirmation.
4. Listen carefully to family concerns and ideas, as applicable.
5. Determine if there were any issues regarding medications during the outing. Ensure that the medications were properly taken and secure the remaining medications that may have been returned by the individual or family.
6. Accompany the individual to his/her room. If necessary, carry any belongings or packages that he/she obtained during the outing.
7. Ask the individual if he/she would like help with unpacking, assist with unpacking as necessary.
8. Follow agency policy and procedure, by labeling and recording any new belongings obtained during the outing.
9. Help the individual identify an appropriate place to store his/her new belongings.
10. After the family leaves, involve the individual in a preferred activity or continue the conversation about the outing.
11. Observe the individual for any unusual mannerisms, behaviors or injuries that may be a result of the outing.
12. Document general information about the outing as dictated by agency policy and procedure.

13. Document medication information as dictated by agency policy and procedure.
14. Cross out all documentation errors with a single line and initial next to the error. Continue your documentation directly following any errors.

| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | CBTA Evaluation #8: Welcome Home | | | | | |
|---|--|--------------------------|--|--|---|--------|---|-------|---|
| Competency & Skill Areas | | | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | | | Y | N | Y | N | Y | N |
| 1. The DSP warmly greeted the individual and his/her family upon their return. | | | | | | | | | |
| 2. The DSP appropriately discussed the outing with the individual and family. | | | | | | | | | |
| 3. The DSP addressed any issues the family may have had concerning the outing. | | | | | | | | | |
| 4. The DSP discussed any medication issues with the individual and family, as necessary. | | | | | | | | | |
| 5. The DSP secured any medications returned from the outing. | | | | | | | | | |
| 6. The DSP accompanied the individual to him/her room to assist him/her with unpacking. | | | | | | | | | |
| 7. The DSP appropriately labeled and recorded any new belongings. | | | | | | | | | |
| 8. The DSP helped the individual store his/her new belongings. | | | | | | | | | |
| 9. The DSP engaged the individual in an activity or continued the conversation regarding the outing. | | | | | | | | | |
| 10. The DSP observed the individual for unusual mannerisms, behaviors or injuries that may be a result of the outing. | | | | | | | | | |
| 11. The DSP accurately documented, according to agency policy and procedure, information regarding the outing. | | | | | | | | | |

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|---|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #8: Welcome Home (continued) | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 12. The DSP accurately documented, according to agency policy and procedure, information regarding medications taken during the outing. | | | | | | |
| 13. The DSP corrected any documentation errors. | | | | | | |
| Comments: | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | | | |
| _____ Date of successful completion | | | | | | |

OJT Activity #9:

Accompanying an Individual to an Annual Physical

Approximate Time to Complete:

3 hours

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| <ul style="list-style-type: none"> U Introduction to Developmental Disabilities U Human Rights U Abuse & Neglect U Human Interaction & Communication U Service Plan Development & Implementation U Basic Health & Safety |
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Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Intervenes or identifies advocacy issues.
- Educates individuals in choice making and their potential outcomes.
- Assists individual in self-advocacy efforts.
- Protects rights and confidentiality.
- Contributes to creating a supportive environment.
- Demonstrates appropriate transfer of information from staff to staff.
- Demonstrates the ability to communicate effectively with individuals and staff-orally and in writing.
- Completes documentation as required and uses correction procedure for addressing errors.
- Operates transportation/mobility adaptive equipment in a safe and appropriate manner.
- Schedules events and needed supports as requested.
- Demonstrates understanding of informational releases.
- Helps individuals understand their bodily functions.
- Uses people first language.
- Recognizes red flags that would be indicators of medical conditions.
- Demonstrates basic health observation skills.

On- the-Job Training Activity Steps:

1. Obtain correct information on the appointment time, which doctor to see, address of doctor (and directions, if necessary), purpose of appointment, etc. You may want to confirm the appointment with the doctor's office.
2. Obtain and secure (this information is confidential), information regarding purpose of visit (nursing notes, medical history, etc.). Make a list of medical issues if necessary in order to meet all of the individual's medical needs.
3. Obtain any documentation required for permission to treat, release of information, billing, etc.
4. Secure transportation, taking into account any assistive technology such as wheelchairs, walkers, etc.
5. Before you leave, discuss with the individual where you are going and why you are going to the doctors' office, this will lessen the individual's anxiety. Explain to the individual that you will stay with him/her at all times. Help the individual prepare a list of questions he/she may have for the doctor. Ask the individual if he/she would like to bring along any items to occupy his/her time in the waiting

- room (e.g., walkman or book). Continue to encourage and support the individual during the doctors' visit as well as when you and the individual have returned home.
6. Provide transportation according to agency policy and procedure.
 7. Upon arrival at the doctors' office escort the individual to the check-in counter and introduce him/her to the receptionist.
 8. Take a seat in the waiting room and stay with the individual at all times. Reassure the individual if the wait is long. Advocate for the individual with the receptionist if necessary. Make the visit as pleasant as possible for the individual.
 9. Assist the individual to the exam room, as necessary, when his/her name is called. Explain to the individual what is happening as you go.
 10. Introduce the individual to the nurse, allowing the individual to take over the conversation as much as possible.
 11. Assist the individual in undressing and gowning as needed, explain to him/her why he/she needs to do this.
 12. When the doctor enters the room introduce the doctor to the individual, encourage the doctor to speak directly to the individual.
 13. Ask questions on the part of the individual if there is something the doctor says which is not understood by either you or the individual. Explain to the individual information about his/her body which he/she does not understand. Repeat what the doctor says to the individual in simpler terms as necessary. Take notes on important information the doctor has told you.
 14. Before leaving make sure all of the medical issues have been addressed.
 15. Obtain all doctor's notes and instructions in writing.
 16. Obtain all permission to treat, billing information, etc., from the receptionist.
 17. Assist in making follow-up appointments as necessary.
 18. Transport the individual according to agency policy and procedure.
 19. Discuss the doctor's visit with the individual, allowing him/her to express his/her feelings as much as possible.
 20. Document according to agency policy and procedure (taking into account the procedure for errors) the doctor's visit.
 21. Alert other staff members verbally and in writing to any changes in medications, tests, or treatments that may have been ordered.
 22. Return all documentation (i.e., permission to treat, billing info) to its appropriate place.

| Name of DSP: | | CBTA Evaluation #9: Accompanying an Individual to an Annual Physical | | | | | |
|--|-------------------|---|---|--------|---|-------|---|
| Date First Try: Second Try: Third Try: | Reviewer Initials | | | | | | |
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. The DSP correctly obtained the doctors appointment information, including--date, appointment time, address, etc. | | | | | | | |
| 2. The DSP correctly obtained the permission to treat, release of information and billing information to be taken to the appointment, securing any confidential information. | | | | | | | |
| 3. The DSP made a list of medical conditions to be addressed by the doctor. | | | | | | | |
| 4. The DSP secured transportation for the individual taking into account any assistive technology used by the individual. | | | | | | | |
| 5. The DSP helped to ease the individual's anxiety about the doctors appointment and assisted the individual with preparing a list of questions for the doctor. The DSP encouraged him/her to bring along an item to help occupy his/her time in the waiting room. | | | | | | | |
| 6. The DSP provided transportation according to agency policy and procedure. | | | | | | | |
| 7. The DSP introduced the individual to the receptionist upon arrival at the doctors' office. | | | | | | | |
| 8. The DSP provided the receptionist with all the necessary paperwork needed to facilitate medical treatment for the individual. | | | | | | | |
| 9. The DSP escorted the individual to a seat and remained with him/her during the wait, advocating for the individual with the receptionist as needed, encouraging and supporting the individual during the wait in a caring manner. | | | | | | | |
| 10. When the individual's name was called, the DSP escorted the individual to the exam room explaining what was happening on the way. | | | | | | | |

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> <p>CBTA Evaluation #9: Accompanying an Individual to an Annual Physical (continued)</p> | | | | | |
|--|---|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 11. The DSP introduced the individual to the nurse encouraging the individual to speak directly to the nurse, as much as possible. | | | | | | |
| 12. The DSP assisted the individual in undressing and gowning for the exam and explained to him/her why it was necessary. | | | | | | |
| 13. The DSP introduced the individual to the doctor and asked the doctor to address the individual directly. | | | | | | |
| 14. The DSP advocated for the individual by explaining in simpler terms the doctor's questions and responses. The DSP took notes when necessary. | | | | | | |
| 15. The DSP made sure all medical issues were addressed. | | | | | | |
| 16. The DSP obtained all of the doctor's notes and instructions in writing. | | | | | | |
| 17. The DSP retrieved the permission to treat, billing information, etc. | | | | | | |
| 18. The DSP assisted in making any follow-up doctor appointments for the individual. | | | | | | |
| 19. The DSP transported the individual home per agency policy and procedure. | | | | | | |
| 20. The DSP discussed the doctors appointment with the individual. | | | | | | |
| 21. The DSP accurately documented and verbally alerted all staff members to changes in medication, testing, or treatment. | | | | | | |

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|--|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #9: Accompanying an Individual to an Annual Physical (continued) | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 22. The DSP returned all documentation (i.e., permission to treat, billing info, etc.) to its appropriate place. | | | | | | |
| Comments: | | | | | | |
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| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #10:

Transportation of Individual Without
Mobility Assistance

Approximate Time to Complete:

2 hours

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|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights<ul style="list-style-type: none">Abuse & NeglectHuman Interaction & CommunicationU Service Plan Development & Implementation<ul style="list-style-type: none">Basic Health & Safety |
|---|

**Recommended Number of Practice
Opportunities:**

1-2 practice sessions

Interventional Competencies Addressed:

- Completes documentation as required and uses correction procedure for addressing errors.
- Follows established directions and procedures.
- Operates transportation/mobility adaptive equipment in a safe and appropriate manner.
- Schedules events and needed supports as requested.

On- the-Job Training Activity Steps:

1. Once it has been determined that an individual being supported will require vehicle transportation the DSP should make arrangements to use the agency vehicle according to agency policy and procedure.
2. Obtain the vehicle keys, vehicle log, gas credit card (or other payment option), passenger log and medical information for the individual being transported.
3. Follow these guidelines for conducting a pre-trip inspection:
 - check the vehicle for prior damage
 - check fluid levels and fill as needed
 - check the brakes
 - check the windshield wipers
 - check the first aid kit and flares
4. Find the vehicle log and record the beginning mileage and pre-trip inspection information.
5. Inform the individual, to be transported, that it is time to leave.
6. Explain to the individual where you are going and what is expected of him/her as a rider.
7. Assist the individual into the vehicle as needed. Ask the individual to fasten his/her seat belt. Fasten his/her seat belt if he/she cannot fasten it himself/herself. Double-check the seatbelt to make sure it is fastened correctly.
8. Record the name of the individual to be transported in the passenger log. Place the log in the vehicle with the credit card and medical information.
9. Lock all vehicle doors.
10. Practice defensive driving techniques at all times.
11. Upon arrival instruct the rider not to unfasten his/her seat belt or open the vehicle doors until the vehicle comes to a complete stop and is no longer running.
12. Assist the individual from the vehicle as needed.

13. Complete the activity for which transportation was required.
14. Assist the individual into the vehicle in the same manner as before.
15. Compare the passenger log to the occupant in the vehicle.
16. Double-check the seatbelt of the passenger.
17. Lock all doors.
18. Drive defensively on the return trip.
19. Assist the individual from the vehicle as needed.
20. Refill the gas tank, if needed, and record ending mileage in the vehicle log.
21. Place the vehicle in the appropriate parking space and lock the vehicle.
22. Document the individual's travel experience in the daily log as per agency policy and procedure.

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> <p>CBTA Evaluation #10: Transportation of Individual Without Mobility Assistance.</p> | | | | | |
|--|---|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP made arrangements to use the agency vehicle according to agency policy and procedure. | | | | | | |
| 2. The DSP obtained the keys, vehicle log, gas credit card (or other payment option), passenger log and medical information for the individual being transported. | | | | | | |
| 3. The DSP followed these guidelines for conducting a pre-trip inspection: _ checked the vehicle for prior damage _ checked fluid levels and filled as needed _ checked the brakes _ checked the windshield wipers _ checked the first aid kit and flares | | | | | | |
| 4. The DSP documented the beginning mileage and pre-trip inspection information in the vehicle log. | | | | | | |
| 5. The DSP informed the individual that it was time to leave. | | | | | | |
| 6. The DSP explained to the individual where they were going and what was expected of him/her as a rider. | | | | | | |
| 7. The DSP assisted the individual into the vehicle as needed. | | | | | | |
| 8. The DSP recorded the name of the individual to be transported in the passenger log and placed the log, along with the gas credit card and passenger medical information, in the vehicle. | | | | | | |
| 9. The DSP asked the individual to fasten his/her seat belt or fastened the seat belt for him/her. | | | | | | |
| 10. The DSP double-checked the seat belt to make sure it was fastened correctly. | | | | | | |
| 11. The DSP locked all of the vehicle doors. | | | | | | |
| 12. The DSP practiced defensive driving techniques. | | | | | | |

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|---|---------------------------------|--|---------------|----------|--------------|----------|--|
| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> | <p>CBTA Evaluation #10: Transportation of Individual Without Mobility Assistance (continued)</p> | | | | | |
| Competency & Skill Areas | First | | Second | | Third | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N | |
| 13. Upon arrival the DSP instructed the individual not to unfasten his/her seat belt or open the vehicle doors until the vehicle came to a complete stop and was no longer running. | | | | | | | |
| 14. The DSP assisted the individual from the vehicle. | | | | | | | |
| 15. Upon completion of the activity the DSP assisted the individual into the vehicle in the same manner as before. | | | | | | | |
| 16. The DSP checked the passenger in the vehicle against the passenger log. | | | | | | | |
| 17. The DSP checked the individual's seat belt and locked the vehicle doors. | | | | | | | |
| 18. The DSP drove defensively on the return trip. | | | | | | | |
| 19. The DSP assisted individual from the vehicle. | | | | | | | |
| 20. The DSP recorded the ending mileage in the vehicle log. | | | | | | | |
| 21. The DSP refilled the gas tank, if needed, and returned the gas credit card to its appropriate place. | | | | | | | |
| 22. The DSP placed the vehicle in its appropriate parking space and locked the doors. | | | | | | | |
| 23. The DSP documented the individual's travel experience in the ISP or daily log as per agency policy and procedure. | | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| <p>_____ Signature of reviewer upon successful OJT Date of successful completion</p> | | | | | | | |

OJT Activity # 11:

Transportation of Individual With Mobility Assistance.

Approximate Time to Complete:

2 hours

Recommended Number of Practice Opportunities:

2-3 practice sessions

Interventional Competencies Addressed:

- Completes documentation as required and uses correction procedure for addressing errors.
- Follows established directions and procedures.
- Operates transportation/mobility adaptive equipment in a safe and appropriate manner.
- Utilizes proper body mechanics and proper positioning techniques.
- Schedules events and needed supports as requested.
- Demonstrates proper transfer techniques.

On- the-Job Training Activity Steps:

1. Once it has been determined that an individual being supported will require vehicle transportation, the DSP should make arrangements to use the agency vehicle according to agency policy and procedure.
2. Obtain vehicle keys, vehicle log, gas credit card (or other payment option), passenger log and medical information for the individual being transported.
3. Follow these guidelines for conducting a pre-trip inspection:
 - check the vehicle for prior damage
 - check fluid levels and fill as needed
 - check the brakes
 - check the windshield wipers
 - check the first aid kit and flares
4. Find the vehicle log and record the beginning mileage and pre-trip inspection.
5. Inform the individual, to be transported, that it is time to leave.
6. Explain to the individual where you are going and what is expected of them as the rider.
7. Assist the individual into the vehicle as needed explaining to him/her every step along the way.
 - A. Wheelchair to vehicle seat transfer:
 - explain to the individual that you will be assisting him/her in the transfer from the wheelchair into the vehicle
 - open vehicle door
 - slide wheelchair up to the door opening
 - the wheelchair should be parallel with the vehicle seat facing the hood of the vehicle
 - lock the wheelchair in place

| |
|---|
| <ul style="list-style-type: none">U Introduction of Developmental DisabilitiesU Human Rights Abuse & NeglectHuman Interaction & CommunicationU Service Plan Development & ImplementationU Basic Health & Safety |
|---|

- remove the arm of the wheelchair next to the vehicle seat for easier transfer
 - lift the individual's right leg and foot from the foot rest, lower the foot to the ground
 - lift the foot rest until it is parallel with the leg rest
 - turn the leg rest away from the chair (repeat for the opposite leg and foot)
 - slide the gait belt behind the individual bringing the belt around the individual's waist and buckle
 - you should be able to easily slide two of your fingers side by side between the buckle and the individual's abdomen
 - ask the individual if the gait belt is too snug and adjust the gait belt as needed
 - inform the individual you are about to lift him/her and transfer him/her to the backseat of the vehicle
 - ask the individual to turn, or assist the individual's head to turn toward the door window, allowing you to draw the individual closer to your body as you lift the individual with the gait belt
 - carefully lift and turn the individual, clearing the roof of the vehicle and the seat of the wheelchair, using proper body mechanic techniques (lift with legs, not back)
 - place the individual in the seat of the vehicle
 - swing the individual's legs around and into the vehicle
 - adjust the individual in the seat to make him/her more comfortable and safe
 - apply the seat belt and check for snugness
 - the seatbelt should be comfortable but not so snug as to choke the individual
 - place the wheelchair in the trunk or backseat if the individual is in the front passenger seat
- B. Wheelchair Van lift:
- operate van lift according to vehicle specifications always placing the parking brake on while transferring the individual into the van
 - explain to the individual you will be assisting him/her into the van per the van lift
 - open the van door
 - lower the van lift
 - verify that the front lip of the lift is flat on the ground
 - back the wheelchair onto the van lift
 - lock the wheelchair into place on the van lift
 - strap or lock the wheelchair to the lift according to van specifications
 - engage the lift bringing the wheelchair to the level of the inside of the van
 - roll the wheelchair into the van
 - lock the wheelchair into place inside the van
 - hook the front straps on the front of the chair and tighten
 - hook the back straps onto the back of the chair and tighten

- position waist belt, adjust and secure
 - position shoulder belt, adjust and secure
 - lower the wheelchair lift
 - verify the wheelchair is securely locked into place and that the lift is in the upright position
8. Record the name of the individual being transported in the passenger log. Place the log in the vehicle with credit card and medical information.
 9. Lock the vehicle doors.
 10. Practice defensive driving techniques at all times.
 11. Reverse the steps in #7 to remove the individual from the vehicle.
 12. Complete the activity for which transportation was required.
 13. Assist individual into the vehicle for the return trip according to step #7.
 14. Compare the passenger log to the occupant in the vehicle.
 15. Double-check the seatbelts or wheelchair straps. Lock all of the doors.
 16. Drive defensively for the return trip.
 17. Assist the individual from the vehicle according to step #7.
 18. Refill the gas tank, if needed, and record the ending mileage in the vehicle log.
 19. Place the vehicle in the appropriate parking space and lock the vehicle.
 20. Document the individual's travel experience in the daily log as per agency policy and procedure.

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> <p>CBTA Evaluation #11: Transportation of Individual With Mobility Assistance</p> | | | | | |
|--|---|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP made arrangements to use the agency vehicle according to agency policy and procedure. | | | | | | |
| 2. The DSP obtained the keys, vehicle log, gas credit card (or other payment option), passenger log and medical information for the individual being transported. | | | | | | |
| 3. The DSP followed these guidelines for conducting a pre-trip inspection: <input type="checkbox"/> checked the vehicle for prior damage <input type="checkbox"/> checked fluid levels and filled as needed <input type="checkbox"/> checked the brakes <input type="checkbox"/> checked the windshield wipers <input type="checkbox"/> checked the first aid kit and flares | | | | | | |
| 4. The DSP documented the beginning mileage and pre-trip inspection information in the vehicle log. | | | | | | |
| 5. The DSP informed the individual that it was time to leave. | | | | | | |
| 6. The DSP explained to the individual where they were going and what was expected of him/her as the rider. | | | | | | |
| 7a. The DSP safely transferred the individual into the vehicle. The DSP: <input type="checkbox"/> placed the wheelchair parallel to the vehicle seat <input type="checkbox"/> locked the wheelchair in place <input type="checkbox"/> removed or accommodated for the foot and arm rest to facilitate transfer <input type="checkbox"/> lifted the individual using proper body mechanics <input type="checkbox"/> adjusted the individual in the seat to make him/her comfortable and safe <input type="checkbox"/> applied the seatbelt and locked the door | | | | | | |

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> <p>CBTA Evaluation #11: Transportation of Individual With Mobility Assistance (continued)</p> | | | | | |
|--|---|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| <p>7b. The DSP safely transferred the individual into the van.</p> <p>The DSP:</p> <ul style="list-style-type: none"> C lowered the van lift according to van specifications C locked the wheelchair into place on the lift C engaged the lift in a safe manner C rolled the wheelchair into the van C locked the wheelchair in place inside the van C lowered the lift according to van specifications C verified the wheelchair is locked into place inside the van | | | | | | |
| <p>8. The DSP recorded the name of the individual(s) to be transported in the passenger log and placed the log along with the gas credit card and passenger medical information in the vehicle.</p> | | | | | | |
| <p>9. The DSP practiced defensive driving techniques throughout the drive.</p> | | | | | | |
| <p>10. The DSP reversed the steps in OJT Activity #11 step 7-a or 7-b in order to remove the individual from the vehicle.</p> | | | | | | |
| <p>11. Upon completion of the activity the DSP assisted the individual into the vehicle according to OJT Activity #11, step 7-a or 7-b.</p> | | | | | | |
| <p>12. The DSP checked the passenger in the vehicle against the passenger log.</p> | | | | | | |
| <p>13. The DSP double-checked the seatbelt(s) or wheelchair straps.</p> | | | | | | |
| <p>14. The DSP locked all of the doors.</p> | | | | | | |
| <p>15. The DSP drove defensively for the return trip.</p> | | | | | | |

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|--|--|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #11: Transportation of Individual With Mobility Assistance (continued) | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 16. The DSP reversed the procedure in OJT Activity #11, step 7-a or 7-b to assist the individual from the vehicle. | | | | | | |
| 17. The DSP recorded the ending mileage into the vehicle log. | | | | | | |
| 18. The DSP refilled the gas tank, if needed. | | | | | | |
| 19. The DSP parked the vehicle in the appropriate parking place and locked the vehicle. | | | | | | |
| 20. The DSP documented the individual’s travel experience in the daily log as per agency policy and procedure. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #12:

Assisting with Eating

Approximate Time to Complete:

1 hour

Recommended Number of Practice Opportunities:

2-3 practice sessions

| | |
|---|--|
| U | Introduction to Developmental Disabilities |
| U | Human Rights |
| U | Abuse & Neglect |
| U | Human Interaction & Communication |
| U | Service Plan Development & Implementation |
| U | Basic Health & Safety |

Interventional Competencies Addressed:

- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Offers opportunities for choice.
- Supports choice.
- Facilitates choice in the person's life by assisting in identifying positives and negatives.
- Is respectful.
- Participates in producing a healthy, engaging environment.
- Respects appropriate boundaries of the relationship.
- Demonstrates various communication modes and styles.
- Demonstrates basic nutrition skills.
- Implements the habilitation plan.
 - Uses proper body mechanics and proper positioning techniques.
 - Utilizes basic food safety and sanitation techniques.

On- the-Job Training Activity Steps:

Self-feeding may be a part of the individual's service plan. The DSP should look for opportunities to fulfill the individual's goals and allow him/her to do as much for himself/herself as possible.

1. Approach the individual in a respectful manner.
2. Communicate to the individual that it is time for breakfast, lunch, or dinner.
3. Wash your hands before handling any food.
4. Ask the individual to wash his/her hands, or assist him/her, if necessary, in washing hands.
5. Assist the individual with meal preparation as needed. Food should be prepared according to the service plan (i.e., pureed, chopped, etc.).
6. Assist the individual to clean the table with antibacterial spray before setting the table.
7. Offer a non-skid place mat to the individual, or place a non-skid place mat before him/her.
8. Assist the individual to set the table with a full compliment of silverware (knife, fork, spoon, cup or glass for beverage, plates, etc.).
9. 10. Obtain any special utensils required for eating and place on the table in the appropriate place.

10. Invite the individual to sit down at the table or assist him/her to the table and position in an upright position.
11. Assist the individual in placing the freshly cooked food onto the plate in a visually pleasing manner.
12. Offer a napkin or place a napkin in the lap of the individual.
13. Assist the individual with eating, as necessary, using hand-over-hand assistance, verbal prompts and fading techniques as appropriate.
14. Allow the individual to pick the order of food ingested, or if he/she is unable to do so, vary the order of food given to him/her. Do not mix pureed or chopped food together.
15. Provide the individual with a beverage. Assist him/her with drinking as needed.
16. Play soft gentle music or talk quietly to the individual while he/she is eating, encourage calm discussion.
17. Assist the individual in wiping his/her face, hands, and cleaning up spilled food, as needed.
18. Look for gestural or verbal cues to determine when the individual has eaten and drank enough.
19. When meal is finished, encourage or assist the individual to wash his/her hands and face and brush teeth.
20. Assist the individual to clear dining area and clean food preparation area, storing any left over food appropriately.
21. Record event on progress note according to established policy and procedure. The progress note should include references to:
 - changes in eating patterns
 - the amount of food consumed
 - the amount of beverage consumed
 - the individual's progress on his/her goal (if on a self-feeding program)

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> <p>CBTA Evaluation #12: Assisting with Eating</p> | | | | | |
|---|---|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP approached the individual in a respectful manner. | | | | | | |
| 2. The DSP communicated to the individual that it was time for the respective meal. | | | | | | |
| 3. The DSP washed his/her hands before handling any food. | | | | | | |
| 4. The DSP assisted the individual in washing his/her hands. | | | | | | |
| 5. The DSP assisted the individual in preparing the food according to the individual's service plan. | | | | | | |
| 6. The DSP assisted the individual to clean the table with antibacterial spray before setting. | | | | | | |
| 7. The DSP used the appropriate table ware. | | | | | | |
| 8. The DSP invited the individual to sit down at the table or assisted him/her in sitting down at the table in an upright position. | | | | | | |
| 9. The DSP assisted the individual in placing the food on the plate in a visually pleasing manner. | | | | | | |
| 10. The DSP offered a napkin or placed a napkin in the lap of the individual. | | | | | | |
| 11. The DSP assisted the individual with eating, as necessary, using hand-over-hand assistance, verbal prompts and fading techniques as appropriate. | | | | | | |
| 12. The DSP allowed the individual to eat the food in his/her chosen order, or if he/she assisted, the DSP varied the order of the food given to him/her. | | | | | | |
| 13. The DSP provided a beverage and assisted as needed. | | | | | | |

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|---|--|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #12: Assisting with Eating (continued) | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 14. The DSP played soft music, or conversed with the individual in a quiet manner during the meal. | | | | | | |
| 15. The DSP assisted the individual in wiping his/her hands and face, and cleaning up spilled food as needed. | | | | | | |
| 16. The DSP looked for gestural or verbal cues to determine when the individual was finished eating. | | | | | | |
| 17. The DSP encouraged or assisted the individual in washing his/her hands and face, and brushing his/her teeth following the meal. | | | | | | |
| 18. The DSP assisted the individual as they cleared the dining area and cleaned the food preparation area, storing all left over food appropriately. | | | | | | |
| 19. The DSP accurately documented the meal assistance on a progress note, which includes references related to: C changes in eating patterns C the amount of food consumed C the amount of beverage consumed C the individual's progress on his/her goals | | | | | | |
| Comments: _____ _____ _____ | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #13:

Introduction to Habilitation Plan
(May only be completed in conjunction with
Introduction to Habilitation Plan Worksheet)

U Introduction to Developmental Disabilities
Human Rights
Abuse & Neglect
Human Interaction & Communication
U Service Plan Development & Implementation
Basic Health & Safety

Approximate Time to Complete:

1-2 hours

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Names and defines life skill areas and demonstrates observable skills and tasks.
- Monitors success in achieving outcomes.
- Protects rights and confidentiality.
- Documents and communicates identified strengths, abilities, desires, concerns and needs of the individual.
- Uses people first language.
- Actively participates in the development of an individual's service plan.
- Serves as a professional and active member of the IDT/community support team.
- Communicates effectively with the individual and the IDT/community support team.

On- the-Job Training Activity Steps:

1. Locate the area where individuals' records are kept.
2. Find the record of an individual with an upcoming IDT staffing and read through the record familiarizing yourself with the structure of the record.
3. Complete the attached worksheet.
4. Return the record to the appropriate place when finished.
5. Discuss the completed worksheet with the individual's QMRP.
6. Attend the individual's IDT staffing.
7. Use people first language when communicating with other members of the community support team.
8. Use the information on the worksheet to assist in the development of the habilitation plan.
9. Turn in the completed worksheet to the individual's QMRP.

**MAINTAIN CONFIDENTIALITY OF THE INDIVIDUAL'S RECORDED
INFORMATION AT ALL TIMES**

Introduction to Habilitation Plan Worksheet

(To be completed with OJT Activity #13–Introduction to Habilitation Plan)

MAINTAIN CONFIDENTIALITY OF THE INDIVIDUAL'S RECORD AT ALL TIMES

Name of Individual _____ Date Completed _____

Name of DSP _____

| | |
|---|--|
| Does the individual have any medical conditions? | |
| Does the individual have any allergies, including allergies to medications? | |
| What are the prescribed medications for the individual? | |
| What are the side effects of those medications? | |
| Is the individual his/her own guardian? If not, who is? | |
| How would you contact the guardian in case of an emergency? | |
| Name 3 skill goals identified for the individual. | |
| What was the date of the most recently recorded progress note regarding the identified skill goals? | |
| Does the individual attend day training, or have a job? | |

| | |
|---|--|
| <p>Introduction to Habilitation Plan Worksheet (continued) (To be completed with OJT Activity #13–Introduction to Habilitation Plan)</p> <p>MAINTAIN CONFIDENTIALITY OF THE INDIVIDUAL'S RECORD AT ALL TIMES</p> <p>Name of Individual _____ Date Completed _____</p> <p>Name of DSP _____</p> | |
| What is the task they complete at day training or work? | |
| Is the individual on a behavior plan? If yes, what is your role in implementing the plan? | |
| What is the last behavior prompt recorded? | |
| Is the individual on a communication plan? If yes, what is your role in implementing the plan? | |
| Does the individual use any assistive communication devices? | |

| | | | | | | |
|--|--|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation #13: Introduction to Habilitation Plan | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP located the file of an individual with an upcoming staffing. | | | | | | |
| 2. The DSP protected the confidentiality of the individual's record at all times. | | | | | | |
| 3. The DSP correctly completed the Habilitation Plan Worksheet. | | | | | | |
| 4. The DSP returned the record to the appropriate place. | | | | | | |
| 5. The DSP discussed the completed worksheet with the individual's QMRP. | | | | | | |
| 6. The DSP attended the individual's IDT staffing. | | | | | | |
| 7. The DSP appropriately communicated with other members of the community support team. | | | | | | |
| 8. The DSP offered information from the worksheet to assist in the development of the habilitation plan. | | | | | | |
| 9. The DSP turned in the completed worksheet to the individual's QMRP. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
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| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #14:
Wheelchair Transfer

Approximate Time to Complete:
15 minutes

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| <ul style="list-style-type: none"> Introduction to Developmental Disabilities Human Rights Abuse & Neglect U Human Interaction & Communication U Service Plan Development & Implementation U Basic Health & Safety |
|---|

Recommended Number of Practice Opportunities:
1-2 practice sessions

Interventional Competencies Addressed:

- Establishes rapport.
- Is respectful.
- Respects the appropriate boundaries of the relationship.
- Demonstrates proper transfer techniques.
- Utilizes proper body mechanics and proper positioning techniques.

On- the-Job Training Activity Steps:

1. Identify another staff member who will assist you in the wheelchair transfer.
2. Identify and respectfully obtain permission from an individual for the transfer.
3. Respectfully explain the transfer procedure to the individual before beginning the transfer process.
4. Place the chair at a 90 degree angle from the wheelchair.
5. Lock the brakes on the wheelchair.
6. Slide the gait belt behind the individual bringing the belt around the individual's waist and buckle.
7. Check to see that you can easily slide two of your fingers side by side between the buckle and the individual's abdomen.
8. Ask the individual if the gait belt is too snug, adjust the gait belt as needed.
9. Lift both feet from the foot pedals.
10. Fold both foot pedals into the upright position.
11. Fold both leg rests toward the upright foot pedals.
12. Observe the leg and foot area for any other obstructions prior to transfer.
13. Ask the staff person assisting with the transfer to stand behind the wheelchair to help steady the individual and help with lowering him/her into the chair.
14. Ask the individual to place his/her hands on your shoulders, or explain to him/her that you are going to place his/her hands on your shoulders, then do so.
15. Grasp the gait belt.
16. Bend your knees.
17. Explain to the individual you are going to lift him/her into a standing position.
18. Slowly and gently pull the individual into the standing position. Staff assisting with transfer should help to steady the individual.
19. Pivot the individual toward the front of the chair so he/she is now in a position to be lowered into the chair.
20. Slowly lower the individual into the chair.
21. Remove gait belt.

22. Adjust the individual in the chair to the most comfortable position.
23. If the individual's feet do not touch the floor, place a pillow or small stool under his/her feet to provide support.
24. Place pillows under the individual's arms for support, if necessary.
25. Thank the individual and the staff assistant for their help.
26. Remove the wheelchair from the immediate area.

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| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> <p>Reviewer Initials</p> | <p>CBTA Evaluation #14: Wheelchair Transfer</p> | | | | | |
| <p>Competency & Skill Areas</p> | <p>First</p> | | <p>Second</p> | | <p>Third</p> | |
| <p>Performance Approved/ Yes or No</p> | <p>Y</p> | <p>N</p> | <p>Y</p> | <p>N</p> | <p>Y</p> | <p>N</p> |
| <p>1. The DSP identified a staff member to assist with the transfer.</p> | | | | | | |
| <p>2. The DSP respectfully obtained permission from the individual to do the transfer.</p> | | | | | | |
| <p>3. The DSP respectfully explained the transfer process to the individual.</p> | | | | | | |
| <p>4. The DSP placed the chair at a 90° angle from the wheelchair.</p> | | | | | | |
| <p>5. The DSP slid the gait belt behind the individual, brought the belt around the individual's waist and buckled the gait belt.</p> | | | | | | |
| <p>6. The DSP checked to see if the gait belt was too tight by slipping two of his/her fingers between the gait belt and the individual's abdomen.</p> | | | | | | |
| <p>7. The DSP verbally asked the individual if the gait belt was too tight and adjusted accordingly.</p> | | | | | | |
| <p>8. The DSP folded both foot pedals into the upright position.</p> | | | | | | |
| <p>9. The DSP folded both leg rests toward the upright foot pedals.</p> | | | | | | |
| <p>10. The DSP observed the foot and leg area for other obstructions prior to transfer.</p> | | | | | | |
| <p>11. The DSP asked the staff to stand behind the wheelchair to help steady the individual during transfer.</p> | | | | | | |
| <p>12. The DSP informed the individual that they were about to lift him/her into a standing position.</p> | | | | | | |

| | | | | | | |
|---|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #14: Wheelchair Transfer (continued) | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 13. The DSP asked the individual to place his/her hands on the DSP's shoulders, or explained to the individual the DSP was going to place his/her hands on the DSP's shoulders. | | | | | | |
| 14. The DSP grasped the gait belt. | | | | | | |
| 15. The DSP informed the individual that they were about to lift him/her into a standing position. | | | | | | |
| 16. The DSP slowly and gently pulled the individual into the standing position. | | | | | | |
| 17. The DSP pivoted the individual toward the front of the chair, putting him/her in a position to be lowered into the chair. | | | | | | |
| 18. The DSP slowly lowered the individual down into the chair. | | | | | | |
| 19. The DSP removed the gait belt. | | | | | | |
| 20. The DSP adjusted the individual in the chair to the most comfortable position. | | | | | | |
| 21. The DSP provided needed foot and arm supports to ensure proper positioning. | | | | | | |
| 22. The DSP thanked the individual and the staff assistant for their help in the transfer process. | | | | | | |
| 23. The DSP removed the wheelchair from the immediate area. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #15:

Physical Observation

Approximate Time to Complete:

1-2 hours

- | | |
|---|--|
| U | Introduction to Developmental Disabilities |
| U | Human Rights |
| U | Abuse & Neglect |
| U | Human Interaction & Communication |
| U | Service Plan Development & Implementation |
| U | Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

3-4 practice sessions

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Intervenes and identifies advocacy issues.
- Protects rights and confidentiality.
- Recognizes the forms of abuse.
- Recognizes the forms of neglect.
- Demonstrates appropriate transfer of information from staff to staff.
- Demonstrates the ability to communicate effectively with individuals and staff-orally and in writing.
- Recognizes red flags that would be indicators of medical conditions.
- Follows established directions & procedures.
- Reviews and completes assessments.
- Accurately determines and records the individuals vital signs.
- Demonstrates basic health observation skills.

On- the-Job Training Activity Steps:

It is important to detect changes from normal body functioning because an abnormal condition can be unpleasant, painful, debilitating, or life-threatening. Once you have determined an individual's physical health has undergone changes resulting in abnormal body functioning a Physical Observation should occur. You should be constantly alert to any changes in an individual's health status.

1. With the assistance of your OJT trainer identify an individual who would be willing to assist you in Physical Observation practice.
2. Once an individual has been identified, escort him/her to his/her room.
3. Explain to the individual you will be taking his/her vital signs (this would include the performance of vital signs_ temperature, pulse, and respiration, and blood pressure. See the respective vital sign OJTs for practice of these skills) and performing a brief physical observation.
4. Maintain the individual's privacy and confidentiality during the observation at all times.
5. Complete the attached Physical Observation worksheet.
6. Thank the individual for his/her participation in the observation.

7. Immediately report any abnormal observations to your supervisor or the nurse.
8. Complete the Progress Note in the attached Physical Observation documentation worksheet.
9. Discuss the Physical Observation and documentation with your OJT trainer.

| Physical Observation Documentation (To be completed with OJT Activity #15–Physical Observation) | | | | | | | | |
|---|----|-----|----------------------|----|-----|------------|----|-----|
| Name of DSP _____ | | | Date Completed _____ | | | | | |
| Vital Signs: Temp _____ Pulse _____ Respiration _____ Blood Pressure _____ | | | | | | | | |
| Types of Signs: Behavior | | | | | | | | |
| General Activity Level | | | | | | | | |
| | NO | YES | | NO | YES | | NO | YES |
| Quiet | | | Alert | | | Overactive | | |
| Restless | | | Nervous | | | | | |
| Drowsy | | | Calm | | | | | |
| If yes, explain: | | | | | | | | |
| Specific Behaviors | | | | | | | | |
| | NO | YES | | NO | YES | | | |
| Refusing to eat | | | Rubbing an extremity | | | | | |
| Crying | | | Jerking movements | | | | | |
| Holding one's stomach | | | Limping | | | | | |
| If yes, explain: | | | | | | | | |
| Body Positioning | | | | | | | | |
| | NO | YES | | NO | YES | | | |
| Outstretched | | | Cramped | | | | | |
| Twisted | | | In a fetal position | | | | | |
| Bent over | | | | | | | | |
| If yes, explain: | | | | | | | | |

| Physical Observation Documentation (continued) (To be completed with OJT Activity #15-Physical Observation) | | | | | | | | |
|---|----|-----|------------|-------------------|-----|-----------------|----|-----|
| Types of Signs: Appearance | | | | | | | | |
| Skin Condition | | | | | | | | |
| | NO | YES | | NO | YES | | NO | YES |
| Smooth | | | Oily | | | Swollen | | |
| Rough | | | Wrinkly | | | Perspiring | | |
| Dry | | | Pimple | | | Goose bumps | | |
| Rashy | | | Cuts | | | Scratched | | |
| Blistered | | | Scraped | | | Decubitus | | |
| Calloused | | | Bites | | | Scars | | |
| If yes, explain: | | | | | | | | |
| Skin Condition | | | | Facial Expression | | | | |
| | NO | YES | | NO | YES | | NO | YES |
| Warm/Dry | | | Smiling | | | | | |
| Flushed | | | Wincing | | | | | |
| Pale | | | Grimacing | | | | | |
| Blue (Cyanotic) | | | Frowning | | | | | |
| Yellowish | | | Frightened | | | | | |
| Bruised | | | Vacant | | | | | |
| If yes, explain: | | | | | | | | |
| Eye Characteristics | | | | | | | | |
| | NO | YES | | NO | YES | | NO | YES |
| Bloodshot | | | Yellowed | | | Enlarged pupils | | |
| Tearing | | | Blinking | | | Pinpoint pupils | | |
| Clear | | | Staring | | | Unequal pupils | | |
| If yes, explain: | | | | | | | | |

Physical Observation Documentation (continued)
(To be completed with OJT Activity #15–Physical Observation)

Name of DSP _____ Date Completed _____

Instructions: Complete the Progress Note using data collected during the Physical Observation.

Information to include in a Progress Note:
Clear description of the sign or symptom
When the symptom was observed or reported
What the individual was doing and where they were when the symptom first occurred (if known)
Other information that may be useful to the doctor in making a diagnosis

Example Progress Note:
Month/Day/Year
Temp–Oral Temp 98.6° F
Pulse–Radial Pulse – 76, strong & regular
Respirations – 16
Blood Pressure – 120/80
Individual found lying on bed resting comfortably. Skin warm and dry. Eyes clear. No complaints. -----Jane Jones, DSP



USE THIS SPACE TO DOCUMENT THE PHYSICAL OBSERVATION

| | | | | | | |
|--|---|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #15: Physical Observation | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual on whom to perform the practice Physical Observation. | | | | | | |
| 2. The DSP escorted the individual to his/her room to perform the Physical Observation. | | | | | | |
| 3. The DSP protected the privacy of the individual during the practice Physical Observation. | | | | | | |
| 4. The DSP performed the Physical Observation using the worksheet provided. | | | | | | |
| 5. At the conclusion of the Physical Observation the DSP thanked the individual for his/her participation. | | | | | | |
| 6. The DSP immediately reported any abnormal observations to their supervisor or the nurse. | | | | | | |
| 7. The DSP accurately documented the Physical Observation in the form of a Progress Note using the provided worksheet. | | | | | | |
| 8. The DSP discussed the Physical Observation exercise with the OJT Trainer. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
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| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #16:
Hand Washing

Approximate Time to Complete:
15 minutes

Recommended Number of Practice Opportunities:
1-2 practice sessions

Interventional Competencies Addressed:

- Follows universal precautions and infection control procedures.
- Demonstrates environmental safety skills.
- Demonstrates personal care and hygiene skills and techniques.
- Utilizes basic food safety and sanitation techniques.

On- the-Job Training Activity Steps:

1. Assemble materials (soap, sink, paper towels, etc.).
2. Stand in front of the sink, but do not let clothes touch the sink.
3. Turn on faucet and check water temperature.
4. Wet hands.
5. Apply soap.
6. Work soap into lather and rub hands together for 30 seconds. Be sure to wash cuticles, nails, rings and under rings.
7. Rinse hands thoroughly under water.
8. Dry hands on paper towel.
9. Use paper towel to shut off faucet & discard towel.

| |
|--|
| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| U Basic Health & Safety |

| | | | | | | |
|---|---|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #16: Hand Washing Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP assembled the soap and paper towels at the sink. | | | | | | |
| 2. The DSP turned on the faucet and checked the water temperature before beginning hand washing. | | | | | | |
| 3. The DSP wet his/her hands. | | | | | | |
| 4. The DSP applied the soap. | | | | | | |
| 5. The DSP worked the soap into a lather by rubbing hands together for 30 seconds. | | | | | | |
| 6. The DSP washed his/her cuticles, nails, rings and under rings of both hands. | | | | | | |
| 7. The DSP rinsed both hands under the water. | | | | | | |
| 8. The DSP dried his/her hands with the paper towels. | | | | | | |
| 9. The DSP used the paper towels to shut off the faucet before discarding the paper towels. | | | | | | |
| Comments: | | | | | | |
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| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #17:

Vital Sign–Pulse Rate

Approximate Time to Complete:

30 minutes

- | |
|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights Abuse & NeglectHuman Interaction & CommunicationService Plan Development & ImplementationU Basic Health & Safety |
|---|

Recommended Number of Practice Opportunities:

3-4 practice sessions (on different individuals)

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Protects rights and confidentiality.
- Accurately determines and records the individual's vital signs.
- Recognizes red flags that would be indicators of medical conditions.
- Demonstrates personal care and hygiene skills and techniques.

On- the-Job Training Activity Steps:

It should be noted–if more than one attempt to take an individual's pulse is initiated the resulting pulse rate will most likely be different, possibly even slightly elevated.

1. Assemble materials (watch or clock with second hand or digital second counter).
2. Wash hands.
3. Identify individual.
4. Greet individual.
5. Provide for the individual's privacy.
6. Explain to the individual how you will be taking his/her vital signs.
7. Obtain permission to take the individual's vital signs.
8. To take a radial pulse:
 - Grasp the right or left wrist between your thumb and four fingers.
 - Place your second and third fingers on the wrist, palm side of hand up, closest to the thumb.
 - Count pulse for 15 seconds and multiply by four.
9. To take a carotid pulse:
 - Run your four fingers down the Adam's apple on the front side of the neck.
 - Slide your first three fingers into the crevice next to the Adam's apple.
 - Count pulse for 15 seconds and multiply by four.
10. To take a brachial pulse:
 - Place your first three fingers on the inner surface of the upper arm.
 - Count pulse for 15 seconds and multiply by four.

The average normal pulse rate for an adult is 72 – 80 beats per minute.

11. Assess the strength and rhythm of the pulse. Pulse rates are routinely described as:
 - strong* – normal rhythm
 - bounding* – unusually strong pulse
 - thready* – pulse beats are weak
 - irregular* – the pulse beats are irregular in sequence
 - regular* – regular rhythm
12. Write down the pulse rate & rhythm.
13. Attend to the individual's comfort and safety.
14. Thank the individual for cooperating.
15. Wash your hands.
16. Follow this example when documenting the pulse rate in the progress notes:
Radial Pulse – 76, strong & regular.

| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | | | | CBTA Evaluation #17: Vital Sign–Pulse Rate | |
|---|--|--------------------------|---|--------|---|-------|--|--|
| Competency & Skill Areas | | First | | Second | | Third | | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N | |
| 1. | The DSP washed his/her hands. | | | | | | | |
| 2. | The DSP identified the individual to complete task. | | | | | | | |
| 3. | The DSP greeted the individual. | | | | | | | |
| 4. | The DSP explained the vital sign procedure to the individual. | | | | | | | |
| 5. | The DSP obtained permission to take the individual's vital signs. | | | | | | | |
| 6. | The DSP provided for the individual's privacy during task. | | | | | | | |
| 7. | The DSP performed the following steps to obtain a radial pulse: <ul style="list-style-type: none"> • Grasped the right or left wrist between the thumb and four fingers. • Placed the 2nd and 3rd fingers on the wrist, palm side of hand up, closest to the thumb. • Counted the radial pulse for 30 seconds and multiplied by two or counted the radial pulse for 60 seconds. | | | | | | | |
| 8. | The DSP performed the following steps to obtain a carotid pulse: <ul style="list-style-type: none"> • Ran the four fingers down the Adam's apple on the front side of the neck. • Slid three fingers into the crevice next to the Adam's apple. • Counted the carotid pulse for 30 seconds and multiplied by two or counted for 60 seconds. | | | | | | | |

| | | | | | | | |
|--|--|--|----------|--------------------------------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #17: Vital Sign–Pulse Rate (continued) | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | | | | | | |
| 9. The DSP performed the following steps to obtain a brachial pulse: <ul style="list-style-type: none"> Placed the first three fingers on the inner surface of the upper arm. Counted the brachial pulse for 30 seconds and multiplied by two or counted for 60 seconds. | | | | | | | |
| 10. The DSP assessed the strength and rhythm of the pulse. | | | | | | | |
| 11. The DSP wrote down the pulse rate & rhythm. | | | | | | | |
| 12. The DSP attended to the individual's comfort and safety. | | | | | | | |
| 13. The DSP thanked the individual for cooperating. | | | | | | | |
| 14. The DSP washed his/her hands. | | | | | | | |
| 15. The DSP accurately documented the pulse rate in the progress note according to this example format: Radial Pulse–76, strong & regular | | | | | | | |
| Comments: | | | | | | | |
| _____ _____ _____ _____ | | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity #18

Vital Sign–Respiration Rate

Approximate Time to Complete:

15 minutes

Recommended Number of Practice Opportunities:

3-4 practice sessions (on different individuals)

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Protects rights and confidentiality.
- Accurately determines and records the individual's vital signs.
- Recognizes red flags that would be indicators of medical conditions.
- Demonstrates personal care and hygiene skills and techniques.

On- the-Job Training Activity Steps:

When a person knows his/her respiration is being counted, he/she might not breathe naturally. The optimum time to observe the respiratory rate is directly following the taking of the pulse. When you have counted the pulse, continue to appear as though you are still taking the pulse and begin counting the respirations.

1. Assemble materials (watch or clock with second hand or digital second counter).
2. Wash hands.
3. Identify individual.
4. Greet individual.
5. Provide for the individual's privacy.
6. Explain to the individual how you will be taking his/her vital signs.
7. Obtain permission to take his/her vital signs.
8. Appear to be taking the individual's pulse, begin counting respirations.
9. Count the rise and fall of the chest as one respiration, count for 30 seconds and multiply by two.

The average normal respiratory rate for an adult is 16 – 20 respirations per minute.

10. Write down the respiration rate.
11. Attend to the individual's comfort and safety.
12. Thank the individual for cooperating.
13. Wash your hands.
14. Follow this example when documenting the respiration rate in the progress note:
Respiration – 16

- U Introduction to Developmental Disabilities
- U Human Rights
 - Abuse & Neglect
 - Human Interaction & Communication
 - Service Plan Development & Implementation
- U Basic Health & Safety

| | | | | | | |
|--|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #18: Vital Sign–Respiration Rate Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP washed his/her hands. | | | | | | |
| 2. The DSP identified the individual to complete task. | | | | | | |
| 3. The DSP greeted the individual. | | | | | | |
| 4. The DSP explained the vital sign procedure to the individual. | | | | | | |
| 5. The DSP obtained permission to take the individual's vital signs. | | | | | | |
| 6. The DSP provided for the individual's privacy during the task. | | | | | | |
| 7. The DSP counted the individual's respirations while appearing to be counting the individual's pulse. | | | | | | |
| 8. The DSP counted both the rise and fall of the chest as one respiration. | | | | | | |
| 9. The DSP counted the respirations for 30 seconds and multiplied by two, or counted for 60 seconds. | | | | | | |
| 10. The DSP wrote down the respiration rate. | | | | | | |
| 11. The DSP attended to the individual's comfort and safety. | | | | | | |
| 12. The DSP thanked the individual for his/her cooperation. | | | | | | |
| 13. The DSP washed his/her hands. | | | | | | |
| 14. The DSP followed this example when documenting the respiration in the progress note: Respiration – 16 | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #19:

Vital Sign–Blood Pressure

Approximate Time to Complete:

1 hour

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| <ul style="list-style-type: none"> U Introduction to Developmental Disabilities U Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation U Basic Health & Safety |
|--|

Recommended Number of Practice Opportunities:

3-4 practice sessions (on different individuals)

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Protects rights and confidentiality.
- Accurately determines and records the individual's vital signs.
- Recognizes red flags that would be indicators of medical conditions.
- Demonstrates personal care and hygiene skills and techniques.

On-the-Job Training Activity Steps:

It should be noted—if more than one attempt to take an individual's blood pressure is initiated the resulting blood pressure rate will most likely be different, possibly even slightly elevated.

1. Locate blood pressure cuff, stethoscope and alcohol wipes.
2. Wash hands.
3. Identify and greet the individual.
4. Explain to the individual how you will be taking his/her blood pressure.
5. Obtain permission to take his/her blood pressure.
6. Provide for the individual's privacy.
7. Open the alcohol wipes and wipe off the ear pieces of the stethoscope.
8. Discard the used alcohol wipes.
9. Ask individual to sit or lie down. Uncover either upper arm of individual. (Do not use an arm that has an injury or paralysis, etc.). Do not constrict blood flow to arm.
10. Place stethoscope ear pieces in your ears.
11. Support the individual's forearm on a firm surface near heart level. Position the palm up.
12. Verify that cuff is deflated and reading is at zero.
13. Wrap cuff around individual's arm so lower edge of cuff is at least one inch above bend of inside elbow. Place rubber cushion of cuff so the center is over artery in center of inner arm.
14. Place the flat side of the stethoscope diaphragm over the individual's brachial pulse.
15. Tighten the valve (screw attached to the bulb at the end of the tube) on the blood

- pressure cuff inflation mechanism until it is closed.
16. Grasp the bulb in the palm of your hand.
 17. Position yourself so that your eyes are level with the mercury or the dial.
 18. Using a pumping action, inflate the blood pressure cuff (while feeling the pulse) up to 30-40 mm past where you feel the pulse disappear using bulb.
 19. Observe the pressure dial.
 20. Do not touch cuff or tubes. Hold firmly so there is no space between stethoscope and skin, but with as little pressure as possible.
 21. Release the valve by loosening the screw slowly while carefully observing the dial attached to the bulb.
 22. Note the dial reading when you first hear a regular thumping sound through the ear pieces of the stethoscope. This is the systolic reading.
 23. Continue to let air out slowly. The sounds will become dull and disappear.
 24. Note dial reading when individual's pulse can no longer be heard. This is the diastolic reading.

The normal systolic reading is between 110 – 120 (top number).

The normal diastolic reading is between 60 – 80 (bottom number).

25. Deflate cuff completely.
26. Repeat after 1-2 minutes.
27. Completely deflate cuff. Remove ear pieces of stethoscope from ears.
28. Remove cuff from individual's arm.
29. Record blood pressure reading, including which arm was used and position of individual.
30. Attend to individual's comfort and safety.
31. Thank individual for cooperating.
32. Open the alcohol wipes and wipe off the ear pieces of the stethoscope.
33. Wash hands.
34. Follow this example when documenting the blood pressure reading in the progress note:

B/P – 120/80

| | | | | | | | |
|--|--|--|----------|---------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #19: Vital Sign-Blood Pressure | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | | | | | | |
| 1. The DSP located the blood pressure cuff, stethoscope, and alcohol wipes. | | | | | | | |
| 2. The DSP washed hands. | | | | | | | |
| 3. The DSP identified the individual to complete task. | | | | | | | |
| 4. The DSP explained the vital sign procedure to the individual. | | | | | | | |
| 5. The DSP obtained permission to take the blood pressure. | | | | | | | |
| 6. The DSP provided for the individual's privacy during the task. | | | | | | | |
| 7. The used the alcohol wipes to clean the ear pieces on the stethoscope. | | | | | | | |
| 8. The DSP discarded the alcohol wipes. | | | | | | | |
| 9. The DSP asked the individual to sit or lie down and correctly uncovered individual's upper arm. | | | | | | | |
| 10. The DSP placed the stethoscope ear pieces in his/her ears. | | | | | | | |
| 11. The DSP supported individual's forearm on firm surface near heart level with palm up. | | | | | | | |
| 12. The DSP verified that the cuff was deflated. | | | | | | | |
| 13. The DSP wrapped the blood pressure cuff around the individual's arm, resting the pressure dial and inflation mechanism just above the inside of the elbow. | | | | | | | |
| 14. The DSP tightened the valve on the blood pressure cuff inflation mechanism. | | | | | | | |
| 15. The DSP tightened the valve on the blood pressure cuff inflation mechanism. | | | | | | | |

| | | | | | | |
|---|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #19: Vital Sign-Blood Pressure Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 16. The DSP grasped the bulb in the palm of his/her hand and inflated the blood pressure cuff. | | | | | | |
| 17. The DSP made sure his/her eyes were level with the mercury or the dial. | | | | | | |
| 18. The DSP observed the pressure dial as they inflated the cuff to 30-40 mm past where the pulse disappeared. | | | | | | |
| 19. The DSP released the valve slowly and observed the valve carefully as he/she listened for the first sign of the individual's pulse. | | | | | | |
| 20. The DSP continued to listen and noted the dial reading when the pulse could no longer be heard. | | | | | | |
| 21. The DSP removed the ear pieces from his/her ears and the cuff from the individual's arm. | | | | | | |
| 22. The DSP deflated the cuff completely. | | | | | | |
| 23. The DSP correctly wrote the individual's blood pressure reading in the appropriate place. | | | | | | |
| 24. The DSP attended to the individual's comfort and safety. | | | | | | |
| 25. The DSP thanked the individual for his/her cooperation. | | | | | | |
| 26. The DSP opened the alcohol wipes and wiped off the earpieces of the stethoscope. | | | | | | |
| 27. The DSP washed his/her hands. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #20:

Vital Sign–Oral Temperature

Approximate Time to Complete:

1 hour

Recommended Number of Practice**Opportunities:**

3-4 practice sessions (on different individuals)

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Protects rights and confidentiality.
- Accurately determines and records the individual's vital signs.
- Recognizes red flags that would be indicators of medical conditions.
- Demonstrates personal care and hygiene skills and techniques.
- Follows universal precautions and infection control procedures.

On- the-Job Training Activity Steps:

1. Assemble materials (electronic thermometer, disposable plastic probe cover, probe attachment, pen and paper).
2. Wash hands.
3. Identify and greet the individual.
4. Provide for the individual's privacy.
5. Explain to the individual how you will be taking his/her temperature.
6. Obtain permission to take the individual's temperature with the electronic thermometer.
7. Ask if the individual has eaten, drank, or smoked in the last ten minutes—if so, wait ten minutes before taking the temperature.
8. Plug the probe into the base of the thermometer.
9. Check the connection of the probe to the base of the thermometer.
10. Cover the probe with plastic probe cover sheath.
11. Explain to the individual you are about to insert the thermometer into his/her mouth, under the tongue, then do so. Instruct the individual to close mouth.
12. Wait for the buzzer to sound.
13. Remove the probe.
14. Read the thermometer.
The normal oral temperature is 98.6° F (37° C).
15. Write down the temperature reading.
16. Discard the probe cover.
17. Return the probe to stored position.

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18. Attend to the individual's comfort and safety.
19. Thank the individual for cooperating.
20. Wash hands.
21. Store thermometer.
22. Report abnormal temperatures to the supervisor/nurse.
23. Follow this example when documenting the electronic temperature in the progress note:

Oral Temp B 98.6° F (37°C)

| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #20: Vital Sign-Oral Temperature Reviewer Initials | | | | | |
|---|---|--|---|--------|---|-------|---|
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. | The DSP located the electronic thermometer. | | | | | | |
| 2. | The DSP washed his/her hands. | | | | | | |
| 3. | The DSP identified and greeted the individual. | | | | | | |
| 4. | The DSP provided for the individual's privacy. | | | | | | |
| 5. | The DSP explained the temperature taking task to the individual. | | | | | | |
| 6. | The DSP asked the individual if they had eaten, drank or smoked in the last ten minutes. | | | | | | |
| 7. | The DSP obtained permission to take the individual's temperature. | | | | | | |
| 8. | The DSP plugged the probe into the base of the electronic thermometer. | | | | | | |
| 9. | The DSP checked the connection between the probe and the base of the thermometer. | | | | | | |
| 10. | The DSP covered the probe with a plastic probe cover sheath. | | | | | | |
| 11. | The DSP explained to the individual that they were about to insert the thermometer into his/her mouth, under the tongue, then did so. | | | | | | |
| 12. | The DSP waited for the buzzer to sound. | | | | | | |
| 13. | The DSP removed the probe from the individual's mouth. | | | | | | |
| 14. | The DSP wrote down the temperature. | | | | | | |

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| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #20: Vital Sign–Oral Temperature (continued) | | | |
| Reviewer Initials | | | | |
| Competency & Skill Areas | First | Second | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N |
| 15. The DSP discarded the probe cover. | | | | |
| 16. The DSP attended to the individual’s comfort and safety. | | | | |
| 17. The DSP thanked the individual for his/her cooperation. | | | | |
| 18. The DSP washed his/her hands. | | | | |
| 19. The DSP stored the thermometer. | | | | |
| 20. The DSP reported any abnormal temperatures to the supervisor/nurse. | | | | |
| 21. The DSP followed this example when documenting the temperature in the progress note: Temp – 98.6° F (37° C) | | | | |
| Comments: | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | _____ Date of successful completion | |

OJT Activity #21:
Removing Disposable Gloves

Approximate Time to Complete:
5 minutes

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Recommended Number of Practice Opportunities:
No practice sessions.

Interventional Competencies Addressed:

- The DSP follows universal precautions and infection control procedures.
- The DSP demonstrates personal care and hygiene skills and techniques.

On-the-Job Training Activity Steps:

1. After using disposable gloves, follow the steps to remove disposable gloves without spreading germs from the outside of the gloves.
2. Pinch the first glove at the wrist, being careful to touch only the outside surfaces.
3. Pull the first glove toward the fingertips without completely removing it.
4. With partially gloved hand, pinch the exterior of the second glove.
5. Pull the second glove toward the fingertips until it is inside out and remove.
6. Grasp both gloves with your free hand, touching only the clean interior surface of the glove.
7. Properly dispose of the gloves in biohazard bag.
8. Wash your hands.

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|--|---|---------------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #21: Removing Disposable Gloves | | | |
| Reviewer Initials | | | | |
| Competency & Skill Areas | First | Second | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N |
| 1. The DSP pinched the first glove at the wrist, being careful to touch only the outside surfaces. | | | | |
| 2. The DSP pulled the first glove toward the fingertips without completely removing it. | | | | |
| 3. The DSP pinched the outside of the second glove. | | | | |
| 4. The DSP pulled the second glove toward the fingertips until it was inside out and completely removed. | | | | |
| 5. The DSP finished removing both gloves without touching the outside of the gloves. | | | | |
| 6. The DSP discarded gloves in appropriate biohazard bag. | | | | |
| 7. The DSP washed his/her hands. | | | | |
| Comments: | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | |
| _____ Date of successful completion | | | | |

OJT Activity # 22:

Vital Sign-Axillary (armpit) Temperature

Approximate Time to Complete:

1 hour

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Recommended Number of Practice Opportunities:

3-4 practice sessions (on different individuals)

Interventional Competencies Addressed:

- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Protects rights and confidentiality.
- Accurately determines and records the individual's vital signs.
- Recognizes red flags that would be indicators of medical conditions.
- Demonstrates personal care and hygiene skills and techniques.
- Follows universal precautions and infection control procedures.

On- the-Job Training Activity Steps:

1. Locate the electronic thermometer and plastic probe cover sheaths.
 2. Wash hands.
 3. Identify and greet the individual.
 4. Provide for the individual's privacy.
 5. Explain to the individual how you will be taking his/her temperature.
 6. Obtain permission to take the individual's temperature.
 7. Plug the oral probe into the base of the thermometer.
 8. Cover the probe with the plastic probe cover sheath.
 9. Assist the individual in loosening his/her clothing around the armpit.
 10. Using a paper towel, pat dry the axilla where the thermometer will be placed.
 11. Place the end of the probe in the center of the individual's armpit.
 12. Once the thermometer has been put into place have the individual hold his/her arm tightly against the chest.
 13. Leave the thermometer in place until thermometer buzzer sounds or temperature registers.
 14. Remove the thermometer from the individual's armpit.
 15. Read the thermometer.
 16. Discard the plastic sheath.
 17. Write down the temperature.
- The normal axillary temperature is 97.6°F (36° C).**
18. Assist the individual with clothing readjustment.
 19. Attend to the individual's comfort and safety.

20. Thank the individual for cooperating.
21. Return the probe to its stored position.
22. Wash hands.
23. Store thermometer.
24. Report any abnormal temperatures to the supervisor/nurse.
25. Follow this example when documenting the temperature:

Axillary Temp – 97.6° F (36° C)

| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #22: Vital Sign-Axillary (armpit) Temperature Reviewer Initials | | | | | |
|---|---|---|---|--------|---|-------|---|
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. | The DSP located the electronic thermometer and plastic probe cover sheaths. | | | | | | |
| 2. | The DSP washed his/her hands. | | | | | | |
| 3. | The DSP identified and greeted the individual. | | | | | | |
| 4. | The DSP provided for the individual's privacy. | | | | | | |
| 5. | The DSP explained the temperature taking procedure to the individual. | | | | | | |
| 6. | The DSP obtained permission to take the individual's temperature. | | | | | | |
| 7. | The DSP plugged the oral probe into the base of the thermometer. | | | | | | |
| 8. | The DSP covered the probe with the plastic probe cover sheath. | | | | | | |
| 9. | The DSP assisted the individual in loosening his/her clothing around the armpit. | | | | | | |
| 10. | The DSP used a paper towel to pat dry the armpit where the thermometer is to be placed. | | | | | | |
| 11. | The DSP placed the end of the probe in the center of the individual's armpit. | | | | | | |
| 12. | The DSP instructed the individual to hold his/her arm tightly against the chest while the thermometer was in place. | | | | | | |

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| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #22: Vital Sign-Axillary (armpit) Temperature (continued) | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 13. The DSP removed the thermometer after the buzzer sounded or the temperature registered. | | | | | | |
| 14. The DSP correctly read the thermometer. | | | | | | |
| 15. The DSP discarded the plastic sheath. | | | | | | |
| 16. The DSP correctly wrote down the temperature. | | | | | | |
| 17. The DSP assisted the individual with clothing readjustment. | | | | | | |
| 18. The DSP attended to the individual's comfort and safety. | | | | | | |
| 19. The DSP thanked the individual for his/her cooperation. | | | | | | |
| 20. The DSP returned the probe to its stored position. | | | | | | |
| 21. The DSP washed his/her hands. | | | | | | |
| 22. The DSP correctly stored the thermometer. | | | | | | |
| 23. The DSP reported any abnormal temperatures to the supervisor/nurse. | | | | | | |
| Comments: | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity # 23:

Testing Water Temperature

Approximate Time to Complete:

20 minutes

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Recommended Number of Practice**Opportunities:**

2-3 practice sessions

Interventional Competencies Addressed:

- The DSP notifies appropriate person(s) about emergency health & safety concerns.
- The DSP demonstrates environmental safety skills.
- The DSP identifies and responds appropriately to identify safety hazards.

On- the-Job Training Activity Steps:

1. Run the hot water for a sufficient amount of time to get the hottest temperature. Measure prior to heavy use, or at least one hour after, so the hot water heater has time to recover and heat to its set temperature.
2. Fill a bowl or cup with hot water. To ensure accuracy, do not hold the thermometer under running water to measure the temperature.
3. Immediately immerse the silver perforated end of the thermometer completely into the contained water.
4. Keep the thermometer in the water until the measurement has stabilized (30 to 60 seconds), then read the temperature.
5. Accurately read the thermometer.
6. Follow instructions on individual thermometer packages, if different.
7. Record the temperature in the designated log.
8. Hot water coming out of the faucet should be between 100°F and 110°F. Report temperatures lower than 110°F and higher than 110°F to the supervisor. **Do not expose individuals to water 110°F and above. Temperatures above 110°F cause scalding and could result in death.**

(See Burns and Scalding Alert: Facts and Prevention handout in the BHRD Course Coordinator Training and Site Safety Training sessions.)

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|---|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #23: Testing Water Temperature Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP measured the temperature at least an hour after heavy use. | | | | | | |
| 2. The DSP ran the hot water until it was at its hottest temperature. | | | | | | |
| 3. The DSP filled the bowl or cup with hot water and did not hold the thermometer under running water to measure the temperature. | | | | | | |
| 4. The DSP correctly immersed the silver perforated end of the thermometer into the container. | | | | | | |
| 5. The DSP left the thermometer in the water for 30-60 seconds. | | | | | | |
| 6. The DSP accurately read the thermometer. | | | | | | |
| 7. The DSP followed the instructions on the package, if different. | | | | | | |
| 8. The DSP accurately recorded the temperature in the appropriate log. | | | | | | |
| 9. The DSP reported temperatures lower than 100 °F and higher than 110 °F to the supervisor. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #24:

Collecting a Routine Urine Specimen

Approximate Time to Complete:

30 minutes

Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Follows universal precautions and infection control procedures.
- Helps individual understand their bodily functions.
- Follows established directions and procedures.
- Respects the appropriate boundaries of the relationship.

On- the-Job Training Activity Steps:

1. Locate specimen container, bedpan or urinal (if needed), disposable gloves and laboratory requisition slip.
2. Wash your hands and put on disposable gloves.
3. Prepare the label by filling in the name, location, time, date and type of specimen. The lid of the specimen bottle may serve as the label.
4. Greet the individual.
5. Provide for the individual's privacy.
6. Explain to the individual how you will be collecting a urine specimen.
7. If the individual is ambulatory and able to use the toilet, ask him/her to urinate directly in the specimen container. If not ambulatory, ask him/her to urinate into a clean bed pan or urinal.
8. After the individual has urinated into:
 - A. Specimen container: ensure bottle is 1/3 to 1/2 full by discarding excess into toilet.
 - B. Bedpan or urinal: pour urine into specimen bottle until bottle is approximately 1/3 to 1/2 full by discarding excess into toilet.
9. Put lid on the specimen bottle and apply the label (if necessary).
10. Discard gloves and wash your hands.
11. Attend to the individual's comfort and safety.
12. Thank the individual for his/her cooperation.
13. Follow agency policy in storing and/or delivering the urine specimen.

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|---|---|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation # 24: Collecting a Routine Urine Specimen | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP gathered the necessary equipment. | | | | | | |
| 2. The DSP washed his/her hands and put on disposable gloves. | | | | | | |
| 3. The DSP correctly prepared the label. | | | | | | |
| 4. The DSP greeted the individual. | | | | | | |
| 5. The DSP provided for the individual's privacy. | | | | | | |
| 6. The DSP explained the urine collection process to the individual. | | | | | | |
| 7. The DSP correctly obtained the urine specimen. | | | | | | |
| 8. The DSP ensured the bottle was 1/3 to 1/2 full. | | | | | | |
| 9. The DSP closed and labeled the container. | | | | | | |
| 10. The DSP removed his/her gloves and washed his/her hands. | | | | | | |
| 11. The DSP attended to the individual's comfort and safety. | | | | | | |
| 12. The DSP thanked the individual for his/her cooperation. | | | | | | |
| 13. The DSP followed agency policy in storing and/or delivering the urine specimen. | | | | | | |
| Comments: | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #25:

Assisting with a Tub Bath

Approximate Time to Complete:

1 hour

Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.
- Follows universal precautions and infection control procedures.
- Respects the appropriate boundaries of the relationship.

On- the-Job Training Activity Steps:

Individuals should be allowed to bathe with as much independence as possible. The DSP should ensure that the individual (who needs assistance with bathing) is never left alone during a bath. Privacy can be provided by pulling a shower curtain or turning your back on the individual.

1. Identify an individual who needs to take a tub bath.
2. Assemble materials (disposable gloves, wash cloth, bath towel, soap, shampoo, cup, hair brush, clean clothing and slippers).
3. Greet the individual.
4. Provide for the individual's privacy.
5. Explain to the individual how you will be assisting his/her with his/her bath.
6. Wash your hands and put on disposable gloves.
7. Fill the bath tub 1/4 to 1/2 full with warm water. Hot water coming out of the faucet should be between 100 °F and 110 °F. Report the temperatures lower than 100°F and higher than 110 °F to the supervisor. **Do not expose individuals to water 110 °F and above. Temperatures above 110°F cause scalding and could result in death.**
8. Ensure that the water is not too hot.
9. Assist the individual with removing his/her clothes.
10. Assist the individual into the bath tub.
11. Wet hair thoroughly.
12. Apply a small amount of shampoo to his/her hair.
13. Massage the scalp to create a lather.
14. Rinse well with a cup or removable shower head. Assist the individual in holding his/her head backward or forward to prevent soap from going into his/her eyes. You may also cover eyes with a wash cloth to prevent soap from going into

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- his/her eyes.
15. Begin washing the individual's body with soap and water.
 16. Pay special attention to areas where two skin surfaces touch.
 17. Assist the individual out of the tub.
 18. Assist the individual in drying off well, using a patting motion.
 19. Assist the individual in putting on his/her clean clothing and slippers.
 20. Assist the individual in brushing his/her hair.
 21. Thank the individual for his/her cooperation.
 22. Remove gloves and wash your hands.
 23. Return materials to their proper place.
 24. Sanitize the bath tub for the next individual.

(See Burns and Scalding Alert: Facts and Prevention handout in the BHRD Course Coordinator Training and Site Safety Training sessions.)

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| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #25: Assisting with a Tub Bath | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | | | | | | |
| 1. | The DSP identified an individual who needed to take a tub bath. | | | | | | |
| 2. | The DSP assembled the necessary materials. | | | | | | |
| 3. | The DSP respectfully greeted the individual. | | | | | | |
| 4. | The DSP provided for the individual's privacy. | | | | | | |
| 5. | The DSP explained the bathing process to the individual. | | | | | | |
| 6. | The DSP washed hands and put on gloves. | | | | | | |
| 7. | The DSP correctly filled the bath tub. | | | | | | |
| 8. | The DSP ensured that the water was not too hot. | | | | | | |
| 9. | The DSP assisted the individual in removing clothes. | | | | | | |
| 10. | The DSP assisted the individual into the bath tub. | | | | | | |
| 11. | The DSP correctly washed the individual's hair. | | | | | | |
| 12. | The DSP thoroughly washed the individual's body. | | | | | | |
| 13. | The DSP assisted the individual out of the bath tub. | | | | | | |
| 14. | The DSP assisted the individual in drying off. | | | | | | |
| 15. | The DSP assisted the individual with clothing. | | | | | | |
| 16. | The DSP assisted the individual in brushing hair. | | | | | | |

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| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #25: Assisting with a Tub Bath (continued) | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 17. The DSP thanked the individual for cooperating. | | | | | | | |
| 18. The DSP removed the gloves and washed hands. | | | | | | | |
| 19. The DSP returned materials to the appropriate place. | | | | | | | |
| 20. The DSP sanitized the bath tub. | | | | | | | |
| Comments: | | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity #26:

Assisting with Oral Hygiene

Approximate Time to Complete:

30 minutes

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.
- Respects the appropriate boundaries of the relationship.

On- the-Job Training Activity Steps:

Individuals should be encouraged to brush their teeth with as much independence as possible. The DSP should ensure that the individual is doing a thorough job in brushing.

1. Identify an individual who needs to brush his/her teeth.
2. Assemble materials (toothbrush, toothpaste, cup of water, disposable gloves, and hand towel).
3. Greet the individual.
4. Provide for the individual's privacy.
5. Explain to the individual how you will be assisting him/her in brushing his/her teeth.
6. Wash your hands and put on disposable gloves.
7. Rinse the toothbrush and apply toothpaste.
8. Place the head of the toothbrush alongside the teeth at a 45° angle.
9. Move the toothbrush back and forth using a gentle "vibrating" motion.
10. Brush the outer side of each tooth, both uppers and lowers.
11. Continue this technique on the inside surfaces of the teeth.
12. For the inside surfaces of the front teeth, tilt the brush vertically and brush up and down using the front part of the brush head.
13. Brush the chewing surfaces using a back and forth motion parallel to the tooth line.
14. Brush the tongue and the roof of the mouth.
15. Ask the individual to rinse his/her mouth with water.
16. Ask the individual to wipe his/her face.
17. Thank the individual for his/her cooperation.
18. Remove gloves and wash your hands.
19. Return materials to their proper place.

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| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #26: Assisting with Oral Hygiene | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual who needed to brush his/her teeth. | | | | | | |
| 2. The DSP assembled the necessary materials. | | | | | | |
| 3. The DSP respectfully greeted the individual. | | | | | | |
| 4. The DSP provided for the individual's privacy. | | | | | | |
| 5. The DSP explained the tooth brushing procedure to the individual. | | | | | | |
| 6. The DSP washed his/her hands and put on gloves. | | | | | | |
| 7. The DSP rinsed the toothbrush and applied toothpaste. | | | | | | |
| 8. The DSP correctly brushed the individual's teeth. | | | | | | |
| 9. The DSP asked the individual to rinse his/her mouth and wipe his/her face. | | | | | | |
| 10. The DSP thanked the individual for his/her cooperation. | | | | | | |
| 11. The DSP removed his/her gloves and washed his/her hands. | | | | | | |
| 12. The DSP returned materials to their proper place. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| <hr/> Signature of reviewer upon successful OJT completion | | | | | | |
| <hr/> Date of successful completion | | | | | | |

OJT Activity #27:

Taking Food Temperatures

Approximate Time to Complete:

15 minutes

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Recommended Number of Practice Opportunities:

3-4 practice sessions

Interventional Competencies Addressed:

- Utilizes basic food safety and sanitation techniques.

On- the-Job Training Activity Steps:

1. Assemble materials (food thermometer, alcohol prep pads and hot food dish).
2. Wipe thermometer with alcohol prep pad.
3. Stick thermometer into the center of the food (meant to be immediately served hot to individuals).
4. The end of the thermometer is not to touch the container.
5. Read temperature after gauge has come to a stop.
6. Refer to the information on safe food temperatures (the following page) to ensure that the food dish has reached the appropriate temperature.
7. Remove thermometer from food.
8. Wipe thermometer with alcohol prep pad.
9. Return materials to their proper place.

The information used in the OJT/CBTA was obtained from the Food Safety and Inspection Service, United States Department of Agriculture. Individuals wanting more information may visit them online at:

WWW.fsis.usda.gov/OA/thermy/bro_text.htm.

Safe Food Temperatures

| Food | °F |
|--|----------------------------------|
| Ground Meat & Meat Mixtures | |
| Beef, Pork, Veal & Lamb | 160° |
| Turkey & Chicken | 165° |
| Fresh Beef, Veal & Lamb | |
| Medium Rare | 145° |
| Medium | 160° |
| Well Done | 170° |
| Poultry | |
| Chicken & Turkey, whole | 180° |
| Poultry breast, roast | 170° |
| Poultry thighs, wings | 180° |
| Duck & Goose | 180° |
| Stuffing (cooked alone or in bird) | 165° |
| Fresh Pork | |
| Medium | 160° |
| Well Done | 170° |
| Ham | |
| Fresh (raw) | 160° |
| Pre-cooked (to reheat) | 140° |
| Eggs & Egg Dishes | |
| Eggs | Cook until yolk & white are firm |
| Egg dishes | 160° |

| | | | | | | |
|--|---|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #27: Taking Food Temperatures | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP assembled the necessary materials. | | | | | | |
| 2. The DSP wiped thermometer with alcohol prep pad. | | | | | | |
| 3. The DSP correctly inserted the thermometer into the hot food dish. | | | | | | |
| 4. The DSP read the temperature after the gauge had come to a stop. | | | | | | |
| 5. The DSP referred to the information on safe food temperatures to ensure that the food dish had reached the appropriate temperature. | | | | | | |
| 6. The DSP removed and sanitized the thermometer. | | | | | | |
| 7. The DSP returned all materials to their proper place. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #28:

Fire Evacuation Procedure

Approximate Time to Complete:

30 minutes

| |
|---|
| U Introduction to Developmental Disabilities |
| U Human Rights Abuse & Neglect |
| Human Interaction & Communication |
| U Service Plan Development & Implementation |
| U Basic Health & Safety |

Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Implements disaster procedures and assists individuals as needed.
- Identifies and responds appropriately to identified safety hazards.
- Notifies appropriate person(s) about emergency health and safety concerns.
- Demonstrates organizational and environmental management skills.
- Follows established directions and procedures.

On- the-Job Training Activity Steps:

1. Review agency policy & procedure on emergency evacuation.
2. Identify the locations of all fire extinguishers and pull stations.
3. Activate the nearest alarm.
4. Remove all individuals in immediate danger.
5. Evacuate the immediate area.
6. Close the door as you leave the room.
7. Notify the fire department (if your fire alarm is monitored by a security company, this step may not be necessary).
8. Assist individuals during the fire evacuation process.
9. Check each room starting with those closest to the fire. Close each door as you leave.
10. Once outside, count individuals and staff to ensure complete evacuation.
11. Re-enter the building after all individuals/staff are accounted for and it is appropriate to do so.
12. Follow company policy and procedure for documentation of the fire evacuation.

| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>Reviewer Initials</p> | <p>CBTA Evaluation #28: Fire Evacuation Procedure</p> | | | | | |
|--|---|---|---|---|---|-------|---|
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. | The DSP reviewed agency policy & procedure on emergency evacuation. | | | | | | |
| 2. | The DSP identified the locations of all fire extinguishers and pull stations. | | | | | | |
| 3. | The DSP activated the nearest alarm. | | | | | | |
| 4. | The DSP ensured all individuals were removed from immediate danger. | | | | | | |
| 5. | The DSP evacuated the immediate area, closing the door as he/she left. | | | | | | |
| 6. | The DSP notified the fire department (if necessary). | | | | | | |
| 7. | The DSP assisted individuals during the fire evacuation process. | | | | | | |
| 8. | The DSP followed procedure in checking each room. | | | | | | |
| 9. | Once outside, the DSP completed a head count. | | | | | | |
| 10. | The DSP re-entered the building after everyone was accounted for and it was appropriate to do so. | | | | | | |
| 11. | The DSP followed company policy and procedure in documenting the fire evacuation. | | | | | | |
| <p><i>Comments:</i></p> <p> </p> <p> </p> <p> </p> <p> </p> | | | | | | | |
| <p>Signature of reviewer upon successful OJT completion</p> | | | | <p>Date of successful completion</p> | | | |

OJT Activity #29:
Severe Weather Procedure**Approximate Time to Complete:**
1 hour

- | |
|---|
| U Introduction to Developmental Disabilities |
| U Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| U Service Plan Development & Implementation |
| U Basic Health & Safety |

Recommended Number of Practice Opportunities:
1 practice session**Interventional Competencies Addressed:**

- Implements disaster procedures and assists individuals as needed.
- Identifies and responds appropriately to identified safety hazards.
- Notifies appropriate person(s) about emergency health and safety concerns.
- Demonstrates organizational and environmental management skills.
- Follows established directions and procedures.

On- the-Job Training Activity Steps:

1. Review agency policy & procedure on severe weather procedures.
2. Identify when there is a need to begin severe weather procedures.
 - A. Severe weather warning.
 - B. Sounding of tornado sirens.
 - C. Tornado sightings in the area.
3. Announce to individuals that you will be conducting a severe weather drill.
4. Assist individuals with removing their pillow and comforter from their beds and putting on their shoes.
5. Escort individuals (with their bedding) to the designated area in the facility.
6. Ask individuals to sit on either their pillow or comforter while they use the other to cover their head.
7. Closely monitor the individuals during the emergency.
8. Act calm and be supportive to reduce the individuals' fear and apprehension.
9. Stay in the designated area until the threat of severe weather has passed.
10. Tell the individuals that they can now leave the area.
11. Assist individuals in replacing their comforters and pillows.
12. Follow company policy and procedure for documentation of the severe weather threat.

| | | | | | | |
|--|---|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #29: Severe Weather Procedure Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP reviewed agency policy & procedure on severe weather procedures. | | | | | | |
| 2. The DSP identified the need to implement severe weather procedures. | | | | | | |
| 3. The DSP assisted individuals in removing their pillows and comforters and putting on their shoes. | | | | | | |
| 4. The DSP assisted individuals to the designated area in their facility. | | | | | | |
| 5. The DSP assisted individuals into the proper position. | | | | | | |
| 6. The DSP monitored individuals throughout the severe weather drill. | | | | | | |
| 7. The DSP was calm and supportive. | | | | | | |
| 8. The DSP assisted the individuals with remaining in the designated area until the threat of severe weather had passed. | | | | | | |
| 9. The DSP informed the individuals that they may leave the area. | | | | | | |
| 10. The DSP assisted in replacing comforters and pillows. | | | | | | |
| 11. The DSP followed company policy and procedure for documentation of the severe weather drill. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #30:
Seizure Protocol**Approximate Time to Complete:**
1-2 hours

| |
|--|
| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| U Service Plan Development & Implementation |
| U Basic Health & Safety |

Recommended Number of Practice Opportunities:
1 practice session**Interventional Competencies Addressed:**

- Implements seizure protocols.
- Notifies appropriate person(s) about emergency health and safety concerns.
- Demonstrates basic health observation skills.
- Completes documentation as required and use correction procedure for addressing errors.

On- the-Job Training Activity Steps:

1. Watch the seizure examples on the “Seizure Report” video.
2. Complete the attached Seizure Report or one from your organization.
3. If a documentation error occurs, cross out the error with a single line. Write your initials after the error, then continue your documentation.
4. Discuss the completed Seizure Report with your OJT trainer.
5. Turn in the Seizure Report to the QMRP.

| | | | | | | |
|--|--|---------------|--------------|--------------------------------------|----------|----------|
| <p>Name of DSP:</p> <p>Date First Try: Second Try: Third Try:</p> | <p>CBTA Evaluation #30: Seizure Protocol</p> <p style="text-align: center;">Reviewer Initials</p> | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP watched the seizure video. | | | | | | |
| 2. The DSP entered ID information. | | | | | | |
| 3. The DSP entered the date seizure occurred and the time seizure began. | | | | | | |
| 4. The DSP correctly filled out section I. Pre-seizure State. | | | | | | |
| 5. The DSP correctly filled out section II. Seizure. | | | | | | |
| 6. The DSP correctly filled out section III. Post Seizure State. | | | | | | |
| 7. The DSP correctly filled out section IV. Narrative. | | | | | | |
| 8. If documentation errors occurred, the DSP used correct correction procedure. | | | | | | |
| 9. The DSP discussed the seizure report with the OJT trainer. | | | | | | |
| 10. The DSP turned in the Seizure Report to the QMRP. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

SEIZURE REPORT

| | | | | | | | |
|--|-----|---------------|----|--------------------|-----|----|----|
| Name: | | | | Facility Name: | | | |
| Date of Birth: | | Seizure Date: | | Seizure Time: | | | |
| I. Pre-seizure State | | | | | | | |
| A. Duration: Seconds_____ Minutes_____ [] Not Known | | | | | | | |
| B. Activity engaged in:_____ | | | | | | | |
| C. Environment: [] Noisy [] Crowded [] Hot [] Cold [] Bright lights [] Other:_____ | | | | | | | |
| D. Behavior: [] Hyperactive [] Confused [] Calm [] Lethargic [] Other:_____ | | | | | | | |
| II. Seizure | | | | | | | |
| A. Duration: Seconds_____ Minutes_____ [] In Progress [] Not known | | | | | | | |
| B. Warning: [] Yes [] No [] Not known If yes, describe:_____ | | | | | | | |
| C. Stayed awake: [] Yes [] No [] Not known | | | | | | | |
| D. Responsive to environment: [] Yes [] No [] Not known | | | | | | | |
| E. Body Movement | | | | | | | |
| | Yes | No | NK | | Yes | No | NK |
| Head rolled forward | | | | Right arm jerked | | | |
| Head rolled backward | | | | Left arm relaxed | | | |
| Head rolled left | | | | Left arm stiff | | | |
| Head rolled right | | | | Left arm twitched | | | |
| Facial twitching | | | | Left arm jerked | | | |
| Pupils dilated | | | | Trunk relaxed | | | |
| Pupils constricted | | | | Trunk stiff | | | |
| Eyes rolled left | | | | Trunk jerked | | | |
| Eyes rolled right | | | | Right leg relaxed | | | |
| Eyes rolled upward | | | | Right leg stiff | | | |
| Eyes blinking | | | | Right leg twitched | | | |
| Lips smacking | | | | Right leg jerked | | | |
| Chews tongue | | | | Left leg relaxed | | | |
| Jaw clenched | | | | Left leg stiff | | | |
| Right arm relaxed | | | | Left leg twitched | | | |
| Right arm stiff | | | | Left leg jerked | | | |
| Right arm twitched | | | | | | | |
| F. Body Functions | | | | | | | |
| | Yes | No | NK | | Yes | No | NK |
| Verbal sounds | | | | Skin clammy | | | |
| Clothes picking | | | | Skin color flushed | | | |
| Loss of bladder control | | | | Skin pale color | | | |
| Loss of bowel control | | | | Skin normal color | | | |
| G. Other | | | | | | | |
| | Yes | No | NK | | Yes | No | NK |
| | | | | | | | |
| | | | | | | | |

III. Post Seizure State

- A. Duration: Seconds _____ Minutes _____ [] Not Known
- B. Consciousness: [] Alert [] Confused [] Sleepy [] Other _____
- C. Problems/Complaints: [] Headache [] Weakness [] Injury [] Not Known [] Other _____
- D. Affect: [] Angry [] Fearful [] Usual self [] Other _____
- E. Able to continue usual activity: [] Yes [] No
- F. Injury: [] Yes [] No [] Not Known

If yes, describe _____

IV. Narrative (A summary of observations prior to, during and after a seizure)

If the observer was not the recorder, then document the observers name and relationship to individual.

Name: _____ Relationship: _____

Signature & Title of Recorder

NURSE COMPLETES

V. Possible Triggers (i.e., caffeine, constipation, fever, AED reductions, other medications, etc.)

- [] Report reviewed and accepted
- [] Report reviewed with additional comments to follow

Signature & Title of R.N./L.P.N. Date

PHYSICIAN COMPLETES

VI. Classification of the Type of Seizure

Physician's Signature Date

OJT Activity #31:
Recognizing & Reporting Maltreatment**Approximate Time to Complete:**
1-2 hours

- | |
|---|
| U Introduction to Developmental Disabilities |
| U Human Rights |
| U Abuse & Neglect Human Interaction & Communication |
| U Service Plan Development & Implementation |
| U Basic Health & Safety |

Recommended Number of Practice Opportunities:
No practice sessions**Interventional Competencies Addressed:**

- Recognizes the forms of abuse.
- Recognizes the forms of neglect.
- Recognizes human rights violations.
- Follows rules and procedures related to preventing, identifying and reporting abuse and neglect.
- Intervenes or identifies advocacy issues.
- Follows established directions and procedures.
- Completes documentation as required and uses correction procedure for addressing errors.
- Demonstrates basic health observation skills.

On- the-Job Training Activity Steps:

1. Review the information about recognizing & reporting maltreatment (inappropriate interaction, abuse and neglect) in your Abuse & Neglect Trainee's Notebook.
2. Read the maltreatment story.
3. Circle each incident of OIG (or IDPH) reportable abuse or neglect as you read the story on the next page.
4. Read and answer the questions in Part One: Recognizing Maltreatment.
5. Locate your agency's procedure on reporting abuse and neglect.
6. Use this information to answer the questions in Part Two: Reporting.
7. Locate your agency's abuse and neglect reporting form.
8. If applicable, locate your agency's inappropriate interaction reporting form.
9. Fill out the reporting form(s) as thoroughly as possible using the information presented in the maltreatment story.
10. Discuss the maltreatment story with your OJT trainer.
11. Review your answers and completed reporting form(s) with your OJT trainer.

Maltreatment Story

You arrive at the home at 2:55 p.m., five minutes before your start time. The other DSP, Jackie, who will be working with you that evening has already arrived and is in the kitchen talking on the telephone. You quickly determine that the telephone call is personal, not work related. As you walk through the home, you notice that two of the individuals have already returned home from work. Mary is in her bedroom watching television. Denise is standing in front of the bathroom and has urinated on herself. Denise's program indicates that she must receive assistance with toileting as soon as she returns home from work. Just as you are about to help Denise clean herself and change her clothing, you hear Maxine's bus pull up in the driveway and the honking of the horn. You walk back into the kitchen to ask Jackie for assistance, informing her that Denise has urinated on herself and Maxine needs help getting off the bus. Jackie appears to ignore you so you shout "I could use some help. It's your fault Denise urinated on herself in the first place." Jackie remarks, "Denise is just being her usual pain-in-the-butt self. You go clean up smelly Denise and I'll get slow-poke Maxine." Jackie quickly finishes her telephone call and storms out of the house to get Maxine. The next thing you see and hear is Jackie cursing Maxine, who is crying. As you go to intervene, you observe Jackie shove Maxine towards a chair in the kitchen. However, she misses the chair and falls to the floor. Jackie, noticing your presence, states she must have slipped and proceeds to help Maxine. You suggest that perhaps you should help Maxine & she should finish helping Denise change and check on Mary. Maxine quickly calms down as you help her. She is able to roll over and sit up. You notice she has a red mark on the palms of both her hands and a bruise on her right elbow. Otherwise, she is able to move her fingers, arms and legs. You complete a body check and do not find any other injuries.

Recognizing & Reporting Maltreatment**Part One: Recognizing Maltreatment**

1. Place an “X” next to all of the OIG (or IDPH) reportable forms of abuse or neglect that you read about in this story.

_____ Physical Injury

_____ Sexual Contact

_____ Egregious Neglect

_____ Mental Abuse

_____ Neglect

_____ Financial Exploitation

_____ Sexual Abuse

2. Is there anything that happened in the story that is not OIG (or IDPH) reportable abuse or neglect, but is “inappropriate interaction” that could escalate into abuse or neglect? *List all of the examples of inappropriate interaction.*

Part Two: Reporting

3. What is the name of your agency’s reporting policy?

4. What is the name and job title of the person to whom you must report incidents of inappropriate interaction, abuse or neglect?

| | | | | | | |
|--|---|---------------|--------------|---|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #31: Recognizing & Reporting Maltreatment | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP reviewed the information in his/her Trainee's Notebook. | | | | | | |
| 2. The DSP read the maltreatment story. | | | | | | |
| 3. The DSP circled each incident of OIG (or IDPH) reportable abuse or neglect. | | | | | | |
| 4. The DSP correctly answered the questions in Part One: Recognizing Maltreatment. | | | | | | |
| 5. The DSP located the agency's procedure on reporting abuse or neglect. | | | | | | |
| 6. The DSP correctly answered the questions in Part Two: Reporting. | | | | | | |
| 7. The DSP located the correct reporting form(s). | | | | | | |
| 8. The DSP correctly filled out the reporting form(s). | | | | | | |
| 9. The DSP discussed the maltreatment story with his/her OJT trainer. | | | | | | |
| 10. The DSP reviewed his/her answers and completed reporting form(s) with his/her OJT trainer. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | |

OJT Activity #31: Supervisor's Version (Answer Key)

Recognizing & Reporting Maltreatment

Supervisor's Instructions: This exercise is meant to be a learning experience for the DSP. Your role is to support and assist the DSP in learning the material.

- OIG (or IDPH) reportable abuse and neglect is in bold & underlined in the maltreatment story, followed by the type of abuse or neglect.
- Where applicable, possible answers have been provided. Where indicated and according to your agency or facility's policy, write your own answers.
- Do not give the DSP the abuse and neglect reporting form. The DSP must request it or find it on his/her own.

Maltreatment Story

You arrive at the home at 2:55 p.m., five minutes before your start time. The other DSP, Jackie, who will be working with you that evening has already arrived and is in the kitchen talking on the telephone. You quickly determine that the telephone call is personal, not work related. As you walk through the home, you notice that two of the individuals have already returned home from work. Mary is in her bedroom watching television. Denise is standing in front of the bathroom and has urinated on herself. Denise's program indicates that she must receive assistance with toileting as soon as she returns home from work. Just as you are about to help Denise clean herself and change her clothing, you hear Maxine's bus pull up in the driveway and the honking of the horn. You walk back into the kitchen to ask Jackie for assistance, informing her that Denise has urinated on herself and Maxine needs help getting off the bus. Jackie appears to ignore you so you shout "I could use some help. It's your fault Denise urinated on herself in the first place." Jackie remarks, "Denise is just being her usual pain-in-the-butt self. You go clean up smelly Denise and I'll get slow-poke Maxine." Jackie quickly finishes her telephone call and storms out of the house to get Maxine.

The next thing you see and hear is Jackie cursing Maxine, who is crying. (OIG [or IDPH] reportable mental abuse). As you go to intervene, **you observe Jackie shove Maxine towards a chair in the kitchen. (OIG [or IDPH] reportable physical abuse).**

However, she misses the chair and falls to the floor. Jackie, noticing your presence, states she must have slipped and proceeds to help Maxine. You suggest that perhaps you should help Maxine & she should finish helping Denise change and check on Mary.

Maxine quickly calms down as you help her. She is able to roll over and sit up. You notice she has a red mark on the palms of both her hands and a bruise on her right elbow. Otherwise, she is able to move her fingers, arms and legs. You complete a body check and do not find any other injuries.

1. Denise is standing in front of the bathroom and has urinated on herself. Denise's program indicates that she must receive assistance with toileting as soon as she returns home from work.

This is probably not OIG (or IDPH) reportable as neglect because the omission is not clear and probably does not meet the standard of a failure to carry out ordered clinical services resulting in physical or mental abuse. Based on the information provided, it is unclear whether the DSP failed to follow Denise's program. If it can be proven that the DSP had failed to follow Denise's program, the incident still lacks any clear physical or mental abuse. The DSP probably was engaging in inappropriate interaction, using work time to make a personal telephone call. As a result, the DSP probably was not fulfilling her job responsibilities. This is an example of inappropriate interaction, and may need to be reported within your agency or facility according to your agency or facility's policy. Keep in mind that a neglect allegation is determined reportable, in part, by whether a reasonably prudent person would believe neglect had occurred. When in doubt, report to OIG (or IDPH).

2. Jackie remarks, "Denise is just being her usual pain-in-the-butt self. You go clean up smelly Denise and I'll get slow-poke Maxine."

This is not OIG (or IDPH) reportable as verbal abuse because the statement was not made in the presence of or within hearing distance of the individual. The DSP's comments are still inappropriate interaction. The DSP's comments may be reportable as misconduct at your agency or facility. Clarify with the DSP how she/he should respond according to your agency or facility's policy. However, if the DSP reports alleged mental abuse, it must be reported to OIG (or IDPH). The OIG (or IDPH) intake worker will help sort out whether it meets OIG (or IDPH) criteria. When in doubt, report to OIG (or IDPH).

3. The next thing you see and hear is Jackie cursing Maxine, who is crying.

The DSP's behavior is OIG (or IDPH) reportable mental abuse. The DSP is seen and heard cursing an individual.

4. As you go to intervene, you observe Jackie shove Maxine towards a chair in the kitchen.

The DSP's behavior is OIG (or IDPH) reportable physical injury.

Recognizing & Reporting Maltreatment

Part One: Recognizing Maltreatment

- Place an "X" next to all of the OIG (or IDPH) reportable forms of abuse and neglect that you read about in this story.

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Physical Injury | <input type="checkbox"/> Sexual Contact | <input type="checkbox"/> Egregious Neglect |
| <input checked="" type="checkbox"/> Mental Abuse | <input type="checkbox"/> Neglect | <input type="checkbox"/> Financial Exploitation |
| <input type="checkbox"/> Sexual Abuse | | |

- Is there anything that happened in the story that is not OIG (or IDPH) reportable abuse or neglect, but is "inappropriate interaction" that could escalate into abuse or neglect? *List all of the examples of inappropriate interaction.*

Suggested answers:

Jackie makes demeaning comments about Denise and Maxine away from the individuals.

Jackie is making a personal phone call on the job.

Jackie has a negative attitude and believes that the individuals are "a pain in the butt."

Jackie is not cooperating with her co-worker and working as a team.

Part Two: Reporting

- What is your agency's reporting policy?

Instructions:

Write your agency or facility's reporting policy.

- What is the name and job title of the person to whom you must report incidents of inappropriate interaction, abuse and neglect?

Instructions:

Write the name and job title of the person to whom the DSP must report inappropriate interaction, abuse and neglect.

- According to your agency's policy, how long do you have to report maltreatment?

Instructions:

Write how long the DSP has to report inappropriate interaction, abuse and neglect.

6. Are there any other people you should involve/contact? Write their name(s) & job title(s).

Instructions:

Write the name(s) and job title(s) of other people the DSP must contact.

7. What procedure must you follow in reporting inappropriate interaction, abuse or neglect? *List all of the steps you must take according to your agency's policy.*

Instructions:

Write all the steps the DSP must follow in reporting inappropriate interaction, abuse or neglect at your agency or facility.

8. When can you/should you report directly to the OIG (or IDPH) hotline rather than through agency or facility channels?

Answer:

If the agency or facility failed to report to OIG (or IDPH).

9. Why is it your responsibility to report maltreatment? *List at least three reasons why you should report.*

Possible answers:

It is my job to ensure the health, safety & welfare of the individuals I support.

The individuals I support are a "vulnerable" population. They are counting on me to protect them.

The moral reason for reporting is that it is the right thing to do.

I am a mandated reporter. It is against the law for me not to report.

OJT Activity #32:
Self-Awareness**Approximate Time to Complete:**
1 workday**Recommended Number of Practice Opportunities:**
No practice sessions**Interventional Competencies Addressed:**

- Participates in producing a healthy, engaging environment.
- Develops strategies for preventing abuse and neglect.
- Contributes to creating a supportive environment.
- Follows established directions and procedures.
- Completes documentation as required and uses correction procedure for addressing errors.

On- the-Job Training Activity Steps:

1. Review the information about self-awareness in your Abuse & Neglect Trainee's Notebook.
2. The questions are to be completed in one workday.
3. To benefit from this exercise, you must be as honest with yourself as possible.
4. At the beginning of your workday complete the Self-Awareness Questionnaire #1.
5. At the middle of your workday complete the Self-Awareness Questionnaire #2.
6. At the end of your workday complete the Self-Awareness Questionnaire #3.
7. Review all questionnaires with your OJT trainer.

- | |
|--|
| <ul style="list-style-type: none">U Introduction to DevelopmentalU Human RightsU Abuse & NeglectHuman Interaction & CommunicationU Service Plan Development & ImplementationBasic Health & Safety |
|--|

Self-Awareness Questionnaire #1: Beginning of your workday.

1. Attitude scale: Place a check next to the word(s) that best describes your attitude right now.

| | |
|--|--|
| <input type="checkbox"/> Very Negative | <input type="checkbox"/> Very Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| <input type="checkbox"/> A Little Negative | <input type="checkbox"/> A Little Positive |

2. Emotional inventory: Place a check next to the emotion(s) that best describe your mood right now.

| | | |
|--------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Appreciated | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Silly | <input type="checkbox"/> Unappreciated | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other _____ |

3. Describe in your own words your understanding of the reason(s) for the attitudes and emotions you are feeling right now. *Provide as much detail as you feel comfortable. It is okay to list "personal reasons." However, make sure you understand how those issues are affecting your attitudes and emotions.*

4. How might the attitudes and emotions you are feeling right now affect individuals? Other caregivers?

5. Based on your evaluation of your attitudes and emotions, what situation(s) might make you vulnerable to maltreating individuals?

6. What can you do to improve your own positive attitudes and emotions?

7. What can you do to change your own negative attitudes and emotions?

Self-Awareness Questionnaire #2: Middle of your workday.

8. Attitude scale: Place a check next to the word(s) that best describes your attitude right now.

| | |
|--|--|
| <input type="checkbox"/> Very Negative | <input type="checkbox"/> Very Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| <input type="checkbox"/> A Little Negative | <input type="checkbox"/> A Little Positive |

9. Emotional inventory: Place a check next to the emotion(s) that best describes your mood right now.

| | | |
|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Appreciated | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Silly | <input type="checkbox"/> Unappreciated | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other: _____ |

10. Think about the following:

- What is your understanding of the reason(s) for the attitudes and emotions you are feeling right now?
- How are the attitudes and emotions you are feeling right now affecting individuals? Other caregivers?
- What situation(s) have occurred that make you vulnerable to maltreating individuals?
- What things have you done during your workday so far to improve your own positive attitudes and emotions?
- What things have you done during your workday so far to change your own negative attitudes and emotions?

Self-Awareness Questionnaire #3: End of your workday.

11. Attitude scale: Place a check next to the word(s) that best describes your attitude right now.

| | |
|--|--|
| <input type="checkbox"/> Very Negative | <input type="checkbox"/> Very Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| <input type="checkbox"/> A Little Negative | <input type="checkbox"/> A Little Positive |

12. Emotional inventory: Place a check next to the emotion(s) that best describe your mood right now.

- | | | |
|--------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Appreciated | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Silly | <input type="checkbox"/> Unappreciated | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other:_____ |

13. Describe in your own words your understanding of the reason(s) for the attitudes and emotions you are feeling right now.

14. How did your “middle of your workday” evaluation of your attitudes and emotions impact your work with individuals and other caregivers? What, if any, changes did you make in your behavior?

15. Overall, how did the attitudes and emotions you felt during the workday affect individuals? Other caregivers?

| | | | | | | |
|--|---|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #32: Self-Awareness Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP reviewed the information in his/her Trainee's Notebook. | | | | | | |
| 2. The DSP filled out all questionnaires during one workday. | | | | | | |
| 3. The DSP filled out the Self-Awareness Questionnaire #1 at the beginning of his/her workday. | | | | | | |
| 4. The DSP filled out the Self-Awareness Questionnaire #2 at the middle of his/her workday. | | | | | | |
| 5. The DSP filled out the Self-Awareness Questionnaire #3 at the end of his/her workday. | | | | | | |
| 6. The DSP reviewed the questionnaires with his/her OJT trainer. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #33:
Individual-Awareness**Approximate Time to Complete:**
1 workday

| |
|---|
| U Introduction to Developmental Disabilities |
| U Human Rights |
| U Abuse & Neglect |
| U Human Interaction & Communication |
| U Service Plan Development & Implementation |
| Basic Health & Safety |

Recommended Number of Practice Opportunities:
No practice sessions**Interventional Competencies Addressed:**

- Participates in producing a healthy, engaging environment.
- Develops strategies for preventing abuse and neglect.
- Contributes to creating a supportive environment.
- Follows established directions and procedures.
- Completes documentation as required and uses correction procedure for addressing errors.
- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Obtains information from the individual.
- Establishes rapport.
- Listens to the individual.

On-the-Job Training Activity Steps:

1. Review the information about individual-awareness in your Abuse & Neglect Trainee's Notebook.
2. Select one individual that you will be supporting for your individual-awareness exercise.
3. Explain the individual-awareness process to the individual.
4. Obtain permission to complete the observation logs, from the individual.
5. You must spend enough time with the individual to be able to accurately complete the exercise.
6. At the beginning of your workday complete the individual-awareness observation log #1.
7. At the middle of your workday complete the individual-awareness observation log #2.
8. At the end of your workday complete the individual-awareness observation log #3.
9. Review all observation logs with your OJT trainer.

Individual's name: _____

Individual-Awareness Observation Log #1: Beginning of your workday.

1. Attitude scale: Place a check next to the word(s) that best describes the individual's attitude right now.

| | |
|--|--|
| <input type="checkbox"/> Very Negative | <input type="checkbox"/> Very Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| <input type="checkbox"/> A Little Negative | <input type="checkbox"/> A Little Positive |

2. Emotional inventory: Place a check next to the emotion(s) that best describe the individual's mood right now.

| | | |
|--------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Appreciated | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Silly | <input type="checkbox"/> Unappreciated | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other _____ |

3. Describe in your own words your understanding of the reason(s) for the attitudes and emotions the individual is feeling right now.

4. How might the attitudes and emotions the individual is feeling right now affect you? Other individuals? Other caregivers?

5. Based on your evaluation of the individual's attitudes and emotions, what situation(s) might make the individual vulnerable to a negative display of attitudes and emotions?

6. What can you do to support the individual in coping with negative attitudes and emotions?

7. What can you do to enhance the individual's positive attitudes and emotions?

Individual-Awareness Observation Log #2: Middle of your workday.

8. Attitude scale: Place a check next to the word(s) that best describes the individual's attitude right now.

| | |
|--|--|
| <input type="checkbox"/> Very Negative | <input type="checkbox"/> Very Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| <input type="checkbox"/> A Little Negative | <input type="checkbox"/> A Little Positive |

9. Emotional inventory: Place a check next to the emotion(s) that best describe the individual's mood right now.

| | | |
|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Appreciated | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Silly | <input type="checkbox"/> Unappreciated | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other: _____ |

10. Think about the following:

- What is your understanding of the reason(s) for the attitudes and emotions the individual is feeling right now?
- How are the attitudes & emotions the individual is feeling right now affecting you? Other individuals? Other caregivers?
- What situation(s) have occurred that made the individual vulnerable to a negative display of attitudes & emotions?
- What have you done during your workday so far to support the individual in coping with negative attitudes & emotions?
- What things have you done during your workday so far to enhance the individual's positive attitudes & emotions?

Individual-Awareness Observation Log #3: End of your workday.

11. Attitude scale: Place a check next to the word(s) that best describes the individual's attitude right now.

| | |
|--|--|
| <input type="checkbox"/> Very Negative | <input type="checkbox"/> Very Positive |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Positive |
| <input type="checkbox"/> A Little Negative | <input type="checkbox"/> A Little Positive |

12. Emotional inventory: Place a check next to the emotion(s) that best describe the individual's mood right now.

| | | |
|--------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Appreciated | <input type="checkbox"/> Bored |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Silly | <input type="checkbox"/> Unappreciated | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Nervous | <input type="checkbox"/> Other _____ |

18. What did you do to effectively enhance the individual's positive display of attitudes and emotions?

19. What could you do differently next time to be more supportive of individuals?

20. How did this exercise help you prevent inappropriate interaction, abuse and neglect of the individual?

| | | | | | | |
|---|---|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #33: Individual-Awareness Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP reviewed the information in his/her Trainee's Notebook. | | | | | | |
| 2. The DSP selected one individual to support for the individual-awareness exercise. | | | | | | |
| 3. The DSP explained the individual awareness process to the individual. | | | | | | |
| 4. The DSP obtained the individual's permission to complete the observation logs. | | | | | | |
| 5. The DSP spent enough time with the individual that they were able to accurately complete the exercise. | | | | | | |
| 6. The DSP filled out the Individual-Awareness Observation Log #1 at the beginning of his/her workday. | | | | | | |
| 7. The DSP filled out the Individual-Awareness Observation Log #2 at the middle of his/her workday. | | | | | | |
| 8. The DSP filled out the Individual-Awareness Observation Log #3 at the end of his/her workday. | | | | | | |
| 9. The DSP reviewed the observation logs with his/her OJT trainer. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #34:
Prevention**Approximate Time to Complete:**
1 workday

| |
|---|
| Introduction to Developmental Disabilities |
| U Human Rights |
| U Abuse & Neglect |
| Human Interaction & Communication |
| U Service Plan Development & Implementation |
| Basic Health & Safety |

Recommended Number of Practice Opportunities:
No practice sessions**Interventional Competencies Addressed:**

- Follows rules and procedures related to preventing, identifying and reporting abuse and neglect.
- Develops strategies for preventing abuse and neglect.
- Contributes to creating a supportive environment.
- Participates in producing a healthy, engaging environment.
- Recognizes the forms of abuse.
- Recognizes the forms of neglect.
- Recognizes human rights violations.
- Completes documentation as required and uses correction procedure for addressing errors.

On- the-Job Training Activity Steps:

1. Review the information about prevention in your Abuse & Neglect Trainee's Notebook at the beginning of your workday.
2. Review the Prevention Worksheet at the beginning of your workday.
3. At the end of your workday complete the following worksheets:
 - A. Part One: Prevention Strategy Inventory- circle the number of all the strategies you used during your workday to prevent abuse and neglect of the individuals you support.
 - B. Part Two: Examining One Situation- select one specific situation involving an individual in which you used at least one prevention strategy. Answer the questions based upon this situation.
4. Review the completed worksheets with your OJT trainer.

| | | | | | | | |
|---|--|---|----------|---|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #34: Prevention | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | | | | | | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. The DSP reviewed the information in his/her Trainee's Notebook. | | | | | | | |
| 2. The DSP reviewed the Prevention Worksheet at the beginning of his/her workday. | | | | | | | |
| 3. The DSP completed Part One: Prevention Strategy Inventory at the end of his/her workday. | | | | | | | |
| 4. The DSP completed Part Two: Examining One Situation at the end of his/her workday. | | | | | | | |
| 5. The DSP reviewed the worksheets with his/her OJT trainer. | | | | | | | |
| Comments: | | | | | | | |
| _____ _____ _____ _____ | | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | | |

OJT Activity #35:

Creating & Maintaining a Trust-Producing, Healthy, Engaging Environment

Approximate Time to Complete:

1 workday

| | |
|---|--|
| U | Introduction to Developmental Disabilities |
| U | Human Rights |
| U | Abuse & Neglect |
| U | Human Interaction & Communication |
| U | Service Plan Development & Implementation |
| | Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

No practice sessions

Interventional Competencies Addressed:

- Participates in producing a healthy, engaging environment.
- Recognizes human rights violations.
- Develops strategies for preventing abuse and neglect.
- Contributes to creating a supportive environment.
- Completes documentation as required and uses correction procedure for addressing errors.
- Actively engages in a non-directive manner with individuals.
- Demonstrates active listening skills.
- Demonstrates appropriate transfer of information from staff to staff.

On- the-Job Training Activity Steps:

1. Review the information about creating & maintaining a trust-producing, healthy, engaging environment in your Trainee's Notebook.
2. Review this On-The-Job Exercise at the beginning of your workday.
3. Throughout your workday observe the environment for elements of a trust-producing, healthy, engaging environment.
4. If you are involved in many environments with the agency or facility, select one specific environment to complete your evaluation.
5. At the end of your workday, complete Part One: Evaluating the Environment- place a checkmark next to the answer that best reflects what you observed in your evaluation of the home/work environment.
6. At the end of your workday, complete Part Two: Improving the Environment.
7. Review the completed questionnaire with your OJT trainer.

Creating & Maintaining a Trust-Producing, Healthy, Engaging Environment

Part One: Evaluating the Environment

Name of the environment: _____

| Elements of a Trust-Producing, Healthy, Engaging Environment | Always Present | Sometimes Present | Not Present |
|--|-----------------------|--------------------------|--------------------|
| The DSP listened to the individual(s). | | | |
| The DSP engaged the individual(s) in meaningful activities. | | | |
| The DSP engaged in conversation with the individual(s). | | | |
| The DSP supported & comforted the individual(s) when upset. | | | |
| The DSP treated the individual(s) in a positive, respectful, pleasant, kind & supportive manner. | | | |
| The DSP treated co-workers in a positive, respectful & cooperative manner. | | | |
| The DSP knew the individual(s) schedule & plans for the day/evening. | | | |
| The physical environment is clean. | | | |
| The physical environment is comfortable & cheerful. | | | |
| The individual(s) know their schedule & plans for the day/evening. | | | |
| The individual(s) are socializing with DSPs, one another, family or friends. | | | |
| Agency/facility staff is effectively communicating with one another. | | | |
| The DSP knew how to communicate with the individual(s) using the individual's preferred method. | | | |
| The DSP worked as a team member. | | | |
| The individual(s) are well groomed. | | | |
| The individual(s) are happy. | | | |
| The DSP are laughing with & having fun with the individual(s). | | | |
| The environment is well organized. | | | |
| The DSP is well trained in doing the job. | | | |

| Elements of a Trust-Producing, Healthy, Engaging Environment (continued) | Always Present | Sometimes Present | Not Present |
|--|----------------|-------------------|-------------|
| The individual(s) are offered choices. | | | |
| Choices are respected & DSPs assist the individual(s) in performing choices. | | | |
| DSPs are patient with the individual(s). | | | |
| List your own ideas below: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part Two: Improving the Environment

1. What do you think are the three (3) most important things missing in this environment?
 - A.
 - B.
 - C.

2. What do you do to contribute to creating & maintaining the trust-producing, healthy, engaging environment that you described in Part One? *Be specific! Identify at least three (3) things.*
 - A.
 - B.
 - C.

3. What can you do to make the environment a more trust-producing, healthy, engaging environment? *Be specific! Identify at least three (3) things.*
 - A.

 - B.

 - C.

4. What can others at your agency or facility do to make the environment a more trust-producing, healthy, engaging environment (i.e., administration, supervisors, professional staff)? *Be specific! Identify at least three (3) things.*
 - A.

 - B.

 - C.

5. How did this exercise help you prevent inappropriate interaction, abuse and neglect?

| | | | | | | | |
|--|--|---|----------|--------------------------------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #35: Creating & Maintaining a Trust-Producing, Healthy, Engaging Environment | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | | | | | | |
| 1. The DSP reviewed the information in his/her Trainee's Notebook. | | | | | | | |
| 2. The DSP reviewed the OJT at the beginning of his/her workday. | | | | | | | |
| 3. The DSP observed his/her environment, throughout the workday, for elements of a trust-producing, healthy, engaging environment. | | | | | | | |
| 4. If involved in many environments, the DSP identified one to use for the evaluation. | | | | | | | |
| 5. At the end of his/her workday, the DSP appropriately completed Part One: Evaluating the Environment. | | | | | | | |
| 6. At the end of his/her workday, the DSP appropriately completed Part Two: Improving the Environment. | | | | | | | |
| 7. The DSP reviewed the questionnaires with his/her OJT trainer. | | | | | | | |
| Comments: _____ _____ _____ _____ | | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity #36:
Basic Nutrition

Approximate Time to Complete:
30 minutes

- | |
|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human RightsU Abuse & NeglectU Human Interaction & CommunicationU Service Plan Development & ImplementationU Basic Health & Safety |
|---|

Recommended Number of Practice Opportunities:
1-2 practice sessions

Interventional Competencies Addressed:

- Demonstrates basic nutrition skills.
- Protects rights and confidentiality.

On-the-Job Training Activity Steps:

1. Identify an individual who is on a special diet.
2. Locate the special diet information in the individual's record.
3. Maintain the confidentiality of the individual's record at all times.
4. Complete the Nutrition Questionnaire.
5. Return the individual's record to the appropriate place.
6. Discuss the completed questionnaire with your OJT trainer.

Nutrition Questionnaire

1. What special diet has the resident been prescribed?
2. Why does the resident need a special diet?
3. List the four basic food groups.
 - A.
 - B.
 - C.
 - D.
4. How does the resident's special diet deviate from the four basic food groups?
5. List the six "Pyramid's" food groups.
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
6. How does the resident's special diet deviate from the six "Pyramids" food groups?
7. List the six major classes of nutrients.
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
8. How does the resident's special diet deviate from the six major classes of nutrients.

| | | | | | | |
|---|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #36: Basic Nutrition Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual on a special diet. | | | | | | |
| 2. The DSP located the special diet information in the individual's record. | | | | | | |
| 3. The DSP maintained the confidentiality of the individual's record. | | | | | | |
| 4. The DSP successfully completed the Nutrition Questionnaire. | | | | | | |
| 5. The DSP returned the individual's record. | | | | | | |
| 6. The DSP discussed the completed questionnaire with the OJT trainer. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #37:

Admission, Transfer & Discharge

Approximate Time to Complete:

1 hour

Recommended Number of Practice Opportunities:

No practice sessions

Interventional Competencies Addressed:

- Assists with the admission, transfer and discharge of individuals as directed.
- Follows established directions and procedures.
- Communicated effectively in verbal and written form.

On-the-Job Training Activity Steps:

1. Locate the agency policy on admission, transfer and discharge.
2. Review the policy with your OJT trainer.
3. Identify the agency criteria for admission of an individual.
4. Identify the components of a referral packet.
5. Identify the individuals involved in an admission staffing.
6. Identify the assessments that are to be completed in the first 30 days of an individual's residency.
7. Identify the individuals involved in a thirty-day review staffing.
8. Identify the DSP's roll in an admission.
9. Identify the agency criteria for discharge of an individual.
10. Identify reasons why an individual would be discharged.
11. Identify the paperwork necessary to discharge an individual.
12. Identify the individuals involved in a discharge staffing.
13. Identify the DSP's roll in a discharge.
14. Identify the agency criteria for transfer of an individual.
15. Identify reasons why an individual would be transferred to another agency.
16. Identify the paperwork necessary to transfer an individual.
17. Identify the individuals involved in a transfer staffing.
18. Identify the DSP's roll in a transfer.

| |
|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights Abuse & Neglect Human Interaction & CommunicationU Service Plan Development & Implementation Basic Health & Safety |
|---|

| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | CBTA Evaluation #37: Admission, Transfer and Discharge | | | | | |
|---|---|--------------------------|--|--|---|--------|---|-------|---|
| Competency & Skill Areas | | | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | | | Y | N | Y | N | Y | N |
| 1. | The DSP located and reviewed the agency's policy on admission, transfer and discharge. | | | | | | | | |
| 2. | The DSP identified the agency criteria for admission. | | | | | | | | |
| 3. | The DSP identified the components of a referral packet. | | | | | | | | |
| 4. | The DSP identified the individuals involved in an admission staffing. | | | | | | | | |
| 5. | The DSP identified the assessments to be completed in the first thirty days of residency. | | | | | | | | |
| 6. | The DSP identified the individuals involved in a thirty-day review staffing. | | | | | | | | |
| 7. | The DSP identified his/her roll in the admission of an individual. | | | | | | | | |
| 8. | The DSP identified the agency criteria for discharge. | | | | | | | | |
| 9. | The DSP identified reasons for the discharge of an individual. | | | | | | | | |
| 10. | The DSP identified the paperwork necessary to discharge an individual. | | | | | | | | |
| 11. | The DSP identified the individuals involved in a discharge staffing. | | | | | | | | |
| 12. | The DSP identified his/her roll in the discharge of an individual. | | | | | | | | |
| 13. | The DSP identified the agencies criteria on transfer. | | | | | | | | |
| 14. | The DSP identified why an individual would be transferred. | | | | | | | | |
| 15. | The DSP identified the paperwork necessary to transfer an individual. | | | | | | | | |

| | | | | | | |
|---|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #37: (continued) Admission, Transfer and Discharge Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 16. The DSP identified the individuals involved in a transfer staffing. | | | | | | |
| 17. The DSP identified his/her roll in the transfer of an individual. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #38:
Defines Developmental
Disabilities*

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|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights Abuse & NeglectHuman Interaction & CommunicationService Plan Development & ImplementationBasic Health & Safety |
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Approximate Time to Complete:
3-4 hours

Recommended Number of Practice Opportunities:
1 practice session

Interventional Competencies Addressed:

- Defines developmental disabilities and lists associated characteristics.
- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Protects rights and confidentiality.
- Uses person centered language and concepts.

On-the-Job Training Activity Steps:

1. Identify an individual who is diagnosed with epilepsy.
2. Locate the individual's record.
3. Review the information concerning his disability.
4. Spend 2-3 hours supporting the individual in a variety of situations.
5. Complete the attached questionnaire.
6. Review the completed questionnaire with your OJT trainer.

* This OJT discusses only one developmental disability. Agencies should modify this example by adding other disabilities to accurately represent the individuals they serve.

Developmental Disabilities Questionnaire

1. Define epilepsy.
2. Define seizure.
3. Where in the individual's file did you locate his/her diagnosis of epilepsy?
4. What medications (if any) does the individual take to control his/her seizure activity?
5. List the side effects of the medications.
6. What adaptive equipment (if any) does the individual use (i.e., helmet).
7. Describe the characteristics of the individual's seizure activity.
8. Does the individual have any precipitating factors that may trigger a seizure?
9. Describe the individual's post-ictal seizure activity.
10. What steps do you take to support the individual when they have a seizure?

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|---|--|--------------------------|--|--|-------------------------------|---------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | CBTA Evaluation #38: Defining Developmental Disabilities | | | | | |
| Competency & Skill Areas | | | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | | | Y | N | Y | N | Y | N |
| 1. | The DSP identified an individual who is diagnosed with epilepsy. | | | | | | | | |
| 2. | The DSP located the individual's record. | | | | | | | | |
| 3. | The DSP reviewed the information regarding the individual's disability. | | | | | | | | |
| 4. | The DSP spent time supporting the individual in a variety of situations. | | | | | | | | |
| 5. | The DSP successfully completed the questionnaire. | | | | | | | | |
| 6. | The DSP reviewed the completed questionnaire with his/her OJT trainer. | | | | | | | | |
| Comments: | | | | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | | Date of successful completion | | | | |

OJT Activity #39:

Grief

Approximate Time to Complete:

1-2 hours

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|---|
| <ul style="list-style-type: none">U Introduction to Developmental DisabilitiesU Human Rights Abuse & NeglectU Human Interaction & Communication Service Plan Development & Implementation Basic Health & Safety |
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Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Recognizes and provides support during times of grief.
- Communicates effectively in verbal and written form.
- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Demonstrates an ability to build rapport.
- Demonstrates appropriate transfer of information from staff to staff.

On- the-Job Training Activity Steps:

1. Read the booklet “Mental Retardation and Grief following a Death Loss” located in the Appendix of your Human Interaction & Communication Trainee’s Notebook.
2. Use this information to complete the grief questionnaire.
3. Review the completed questionnaire with your OJT trainer.
4. Talk with the QMRP to identify an individual who has lost a loved one. The loss does not have to be recent, it may have occurred several years ago.
5. Talk with the QMRP and experienced DSP to obtain some background knowledge of the individual and the loved one that died.
6. Ask the individual if he would like to spend some time talking with you about his/her loved one.
7. Talk openly with the individual and use the information from the booklet “Mental Retardation and Grief following a Death Loss” to counsel the individual.
8. Is the individual still exhibiting grief reactions? If so, identify which category his/her feelings fall under.
9. Identify a resource that is available to help the individual cope with the death of his/her loved one.
10. Follow through with the individual’s QMRP in obtaining the resource needed to assist the individual in his/her grieving process.

Grief Questionnaire

1. List three reasons why an individual should be told about a loved ones death.
 - A.
 - B.
 - C.

2. List five suggestions to remember when you are telling an individual about the death of a loved one.
 - A.
 - B.
 - C.
 - D.
 - E.

3. How long after hearing about the death of a loved one will it take for an individual to display grief reactions?

4. There are four categories of grief reactions: feelings, physical sensations, thoughts and behaviors. List three examples of each category.
 - A. Feelings
 - 1.
 - 2.
 - 3.

 - B. Physical sensations
 - 1.
 - 2.
 - 3.

 - C. Thoughts
 - 1.
 - 2.
 - 3.

 - D. Behaviors
 - 1.
 - 2.
 - 3.

5. What is the average length of time a person will grieve the death of a loved one?
6. Even years after the death of a loved one, grief can be triggered by what events?
7. List the six ways in which you can help individuals cope with the loss of a loved one.
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
8. One of the best ways to help an individual cope with the death of a loved one is to teach them about death before it occurs. List six suggestions you could use to teach an individual about death.
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
9. What resources are available, if you are unable to provide adequate support for an individual grieving the death of a loved one?

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| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #39: Grief Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP read "Mental Retardation and Grief following a Death Loss" | | | | | | |
| 2. The DSP used this information to answer the grief questionnaire. | | | | | | |
| 3. The DSP successfully completed the questionnaire. | | | | | | |
| 4. The DSP discussed the answers with the OJT trainer. | | | | | | |
| 5. The DSP talked with the QMRP to identify an individual. | | | | | | |
| 6. The DSP obtained background information about the individual. | | | | | | |
| 7. The DSP asked the individual if he/she would like to talk about the death of his/her loved one. | | | | | | |
| 8. The DSP talked openly with the individual and used information obtained from the booklet to counsel the individual. | | | | | | |
| 9. The DSP was able to determine if the individual was still displaying grief reactions. | | | | | | |
| 10. The DSP was able to identify a resource to help the individual cope with the death of his/her loved one. | | | | | | |
| 11. The DSP followed through with the individual's QMRP to obtain the identified resource. | | | | | | |
| Comments: | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #40:

Searching the Classifieds

Approximate Time to Complete:

2-3 hours

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| <ul style="list-style-type: none"> U Introduction to Developmental Disabilities U Human Rights Abuse & Neglect U Human Interaction & Communication U Service Plan Development & Implementation Basic Health & Safety |
|--|

Recommended Number of Practice**Opportunities:**

1-2 practice sessions

Interventional Competencies Addressed:

- Assists the individual in obtaining employment- complete job applications and prepare the person for job interviews, as requested.
- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Contributes to a normalized environment.
- Utilizes age appropriate strategies.
- Obtains information from the individual.
- Offers opportunities for choice.
- Identifies available community resources.
- Educates individuals in choice making and their potential outcomes.
- Assists in individual self-advocacy efforts.
- Supports choice.
- Facilitates choice in the person's life by assisting in identifying positives and negatives.
- Participates as directed in social habilitation.

On-the-Job Training Activity Steps:

1. Identify an individual who needs to find a job.
2. Ask the individual if you can help him/her look for a job.
3. Locate the classified section in your local newspaper.
4. Assist the individual in finding several jobs that interest him/her.
5. Inform the individual of the duties he/she would have to perform to work at the jobs he/she has identified.
6. Accompany the individual to the business.
7. Assist him/her in locating the personnel department or store manager.
8. Prompt (if necessary) the individual to ask for a job application.
9. Assist the individual in filling out the job application.
10. Prompt (if necessary) the individual to return the job application to the appropriate person.
11. Assist the individual in asking any question he/she may have about the job.
12. Assist the individual with any follow-up phone calls, visits or appointments as necessary.

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|---|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #40: Searching the Classifieds Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual who needed to find a job. | | | | | | |
| 2. The DSP asked the individual if he/she would like help in finding a job. | | | | | | |
| 3. The DSP located the classified section of the local newspaper. | | | | | | |
| 4. The DSP assisted the individual in finding jobs that interest him/her. | | | | | | |
| 5. The DSP informed the individual of the required job duties. | | | | | | |
| 6. The DSP accompanied the individual to the business. | | | | | | |
| 7. The DSP assisted him/her in locating the appropriate personnel. | | | | | | |
| 8. The DSP prompted (if necessary) the individual in asking for a job application. | | | | | | |
| 9. The DSP assisted the individual in filling out the job application. | | | | | | |
| 10. The DSP prompted (if necessary) the individual to return the application to the appropriate person. | | | | | | |
| 11. The DSP assisted the individual in asking any question he/she may have had about the job. | | | | | | |
| 12. The DSP assisted with any follow-up phone calls, visits or appointments, as necessary. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #41:

Getting to Know You

Approximate Time to Complete:

3-4 hours

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| U Introduction to Developmental Disabilities |
| U Human Rights Abuse & Neglect |
| U Human Interaction & Communication |
| U Service Plan Development & Implementation Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Provides information needed to complete assessments that are relevant to the individual's goals, interests and preferences and that are consistent with relevant professional practice.
- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Documents and communicates identified strengths, abilities, desires, concerns and needs of the individual.
- Obtains information from the individual.
- Demonstrates an ability to build rapport.
- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Establishes rapport.
- Listens to the Individual.
- Respects the appropriate boundaries of the relationship.

On-the-Job Training Activity Steps:

1. Identify an individual you will be supporting.
2. Ask the individual if he/she would like to spend some time with you.
3. Work with the individual for several hours throughout your work day.
4. Talk with the individual about his/her strengths, abilities, desires, concerns and needs.
5. Ask the individual if there is anything he/she would like to learn how to do.
6. Encourage the individual to talk openly with you.
7. Thank the individual for working with you.
8. Talk with your OJT trainer about how you can follow through with the information you obtained from the individual.

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|---|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #41: Getting to Know You | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP asked the individual if he/she could spend some time with him/her. | | | | | | |
| 2. The DSP was able to relate some of the individual's strengths, abilities, desires, concerns and needs. | | | | | | |
| 3. The DSP identified life skill areas where he/she might need to support the individual. | | | | | | |
| 4. The DSP related the agency's values to how they will support the individual. | | | | | | |
| 5. The DSP created an opportunity for the individual to express himself/herself. | | | | | | |
| 6. The DSP identified and provided information needed to complete assessments. | | | | | | |
| 7. The DSP thanked the individual for working with him/her. | | | | | | |
| 8. The DSP talked with the OJT trainer about how he/she can follow through with the information she obtained from the individual. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #42:

Friendship Circles

Approximate Time to Complete:

1 hour

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| <ul style="list-style-type: none"> U Introduction to Developmental Disabilities U Human Rights U Abuse & Neglect U Human Interaction & Communication U Service Plan Development & Implementation Basic Health & Safety |
|--|

Recommended Number of Practice Opportunities:

1-2 practice sessions

Interventional Competencies Addressed:

- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Gathers and documents information in an accurate, objective and unobtrusive manner.
- Follows established directions and procedures.
- Obtains information from the individual.
- Demonstrates an ability to build rapport.
- Offers opportunities for choice.
- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Establishes rapport.
- Supports choice.
- Listens to the individual.
- Participates in producing a healthy, engaging environment.
- Contributes to creating a supportive environment.

On-the-Job Training Activity Steps:

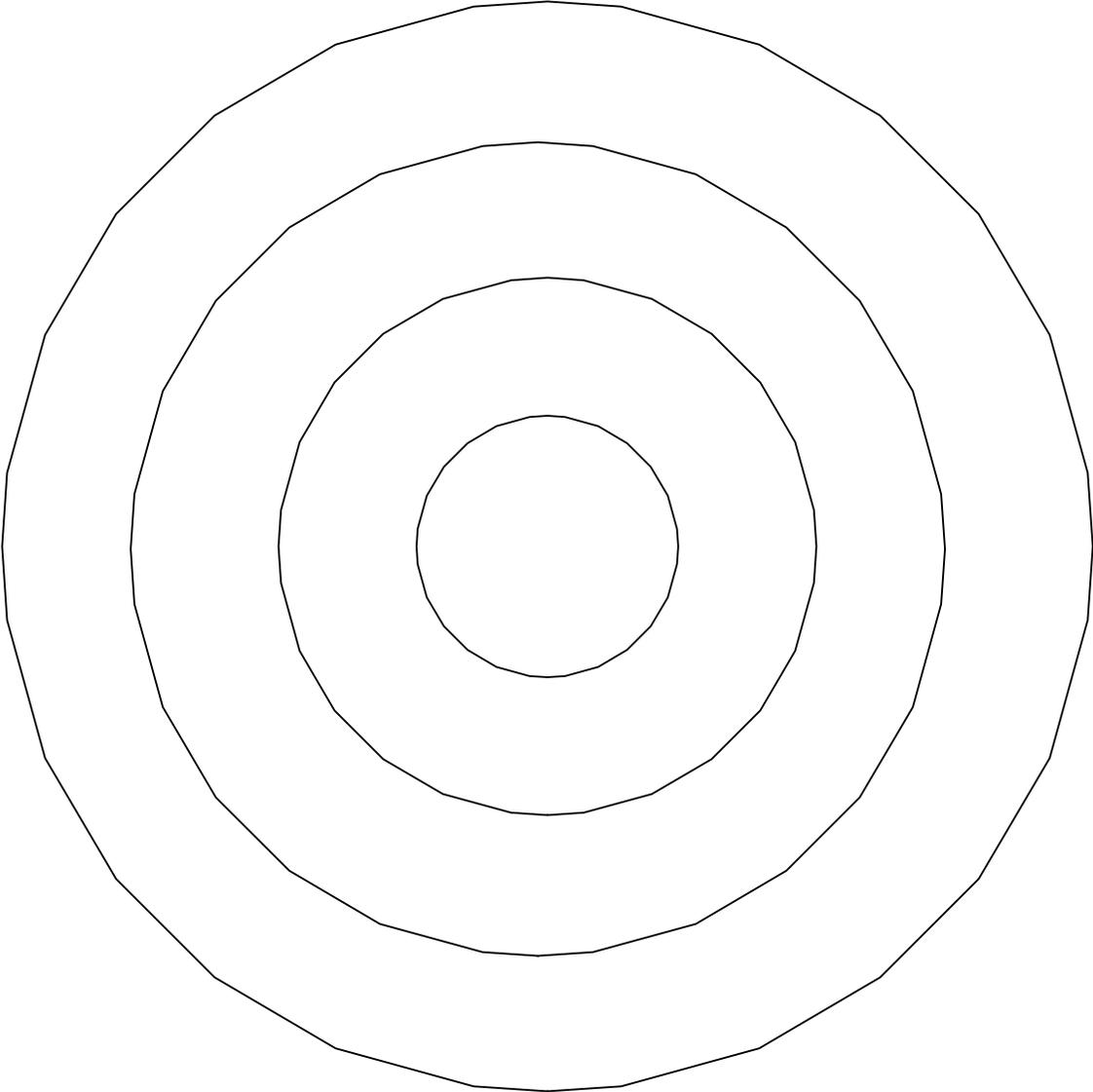
An individual with a developmental disability is involved with many people, just as we all are. Circles is an activity that represents the circle of supports the individual has in his/her life. Completing this activity will allow the individual to identify those important people. You will also see the important role you play in the lives of the individuals you serve.

1. Ask an individual if he/she would like to complete the Friendship Circles activity with you.
2. Explain the Friendship Circles activity to the individual.
3. Write the individual's name in the center circle.
4. Talk with the individual about the important people in his/her life.
5. Ask the individual to identify the person most important to him/her. You may include more than one person if they can not choose just one.
6. Write the name of that person in the next circle.
7. Continue to talk with the individual about important people.
8. Encourage her to identify the next most important person(s) in his/her life.
9. Write the name(s) of that person in the next circle.
10. Continue the discussion until you have written names in all of the circles.

11. Ask the individual if he/she would like to keep his/her friendship circles worksheet.
12. Thank the individual for his/her participation.

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|---|---|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #42: Friendship Circles Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP asked the individual if he/she would like to complete the Friendship Circles activity. | | | | | | |
| 2. The DSP explained the Friendship Circles activity to the individual. | | | | | | |
| 3. The DSP wrote the individual's name in the center circle. | | | | | | |
| 4. The DSP talked to the individual about the important people in his/her life. | | | | | | |
| 5. The DSP assisted the individual in identifying the person most important to his/her. | | | | | | |
| 6. The DSP wrote that person's name in the next circle. | | | | | | |
| 7. The DSP continued to discuss important people in the individual's life. | | | | | | |
| 8. The DSP assisted his/her in identifying the next most important person. | | | | | | |
| 9. The DSP wrote that name in the next circle. | | | | | | |
| 10. The DSP continued the discussion until names had been written in all of the circles. | | | | | | |
| 11. The DSP offered the worksheet to the individual. | | | | | | |
| 12. The DSP thanked the individual for his/her participation. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

FRIENDSHIP CIRCLES



OJT Activity #43:

Opportunities for Choice

Approximate Time to Complete:

1-2 hours

Recommended Number of Practice**Opportunities:**

1-2 practice sessions

Interventional Competencies Addressed:

- Communicates effectively in verbal and written form.
- Intervenes or identifies advocacy issues.
- Offers opportunities for choice.
- Educates individuals in choice making and their potential outcomes.
- Assists in individual self-advocacy efforts.
- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Establishes rapport.
- Supports choice.
- Listens to the individual.
- Facilitates choice in the person's life by assisting in identifying positives and negatives.

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| U Introduction to Developmental Disabilities |
| U Human Rights Abuse & Neglect |
| U Human Interaction & Communication |
| U Service Plan Development & Implementation Basic Health & Safety |

On-the-Job Training Activity Steps:

1. Identify an individual to assist you in the choice process.
2. Identify an opportunity for choice.
3. Assist the individual in developing a range of choices.
4. Identify the health, safety, financial parameters and risk associated with the choice.
5. Offer the individual the opportunity to make a choice.
6. Show the individual that you value his/her choice.
7. Educate and negotiate with the individual when choices are outside the parameters.
8. Document the choice experience.

| | | | | |
|---|---|---------------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #43: Opportunities for Choice | | | |
| Reviewer Initials | | | | |
| Competency & Skill Areas | First | Second | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N |
| 1. The DSP identified an individual to assist in the choice process. | | | | |
| 2. The DSP identified an opportunity for choice. | | | | |
| 3. The DSP assisted the individual in developing a range of choices. | | | | |
| 4. The DSP identified the health, safety, financial parameters and risk associated with the choice. | | | | |
| 5. The DSP offered the individual the opportunity to make a choice. | | | | |
| 6. The DSP showed the individual that they value his/her choice. | | | | |
| 7. The DSP educated and negotiated with the individual if choices were outside the parameters. | | | | |
| 8. The DSP documented the choice experience. | | | | |
| <i>Comments:</i> | | | | |
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| _____ Signature of reviewer upon successful OJT completion Date of successful completion | | | | |

OJT Activity #44

Daily Interaction

Approximate Time to Complete:

3-4 hours

Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Recognizes speech deficiencies.
- Demonstrates various communication modes and styles.
- Demonstrates active listening skills.
- Recognizes and demonstrates appropriate modes of communication with the individual.
- Establishes rapport.
- Supports choices.
- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Demonstrates an ability to build rapport.
- Offers opportunities for choice.
- Listens to the individual.
- Respects the appropriate boundaries of the relationship.

On-the-Job Training Activity Steps:

1. Review pages 11-14 of your Human Interaction and Communication Trainee's Notebook.
2. Identify an individual to support.
3. Review the communication portion of his/her Individual Service Plan.
4. Ask the individual if you could spend some time with him/her.
5. Engage the individual in a conversation.
6. Speak directly to the individual.
7. Use the individual's preferred mode of communication.
8. Speak in a normal tone of voice.
9. Give the individual your full attention.
10. Use a responsive style of communication with the individual.
11. Rephrase statements or questions when the individual does not fully understand what you have said.
12. Allow the individual adequate time to respond.
13. Offer the individual opportunities to make choices.

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| U Introduction to Developmental Disabilities |
| U Human Rights Abuse & Neglect |
| U Human Interaction & Communication |
| U Service Plan Development & Implementation Basic Health & Safety |

14. Use the following communication styles as needed:
 - Parallel-talk
 - Self-talk
 - Naming
 - Echo-correction
 - Echo-expansion
15. Thank the individual for allowing you to work with him/her.
16. Discuss your interactions with your OJT trainer.

| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #44: Daily Interaction Reviewer Initials | | | | | |
|---|--|--|---|--------|---|-------|---|
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. | The DSP reviewed pages 11-14 of his/her Human Interaction and Communication Trainee's Notebook. | | | | | | |
| 2. | The DSP identified an individual to support. | | | | | | |
| 3. | The DSP reviewed the communication portion of his/her Individual Service Plan. | | | | | | |
| 4. | The DSP asked the individual if he could spend some time with him/her. | | | | | | |
| 5. | The DSP engaged the individual in a conversation. | | | | | | |
| 6. | The DSP spoke directly to the individual. | | | | | | |
| 7. | The DSP used the individual's preferred mode of communication. | | | | | | |
| 8. | The DSP spoke in a normal tone of voice. | | | | | | |
| 9. | The DSP gave the individual his/her full attention. | | | | | | |
| 10. | The DSP used a responsive style of communication. | | | | | | |
| 11. | The DSP rephrased statements and questions as needed. | | | | | | |
| 12. | The DSP allowed the individual adequate time to respond. | | | | | | |
| 13. | The DSP offered the individual opportunities to make choices. | | | | | | |
| 14. | The DSP used the following communication styles as needed: <ul style="list-style-type: none"> • Parallel-talk • Self-talk • Naming • Echo-correction • Echo-expansion | | | | | | |

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|--|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #44: (continued) Daily Interaction | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 15. The DSP thanked the individual. | | | | | | |
| 16. The DSP discussed the experience with the OJT trainer. | | | | | | |
| Comments: | | | | | | |
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| <hr/> Signature of reviewer upon successful OJT completion Date of successful completion | | | | | | |

OJT Activity #45:
Communicating With Pictures**Approximate Time to Complete:**
4-5 hours**Recommended Number of Practice Opportunities:**
1 practice session

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|---|
| U Introduction to Developmental Disabilities |
| U Human Rights Abuse & Neglect |
| U Human Interaction & Communication |
| U Service Plan Development & Implementation |
| Basic Health & Safety |

Interventional Competencies Addressed:

- Recognizes speech deficiencies.
- Demonstrates various communication modes and styles.
- Demonstrates effective use of assistive technology.
- Recognizes and demonstrates appropriate modes of communication with the individual.
- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Follows established directions and procedures.
- Contributes to a normalized environment.
- Utilizes person centered language and concepts.
- Utilizes age appropriate strategies.
- Obtains information from the individual
- Offers opportunities for choice.
- Identifies available community resources.
- Educates individuals in choice making and their potential outcomes.
- Assists in individual self-advocacy efforts.
- Involves the individual in identifying and choosing activities and supports and addresses potential barriers/problems.

On-the-Job Training Activity Steps:

1. Identify an individual who is non-verbal.
2. Identify 4-6 restaurants where the individual enjoys eating.
3. Obtain pictures of those restaurants. Pictures can be obtained in several different ways.
 - Searching for advertisements that contain a picture of the restaurant or a recognizable symbol (i.e., golden arches for McDonalds).
 - Using computer software, such as Board Maker.
 - Searching the Internet.
 - Going to the restaurant and taking a picture.
4. Mount the pictures on a sheet of white paper.
5. Protect the pictures by framing the paper or using a plastic sheet protector.
6. Obtain permission to take the individual out to eat.
7. Using the new communication board, allow the individual to choose where he/she would like to eat.
8. Follow agency policy and procedure when taking the individual out to eat.

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|---|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #45: Communicating With Pictures | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual who is non-verbal. | | | | | | |
| 2. The DSP identified 4-6 restaurants the individual enjoys eating at. | | | | | | |
| 3. The DSP obtained pictures of those restaurants. | | | | | | |
| 4. The DSP mounted the pictures on a sheet of white paper. | | | | | | |
| 5. The DSP used a frame or sheet protector to display the communication board. | | | | | | |
| 6. The DSP obtained permission to take the individual to a restaurant. | | | | | | |
| 7. The DSP used the communication board to find out where the individual wanted to eat. | | | | | | |
| 8. The DSP followed agency policy and procedure in taking the individual to a restaurant. | | | | | | |
| <i>Comments:</i> | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | | | |
| _____ Date of successful completion | | | | | | |

OJT Activity #46:

Food Consistency

Approximate Time to Complete:

1-2 hours

Recommended Number of Practice Opportunities:

2 practice sessions (1 for mechanical/soft & 1 for pureed)

Interventional Competencies Addressed:

- Utilizes basic food safety and sanitation techniques.
- Demonstrates basic nutrition skills.
- Implements the habilitation plan.

On- the-Job Training Activity Steps:

1. Identify a resident who is on a modified consistency diet.
2. Review the special diet information in the individual's record.
3. Prepare the individual's meal according to the daily menu.
4. Change the consistency of the individual's meal to meet the modification ordered by the physician.
 - A. Mechanical/Soft:
 - Designed to minimize the amount of chewing necessary for the ingestion of food.
 - Used for individuals who have difficulty in chewing but can tolerate foods of more solid texture than those for whom a pureed diet is ordered.
 - The foods may be chopped or ground.
 - This may be a general diet that is merely changed in consistency.
 - B. Pureed:
 - Designed to minimize the amount of chewing required and to increase the ease of swallowing food.
 - It is used for individuals who have difficulty in chewing and/or swallowing as in cases of stroke or an illness of the mouth and esophagus.
 - This diet may be based on the general diet or any therapeutic diet.
 - Foods are reduced to a strained consistency in a blender unless already in a comparable form such as ice cream, jello or mashed potatoes.
 - Additional liquid may be added to facilitate swallowing.
5. Arrange the food on the plate in an appealing manner.
6. Tell the individual that his/her meal is ready.
7. Assist the individual with his/her meal, as necessary.

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| U Service Plan Development & Implementation |
| U Basic Health & Safety |

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|---|---|---|----------|---|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #46: Food Consistency | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | | | | | | |
| 1. | The DSP identified a resident who is on a modified consistency diet. | | | | | | |
| 2. | The DSP reviewed the special diet information in the individual's record. | | | | | | |
| 3. | The DSP prepared the individual's meal according to the daily menu. | | | | | | |
| 4. | The DSP changed the consistency of the individual's meal to meet the modification ordered by the physician. | | | | | | |
| 5. | The DSP arranged the food on the plate in an appealing way. | | | | | | |
| 6. | The DSP told the individual that his/her meal was ready. | | | | | | |
| 7. | The DSP assisted the individual with his/her meal, as necessary. | | | | | | |
| Comments: _____ _____ _____ _____ | | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | _____ Date of successful completion | | | |

OJT Activity #47:
Feeding Techniques

Approximate Time to Complete:
1 hour

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication U Service Plan Development & Implementation U Basic Health & Safety |
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Recommended Number of Practice Opportunities:
1-2 practice sessions

Interventional Competencies Addressed:

- Implements the habilitation plan.
- Utilizes basic food safety and sanitation techniques.
- Utilizes proper body mechanics and proper positioning techniques.

On- the-Job Training Activity Steps:

1. Identify an individual with a special feeding technique specified in his/her habilitation plan.
2. Review the information in the individual's habilitation plan.
3. Ask the individual if you can assist him/her at meal time.
4. Tell the individual that his/her meal is ready.
5. Assist the individual to his/her seat at the dinner table.
6. Ensure that the individual is properly positioned.
7. Use jaw control from behind to assist the individual in eating.
 - Tip the head slightly forward by placing a pillow behind it or by bracing the head with your body.
 - The thumb of your non-dominant hand should follow the line of the jaw.
 - The index finger of the same hand should rest between the chin and lower lip, without actually touching the lip.
 - The middle finger should be under the chin and all fingertips should wrap around the individual's face to the midline.
 - Apply inward pressure of the index finger and upward pressure of the middle finger for the manipulation of a munching pattern.
8. Continue to assist the individual until he/she has completed his/her meal.
9. Thank the individual for his/her cooperation.

*This OJT discusses only one feeding technique. Agencies should modify this example by adding other feeding techniques to meet the needs of the individuals they serve. Information on other feeding techniques can be found in the Basic Health & Safety Module of the Direct Support Person Training Curriculum.

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| Name of DSP: Date First Try: Second Try: Third Try: | | CBTA Evaluation #47: Feeding Techniques | | | | | |
| Reviewer Initials | | First | | Second | | Third | |
| Competency & Skill Areas | | Y | N | Y | N | Y | N |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. The DSP identified an individual with a special feeding technique specified in his/her habilitation plan. | | | | | | | |
| 2. The DSP reviewed the information in the individual's habilitation plan. | | | | | | | |
| 3. The DSP obtained permission to assist the individual at mealtime. | | | | | | | |
| 4. The DSP told the individual that his/her meal was ready. | | | | | | | |
| 5. The DSP assisted the individual to his/her seat at the dinner table. | | | | | | | |
| 6. The DSP ensured that the individual was properly positioned. | | | | | | | |
| 7. The DSP correctly used jaw control from behind to assist the individual in eating. | | | | | | | |
| 8. The DSP continued to assist the individual until he/she had completed his/her meal. | | | | | | | |
| 9. The DSP thanked the individual for his/her cooperation. | | | | | | | |
| Comments: _____ _____ _____ _____ | | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity #48:

Using a Fire Extinguisher

Approximate Time to Complete:

30 minutes

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| U Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Demonstrates environmental safety skills.
- Implements disaster procedures and assists individuals as needed.
- Identifies and responds appropriately to identified safety hazards.

On- the-Job Training Activity Steps:

Before you fight a fire, ensure that: everyone is leaving the area; someone has notified the fire department; you have an unobstructed escape route at your back; the fire is small, confined, and not spreading; you know what is burning; you have the correct extinguisher; and you have been trained in using a fire extinguisher.

This OJT should be completed outside using a simulated fire.

1. Stand six to eight feet away from the simulated fire.
2. Hold the fire extinguisher with both hands.
3. Pull the pin that unlocks the operating lever. (Some models may have other lever-release mechanisms.)
4. Aim the extinguisher nozzle or hose at the base of the fire.
5. Squeeze the lever above the handle to discharge the extinguishing agent. (Some models may have a button instead of a lever.)
6. Sweep the nozzle or hose from side to side.
7. As the fire begins to go out, move toward the flames, keeping the extinguisher aimed at the base of the fire.
8. Continue to use a side to side sweeping motion until the fire is extinguished.
9. Follow agency policy and procedure to ensure that the fire extinguisher is recharged and returned to the facility.

* The information used in the OJT/CBTA was obtained from the National Fire Protection Association. Individuals wanting more information may visit online at www.nfpa.org. Contact your local fire department for information on their availability to conduct fire extinguisher training.

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| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation #48: Using a Fire Extinguisher Reviewer Initials | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP stood six to eight feet away from the simulated fire. | | | | | | |
| 2. The DSP held the fire extinguisher with both hands. | | | | | | |
| 3. The DSP pulled the pin to unlock the operating lever. | | | | | | |
| 4. The DSP aimed the extinguisher nozzle/hose at the base of the fire. | | | | | | |
| 5. The DSP squeezed the lever to discharge the extinguishing agent. | | | | | | |
| 6. The DSP used a side to side sweeping motion. | | | | | | |
| 7. As the fire was going out, the DSP kept the extinguisher aimed at the base of the fire and moved toward the flames. | | | | | | |
| 8. The DSP continued to use a side to side sweeping motion until the fire was extinguished. | | | | | | |
| 9. The DSP followed agency policy and procedure to ensure that the fire extinguisher was recharged and returned to the facility. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity # 49:

Hair Grooming

Approximate Time to Complete:

15 minutes

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| T Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Recognizes red flags that would be indicators of medical conditions.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Identify individual who may need assistance with hair grooming.
2. Ask permission to assist and explain what you will be doing.
3. Ask individual for hair style preference.
4. Teach or assist with drying wet hair with dryer and applying gels, hair spray.
5. Assemble tools to be used (comb/brush/gel/mouse/curling iron, etc.).
6. Determine hairstyle preference of the individual.
7. Follow the steps necessary to groom that individual's hair.
8. Encourage individual to look into mirror when finished styling.
9. Compliment individual, as appropriate.
10. Assist individual to return tools used to proper place.

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|---|---|---------------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation # 49: Hair Grooming | | | |
| Reviewer Initials | | | | |
| Competency & Skill Areas | First | Second | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | |
| 3. The DSP gathered needed supplies/equipment. | | | | |
| 4. The DSP appropriately determined hairstyle preference. | | | | |
| 5. The DSP followed the appropriate steps according to the individual's preferences/ needs. | | | | |
| 6. The DSP complimented and thanked the individual. | | | | |
| 7. The DSP verified that supplies/equipment were returned to proper storage place. | | | | |
| Comments: | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | | |
| _____ Date of successful completion | | | | |

OJT Activity #50:

Cleaning & Trimming Nails

Approximate Time to Complete:

30 minutes

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| T Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Gather needed supplies/equipment.
2. Choose an appropriate individual.
3. Ask permission and explain what you will be doing with the individual.
4. Put on disposable gloves.
5. Teach or assist individual to soak hands or feet in warm water for at least 5 minutes.
6. Teach or assist individual to push nail cuticle back with cuticle stick.
7. Teach or assist individual to clean under nails with cuticle stick, tool, or nail clipper.
8. Teach or assist individual to wash, rinse, and dry hands or feet.
9. Teach or assist individual to use nail clippers or nail scissors to trim toenails straight across. Fingernails may be trimmed with slight curve. Take care not to hurt the individual.
10. Use emery board or nail file to shape and smooth nails.
11. Assist individual to return tools to their proper place.
12. Remove disposable gloves and dispose properly.
13. Verify that supplies/equipment are returned to their proper places.

| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials | CBTA Evaluation # 50: Cleaning & Trimming Nails | | | | | |
|--|--------------------------|---|---|-------------------------------|---|-------|---|
| Competency & Skill Areas | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | | |
| 3. The DSP gathered needed supplies/ equipment. | | | | | | | |
| 4. The DSP used disposable gloves. | | | | | | | |
| 5. The DSP taught or assisted in soaking hands or feet in warm water for at least 5 minutes. | | | | | | | |
| 6. The DSP taught or assisted in pushing cuticle back with cuticle stick. | | | | | | | |
| 7. The DSP taught or assisted in cleaning under nails. | | | | | | | |
| 8. The DSP taught or assisted in washing, rinsing and drying hands or feet. | | | | | | | |
| 9. The DSP taught or assisted in clipping nails correctly, taking care not to hurt individual. | | | | | | | |
| 10. The DSP used emery board or nail file to shape and smooth nails. | | | | | | | |
| 11. The DSP assisted individual to return tools to proper place. | | | | | | | |
| 12. The DSP properly discarded gloves. | | | | | | | |
| <i>Comments:</i> | | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity # 51:
Shaving with Razor**Approximate Time to Complete:**
30 minutes

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| T Basic Health & Safety |

Recommended Number of Practice Opportunities:
1 practice session**Interventional Competencies Addressed:**

- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Identify appropriate individual.
2. Gather needed supplies/equipment. Use only individual's personal razor. Check razor for chips, rust, etc.
3. Ask permission and explain what you will be doing with the individual. Honor cultural choices, if any.
4. Put on disposable gloves if shaving the individual.
5. Teach or assist individual to check skin for moles, birthmarks or cuts. Avoid injuring those areas.
6. Teach or assist individual to open shaving cream and remove safety cap from razor.
7. Teach or assist individual to wash area to be shaved with warm, soapy water.
8. Teach or assist individual to apply shaving cream.
9. Teach or assist individual to use fingers of one hand to hold skin tight and shave in the direction of hair growth.
10. Teach or assist individual to use short strokes around chin and lips, neck, front and back of knees, and under arms, as applicable.
11. Teach or assist individual to rinse razor often to remove hair and shaving cream.
12. When shaving is done, teach or assist individual to rinse off remaining shaving cream and dry skin with gentle, patting motion.
13. Compliment individual, as appropriate.
14. Teach or assist individual to apply aftershave or other skin lotion, as applicable.
15. Teach or assist individual to wash hands after shaving.
16. Discard gloves.
17. Teach or assist individual to appropriately store cleaned supplies or discard all items.

| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 51: (continued) Shaving with Razor | | | | | |
|---|--|---|--------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | |
| 3. The DSP gathered needed supplies/ equipment. | | | | | | |
| 4. The DSP used disposable gloves. | | | | | | |
| 5. The DSP taught or assisted individual to check skin for moles, birthmarks or cuts. | | | | | | |
| 6. The DSP taught or assisted individual to open shaving cream and razor. | | | | | | |
| 7. The DSP taught or assisted individual to wash area to be shaved with warm, soapy water. | | | | | | |
| 8. The DSP taught or assisted individual to apply shaving cream. | | | | | | |
| 9. The DSP taught or assisted individual to use fingers of one hand to hold skin tight and shave in the direction of the growth. | | | | | | |
| 10. The DSP taught or assisted individual to use short strokes around chin, lips, neck, front and back of knees, and under arms, as applicable. | | | | | | |
| 11. The DSP taught or assisted individual to rinse razor and dry skin. | | | | | | |
| 12. The DSP complimented individual. | | | | | | |
| 13. The DSP taught or assisted individual to apply aftershave or lotion as applicable. | | | | | | |

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|--|--|---------------|--------------|--------------------------------------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 51: Shaving with Razor | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 14. The DSP taught or assisted individual to wash hands. | | | | | | |
| 15. The DSP properly removed and discarded gloves. | | | | | | |
| 16. The DSP taught or assisted individual to store or dispose of materials used. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity # 52:
Shaving with Electric Shaver**Approximate Time to Complete:**
30 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice Opportunities:
No practice sessions.**Interventional Competencies Addressed:**

- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Identify appropriate individual.
2. Gather needed supplies/equipment. Use only individual's personal shaver.
3. Ask permission and explain what you will be doing with the individual. Honor cultural choices, if any.
4. Use disposable gloves.
5. Teach or assist individual to check skin for moles, birthmarks or cuts. Avoid injuring those areas.
6. Teach or assist individual to plug in shaver and turn it on (away from water source).
7. Teach or assist individual to use mirror when shaving face, neck, or underarms.
8. Teach or assist individual to use gentle, even pressure while moving the shaver over skin.
9. Teach or assist individual to use fingers determine missed hairs.
10. Teach or assist individual to turn off shaver, unplug, and clean hair from blades.
11. Teach or assist individual to apply aftershave or skin lotion, as appropriate.
12. Compliment individual, as appropriate.
13. Teach or assist individual to wash hands after shaving.
14. Discard gloves.
15. Teach or assist individual to appropriately store items used.

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|---|--|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation # 52: Shaving with Electric Shaver | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP gathered needed supplies correctly. | | | | | | |
| 3. The DSP asked permission and explained what they would be doing. | | | | | | |
| 4. The DSP used disposable gloves. | | | | | | |
| 5. The DSP taught or assisted individual to check skin for moles, birthmarks or cuts. | | | | | | |
| 6. The DSP taught or assisted individual to plug in shaver and turn it on. | | | | | | |
| 7. The DSP taught or assisted individual to use mirror when shaving face, neck, or underarms, as appropriate. | | | | | | |
| 8. The DSP taught or assisted individual to use gentle, even pressure while moving shaver over skin. | | | | | | |
| 9. The DSP taught or assisted individual to use fingers to find missed hairs. | | | | | | |
| 10. The DSP taught or assisted individual to turn off shaver, unplug, and clean hair from blades. | | | | | | |
| 11. The DSP taught or assisted individual to apply aftershave or skin lotion, as appropriate. | | | | | | |
| 12. The DSP complimented the individual. | | | | | | |
| 13. The DSP taught or assisted individual to wash hands. | | | | | | |
| 14. The DSP discarded gloves appropriately. | | | | | | |

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|---|--|--------------------------|--|--|---|---------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | CBTA Evaluation # 52: (continued) Shaving with Electric Shaver | | | | | |
| Competency & Skill Areas | | | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | | | Y | N | Y | N | Y | N |
| 15. The DSP taught or assisted individual to store items used. | | | | | | | | | |
| Comments: | | | | | | | | | |
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| | | | | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | | _____ Date of successful completion | | | | |

OJT Activity # 53:

Teaching Hand washing

Approximate Time to Complete:

10 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice Opportunities:

1 practice session

Interventional Competencies Addressed:

- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On-the-Job Training Activity Steps:

1. Choose an appropriate individual.
2. Ask permission and explain what you will be doing with the individual.
3. Teach or assist individual to turn on water to lukewarm temperature.
4. Teach or assist individual to push up watch/bracelets so they are as high as possible.
5. Teach or assist individual to apply soap to hands and work up a lather.
6. Teach or assist individual to wash and rinse hands for a total of 20 seconds.
7. Teach or assist individual to wash around and under rings.
8. Teach or assist individual to dry hands from the wrist down with paper towel. Discard towel.
9. Teach or assist individual to use a different towel to turn off water.
10. Teach or assist individual to discard towel.
11. Compliment and thank the individual.

| Name of DSP: Date: First Try: Second Try: Third Try: | Reviewer Initials | CBTA Evaluation # 53 Teaching Handwashing | | | | | |
|--|--------------------------|---|---|---|-------|---|--|
| Competency & Skill Areas | First | | Second | | Third | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N | |
| 1. The DSP appropriately identified individual. | | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | | |
| 3. The DSP taught or assisted the individual to turn on water to lukewarm temperature. | | | | | | | |
| 4. The DSP taught or assisted the individual to push up watch/bracelets, as appropriate. | | | | | | | |
| 5. The DSP taught or assisted the individual to apply soap to hands and work up lather. | | | | | | | |
| 6. The DSP taught or assisted the individual to wash and rinse hands for a total of 20 seconds. | | | | | | | |
| 7. The DSP taught or assisted the individual to wash around and under rings. | | | | | | | |
| 8. The DSP taught or assisted the individual to dry hands from the wrist down with paper towel. Discarded towel appropriately. | | | | | | | |
| 9. The DSP taught or assisted the individual to use a different towel to turn off water. | | | | | | | |
| 10. The DSP taught or assisted the individual to discard towel. | | | | | | | |
| 11. The DSP complimented and thanked the individual. | | | | | | | |
| <i>Comments:</i> | | | | | | | |
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| _____ Signature of reviewer upon successful OJT completion | | | _____ Date of successful completion | | | | |

OJT Activity # 54:
Changing Bed Sheets**Approximate Time to Complete:**
15 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice Opportunities:
1 practice session**Interventional Competencies Addressed:**

- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual whose bed sheets need to be changed.
2. Ask permission and explain what you will be doing with the individual.
3. Use disposable gloves.
4. If bed is adjustable, adjust height to proper position.
5. Remove pillowcase; place pillow on chair.
6. Loosen linen, fold inward, remove from bed, and put in laundry.
7. Sanitize mattress if it is hospital grade/waterproof.
8. Take off and discard gloves and wash hands.
9. Align mattress on spring.
10. Place bottom sheet evenly at foot of mattress. Tuck in.
11. Place blanket evenly on bed and tuck in.
12. Place spread evenly on bed and tuck in, if appropriate.
13. Put pillowcase on pillow and place on bed.
14. Re-adjust height of bed, as needed.
15. Wash hands.
16. Compliment and thank the individual.

| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 54 Changing Bed Sheets | | | | | |
|--|--|--------|-------|--------------------------------------|---|---|
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | |
| 3. The DSP used disposable gloves. | | | | | | |
| 4. The DSP adjusted bed height if necessary. | | | | | | |
| 5. The DSP removed pillowcase and placed pillow on chair. | | | | | | |
| 6. The DSP loosened linen, folded them inward, removed them from bed, and put them in laundry. | | | | | | |
| 7. The DSP sanitized mattress. (If it was hospital grade/waterproof.) | | | | | | |
| 8. The DSP took off and discarded gloves and washed hands. | | | | | | |
| 9. The DSP correctly aligned mattress on spring. | | | | | | |
| 10. The DSP placed the bottom of sheet evenly at foot of mattress and tucked in correctly. | | | | | | |
| 11. The DSP placed blanket evenly on bed and tucked in correctly. | | | | | | |
| 12. The DSP placed spread evenly on bed and tucked in, if appropriate. | | | | | | |
| 13. The DSP put pillowcase on pillow and placed on bed. | | | | | | |
| 14. The DSP re-adjusted bed as needed. | | | | | | |
| 15. The DSP washed hands. | | | | | | |
| 16. The DSP complimented thanked the individual. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity # 55:
Shampooing Hair**Approximate Time to Complete:**
15 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice Opportunities:
1 practice session**Interventional Competencies Addressed:**

- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual whose hair needs to be shampooed.
2. Ask permission and explain what you will be doing with the individual.
3. Use disposable gloves.
4. Gather supplies.
5. Provide for privacy for individual.
6. Prompt or assist individual to wet hair thoroughly using warm or cool water.
7. Apply small amount of shampoo to palm of hand and rub hands together. Apply shampoo to all parts of hair with both hands.
8. Prompt or assist individual to clean the scalp and distribute the suds throughout hair.
9. Examine scalp for problems. Inform nurse if itching, flaking, head lice, sores or other problems are detected. Follow nurse's instructions.
10. Be careful not to get shampoo in eyes: prompt individual to shut eyes.
11. Prompt or assist individual to rinse hair thoroughly.
12. Prompt or assist individual to apply conditioner to palm of hand and rub hands together. Apply conditioner to all parts of hair with both hands. Leave conditioner on hair for amount of time recommended on label.
13. Prompt or assist individual to rinse off conditioner from hair.
14. Prompt or assist individual to wrap and dry hair with clean towel.
15. Prompt or assist individual to blow dry/set hair or use curling iron if it is individual's choice to do so. Style hair in age-appropriate style per individual's choice. Use gel/mousse, etc., per individual's choice.
16. Prompt or assist individual to return shampoo, towel, etc., to proper place.

| | | | | | | |
|---|---|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation # 55 Shampooing | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | |
| 3. The DSP used disposable gloves. | | | | | | |
| 4. The DSP gathered supplies and provided for privacy. | | | | | | |
| 5. The DSP was aware of any scalp/hair problems and informed nurse if any were found. | | | | | | |
| 6. The DSP prompted or assisted individual to wet hair using warm or cool water. | | | | | | |
| 7. The DSP prompted or assisted individual to apply small amount of shampoo into palm of hand, rub hands together, and disburse shampoo to all parts of hair. | | | | | | |
| 8. The DSP prompted or assisted individual to clean scalp and distribute suds throughout hair, being careful not to get any in eyes. | | | | | | |
| 9. The DSP prompted or assisted individual to rinse hair thoroughly. | | | | | | |
| 10. The DSP assisted individual to apply conditioner. | | | | | | |
| 11. The DSP prompted or assisted individual to rinse hair thoroughly. | | | | | | |
| 12. The DSP prompted or assisted individual to wrap and dry hair with clean towel. | | | | | | |
| 13. The DSP prompted or assisted individual to blow dry hair or use curling iron if it is individuals choice to do so. | | | | | | |
| 14. The DSP prompted or assisted individual to style hair in age appropriate style per individuals choice. | | | | | | |

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|---|--|--------------------------|--|---|----------|---------------|----------|--------------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | | Reviewer Initials | | CBTA Evaluation # 55 Shampooing (continued) | | | | | |
| Competency & Skill Areas | | | | First | | Second | | Third | |
| Performance Approved/ Yes or No | | | | Y | N | Y | N | Y | N |
| 15. The DSP prompted or assisted individual to return shampoo, towel, etc., to proper places. | | | | | | | | | |
| Comments: | | | | | | | | | |
| _____ Signature of reviewer upon successful OJT completion | | | | | | | | | |
| _____ Date of successful completion | | | | | | | | | |

OJT Activity # 56:

Denture Care

Approximate Time to Complete:

10 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual who has dentures.
2. Ask permission and explain what you will be doing with the individual.
3. Gather individual's supplies. Request the individual to prepare for denture care.
4. Use disposable gloves.
5. Provide for privacy for individual.
6. Pad sink with washcloths in case dentures are dropped into sink.
7. Train or assist individual to remove top and/or bottom dentures from mouth.
Loosen upper plate by placing first finger on roof of plate and thumb over outer gum and gently release. Loosen lower plate by placing finger inside lower plate and thumb on outer gum and gently release.
8. Train or assist individual to put dentures in cup with lukewarm water.
9. Train or assist individual to put denture cleaner on tooth/denture brush.
10. Train or assist individual to clean dentures with tooth/denture brush. Hold the dentures firmly as they are cleansed.
11. Train or assist individual to rinse dentures and storage cup.
12. Put dentures in empty cup.
13. Train or assist individual to rinse mouth with water and/or mouthwash. Using a soft brush, cleanse mouth and tongue, observing the condition of the mouth, gums and lips.
14. Train and assist individual to apply denture adhesive to dentures.
15. Train and assist individual to insert dentures into mouth, pressing gently, but firmly, in place.
16. Train or assist individual to return supplies to proper storage.
17. Remove and dispose of gloves. Wash hands.
18. Document event as required.

| | | | | | | |
|---|---|---------------|--------------|----------|----------|----------|
| Name of DSP: Date First Try: Second Try: Third Try: | CBTA Evaluation # 56 Denture Care | | | | | |
| Reviewer Initials | | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | |
| 3. The DSP used disposable gloves. | | | | | | |
| 4. The DSP prompted or assisted individual to gather supplies needed to perform task. | | | | | | |
| 5. The DSP provided privacy for the individual. | | | | | | |
| 6. The DSP prompted or assisted individual to remove top and/or bottom dentures from mouth. | | | | | | |
| 7. The DSP prompted or assisted individual to place dentures in cup of tepid water. | | | | | | |
| 8. The DSP prompted or assisted the individual to put denture cleaner on brush. | | | | | | |
| 9. The DSP prompted or assisted the individual to clean dentures with tooth/denture brush. | | | | | | |
| 10. The DSP prompted or assisted the individual to rinse dentures and storage cup. | | | | | | |
| 11. The DSP prompted or assisted in placing dentures in cup. | | | | | | |
| 12. The DSP prompted or assisted individual in rinsing mouth with water and/or mouthwash. | | | | | | |
| 13. The DSP assisted or prompted individual to apply denture adhesive to dentures. | | | | | | |
| 14. The DSP assisted or prompted the individual to insert dentures into mouth. | | | | | | |
| 15. The DSP removed and disposed of gloves appropriately. | | | | | | |
| 16. The DSP washed hands. | | | | | | |

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|---|---|---------------|--------------|-------------------------------|--|--|
| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 55 Denture Care (continued) | | | | | |
| Competency & Skill Areas | First | Second | Third | | | |
| Performance Approved/ Yes or No | Y N | Y N | Y N | Y N | | |
| 17. The DSP documented the event as required. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity # 57:

Incontinence

Approximate Time to Complete:

10 minutes

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| T Basic Health & Safety |

Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual who is the same sex as you are, if possible, and who is incontinent .
2. Ask permission and explain what you will be doing with the individual.
3. Use disposable gloves.
4. Gather individual's supplies (briefs, towlettes, etc.)
5. Provide for privacy for individual.
6. Undress or prompt to undress individual where needed. Remove old briefs by breaking tapes at the legs first, then the waist. Wrap and discard soiled briefs in proper place.
7. Wash and dry peri-anal area with soap and water. Look for red or irritated areas on the skin.
8. Unfold brief. Raise individual's buttocks and slide brief under or roll the individual to one side. Fold back side flap to edge of brief. Align waste tapes with the small of the back. Tuck brief under buttocks. Roll individual to other side and unfold flap.
9. Pull brief up between legs. Pull gathers all the way up into leg creases.
10. Smooth brief over abdomen to ensure snug fit. The inner, porous lining should be next to skin. Do not fold abdominal waste band under.
11. Fasten the leg tapes first, then waste tapes. Ensure proper fit.
12. Redress individual or prompt to redress.
13. Remove disposable gloves.
14. Wash hands.

| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 57 Incontinence | | | | | |
|--|---|---|--------|-------------------------------|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | |
| 3. The DSP provided for privacy. | | | | | | |
| 4. The DSP used disposable gloves. | | | | | | |
| 5. The DSP prompted or assisted the individual in undressing and removing soiled briefs. | | | | | | |
| 6. The DSP prompted or assisted individual to wash perianal area with soap and water. | | | | | | |
| 7. The DSP prompted or assisted the individual in applying clean briefs. | | | | | | |
| 8. The DSP prompted or assisted the individual in discarding soiled briefs. | | | | | | |
| 9. The DSP prompted or assisted individual to put items back in their proper places. | | | | | | |
| 10. The DSP removed and disposed of gloves appropriately and washed hands. | | | | | | |
| 11. The DSP documented event as required. | | | | | | |
| Comments: | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity # 58:

Bed to Wheelchair Transfer

Approximate Time to Complete:

5 minutes

Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Notified appropriate person(s) about emergency health & safety concerns.
- Followed universal precautions and infection control procedures.
- Demonstrated basic health observation skills.
- Demonstrated proper transfer techniques.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual for the transfer.
2. Ask permission and explain what you will be doing with the individual.
3. Use a mechanical lift or transfer belt correctly, as needed.
4. Lock wheelchair.
5. Remove wheelchair armrest nearest the bed.
6. Support individual's knees between your legs.
7. On signal, move individual to standing position from the edge of bed with rocking motion; keep your knees slightly bent, back balanced.
8. Pivot and lower individual into wheelchair by bending your knees.
9. If individual must hold on to you, have him or her hold your waist or shoulders, not neck.

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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|---|--------------------------|---|---------------|--------------------------------------|--------------|----------|--|
| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials | CBTA Evaluation # 58 Bed to Wheelchair Transfer | | | | | |
| Competency & Skill Areas | First | | Second | | Third | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N | |
| 1. The DSP appropriately identified individual. | | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | | |
| 3. The DSP used transfer belt or mechanical lift correctly as needed | | | | | | | |
| 4. The DSP locked the wheelchair correctly. | | | | | | | |
| 5. The DSP removed wheelchair armrest nearest the bed. | | | | | | | |
| 6. The DSP supported the individual's knees between his/her legs. | | | | | | | |
| 7. The DSP moved the individual correctly. | | | | | | | |
| 8. The DSP lowered the individual into the wheelchair correctly. | | | | | | | |
| 9. The DSP had the individual hold him/her at the waist, if needed. | | | | | | | |
| <i>Comments:</i> | | | | | | | |
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| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity # 59:

Wheelchair to Toilet Transfer

Approximate Time to Complete:

15 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice**Opportunities:**

1 practice session

Interventional Competencies Addressed:

- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Demonstrates proper transfer techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual for the transfer.
2. Ask permission and explain what you will be doing with the individual.
3. Wash your hands.
4. If individual has a stronger leg, position with stronger leg closest to toilet.
5. Lock wheelchair.
6. Have individual use grab bar and wheelchair arm for support.
7. Bend knees and maintain your back's natural curve.
8. If more support is needed, get help.
9. Wash your hands.

| | | | | | | | |
|--|--------------------------|--|---------------|--------------------------------------|--------------|----------|--|
| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials | CBTA Evaluation # 59 Wheelchair to Toilet Transfer | | | | | |
| Competency & Skill Areas | First | | Second | | Third | | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N | |
| 1. The DSP appropriately identified individual. | | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | | |
| 3. The DSP washed his/her hands. | | | | | | | |
| 4. The DSP positioned the individual's stronger leg closest to the toilet. | | | | | | | |
| 5. The DSP correctly locked the wheelchair. | | | | | | | |
| 6. The DSP correctly had the individual use the grab bar and wheelchair arm for support. | | | | | | | |
| 7. The DSP bent knees correctly. | | | | | | | |
| 8. The DSP obtained additional help if needed. | | | | | | | |
| 9. The DSP washed his/her hands. | | | | | | | |
| Comments: | | | | | | | |
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| | | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | | |

OJT Activity # 60:

Wheelchair to Tub Transfer

Approximate Time to Complete:

30 minutes

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation T Basic Health & Safety |
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Recommended Number of Practice**Opportunities:**

One practice session

Interventional Competencies Addressed:

- Notifies appropriate person(s) about emergency health & safety concerns.
- Follows universal precautions and infection control procedures.
- Demonstrates basic health observation skills.
- Assists with personal hygiene.
- Demonstrates personal care and hygiene skills and techniques.
- Demonstrates proper transfer techniques.
- Demonstrates techniques required to support ADLs.

On- the-Job Training Activity Steps:

1. Choose an appropriate individual for the transfer.
2. Ask permission and explain what you will be doing with the individual.
3. Wash your hands.
4. Fill the tub with water no hotter than 110°. Attach the transfer belt.
5. Position the individual's legs directly underneath the wheelchair. Give support as the individual stands up.
6. Have the individual sit on the edge of the tub or transfer seat.
7. Move the wheelchair out of the way.
8. Take the individual's legs and swing them into the tub...one at a time...as the individual holds onto the safety railing.
9. Brace your legs against the tub and grasp the transfer belt into the tub, making sure not to round your back.
10. After the bath, let the water out, assist in drying off the individual and putting his/her clothes back on.
11. With one foot in the tub, grasp the transfer belt and lift the individual onto the side of the tub and back into the wheelchair.

| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 60 Wheelchair to Tub Transfer | | | | | |
|--|---|---|--------|-------------------------------|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP appropriately identified individual. | | | | | | |
| 2. The DSP asked permission and explained what was going to be done. | | | | | | |
| 3. The DSP washed his/her hands. | | | | | | |
| 4. The DSP filled the tub with water no hotter than 110°. | | | | | | |
| 5. The DSP put the transfer belt on the individual, if needed. | | | | | | |
| 6. The DSP positioned the individual's legs directly under the wheelchair and gave support, as needed. | | | | | | |
| 7. The DSP had the individual sit on the edge of the tub or transfer seat. | | | | | | |
| 8. The DSP moved the wheelchair out of the way. | | | | | | |
| 9. The DSP correctly helped the individual put his/her legs into tub. | | | | | | |
| 10. The DSP let the water out, then assisted with drying and putting clothes back on. | | | | | | |
| 11. The DSP correctly used transfer belt, as needed to lift individual out of tub and into wheelchair. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of reviewer upon successful OJT completion | | | | Date of successful completion | | |

OJT Activity #61
Measuring Weight**Approximate Time to Complete:**
5 minutes

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| Introduction to Developmental Disabilities |
| Human Rights |
| Abuse & Neglect |
| Human Interaction & Communication |
| Service Plan Development & Implementation |
| U Basic Health & Safety |

Recommended Number of Practice Opportunities:
1 practice session**Interventional Competencies Addressed:**

- Recognizes red flags that would be indicators of medical conditions.
- Notifies appropriate person(s) about emergency health & safety concerns.
- Accurately determines and records the individual's vital signs.
- Demonstrates basic health observation skills.

On- the-Job Training Activity Steps:

1. Determine which individual you will be doing weighing.
2. Ensure privacy.
3. When charting measurements assure that weights are taken at the same time each day.
4. Have individual take off heavy shoes or outer clothing.
5. Train or assist individual to place scale on flat surface, if not already there.
6. Train or assist individual to step onto scale. Verify that s/he is not holding anything.
7. Train or assist individual to read number on scale.
8. Train or assist individual to step off scale.
9. Train or assist individual to return scale to proper storage location.
10. Record the results and give them to your OJT trainer.

| Name of DSP: Date First Try: Second Try: Third Try: | Reviewer Initials CBTA Evaluation # 61 Measuring Weight | | | | | |
|---|---|---|-------------------------------|---|-------|---|
| Competency & Skill Areas | First | | Second | | Third | |
| Performance Approved/ Yes or No | Y | N | Y | N | Y | N |
| 1. The DSP determined an individual to weigh. | | | | | | |
| 2. The DSP weighed the individual at the designated time. | | | | | | |
| 3. The DSP discussed the procedure with the individual and obtained permission from the individual. | | | | | | |
| 4. The DSP provided privacy for the individual. | | | | | | |
| 5. The DSP had the individual take off heavy shoes or outer clothing. | | | | | | |
| 6. The DSP verified that scale was on flat surface. | | | | | | |
| 7. The DSP assisted individual to step on scale, as necessary, verifying that individual was not holding onto anything. | | | | | | |
| 8. The DSP appropriately obtained the number on the scale. | | | | | | |
| 9. The DSP assisted the individual to step off scale and to return scale to its proper place. | | | | | | |
| 10. The DSP recorded the results in the proper place and notified the supervisor/nurse of any issues regarding weight. | | | | | | |
| Comments: | | | | | | |
| Signature of reviewer upon successful OJT completion | | | Date of successful completion | | | |

OJT Activity #:

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| Introduction to Developmental Disabilities Human Rights Abuse & Neglect Human Interaction & Communication Service Plan Development & Implementation Basic Health & Safety |
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Approximate Time to Complete:

Recommended Number of Practice Opportunities:

Interventional Competencies Addressed:

On-the-Job Training Activity Steps:

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|--|------------|-------------|
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| OJT/CBTA Title | OJT Number | Page Number |
|---|------------|-------------|
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| OJT/CBTA Title | OJT Number | Page Number |
|-------------------------------|-------------------|--------------------|
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Erata Sheet

Directions: Please note below the activity and page number as well as a description of any typos that need to be corrected. We also welcome any feedback or recommended revisions to the OJTs and CBTAs.



If you have any questions, please contact:

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