



PARAPROFESSIONAL ORIENTATION GUIDE

EMPLOYEE NAME

LEVEL

DATE OF 1ST ASSIGNMENT

WELCOME & INTRODUCTION TO STAFF

1. AGENCY INFORMATION

- a. Mission and function
- b. Scope of Services
- c. Service Area

2. AGENCY BENEFITS/PROGRAMS

- a. Social Security
- b. Fidelity Bond Insurance
- c. Worker's Compensation
- d. Malpractice Insurance
- e. Liability Insurance
- f. Unemployment Insurance
- g. Incentive Programs

3. PERSONNEL POLICIES

- a. Non-Discrimination Policy
- b. Confidentiality of Patient Information (Article 27-F)
- c. Lines of Responsibility & Nursing Supervision
- d. Health Requirements
 - Physical Health Assessments
 - Tuberculosis Screening(s)
 - Other state/contract-required tests (i.e. Rubella Immunity, DT, Rubeola, etc.)
- e. Attire/identification card
- f. Work days and hours
- g. Distribution of Assignments
 - Call-in schedule/availability
 - Pick up assignment records at the office
 - Receive assignments by telephone
- h. Documentation **DO NOT** use "white out"
 - Service documentation must be legible; always sign full last name and first name initial, use only black or blue ink.
 - Turn Documentation in to office weekly on Monday otherwise it will not be paid that same week.
- i. Salary Administration/Weekly Payroll (week ends on Sunday)
 - Paycheck may be picked up or mailed
 - Contributions, tips &/or gifts are not to be received.
- j. Vacation, sick leave, holidays
- k. Medical Insurance
- l. Travel
- m. Emergency Disaster Preparedness Plan
- n. Communication Protocols
 - Give patients the Agency telephone number
 - DO NOT give patient your home telephone number
 - Contact the Agency if an emergency arises
 - 24 hour answering service and On-Call Procedures
 - Use good judgment when making a visit
- o. Grievance Policy
- p. Incident Reporting
- q. Agency supplies and equipment
- r. In-service Attendance
- s. Probationary Period
- t. Performance Evaluations
- u. Separation from the Agency
 - Dismissal
 - Resignation

4. MEDICAL INFORMATION/DEFINITIONS

- a. Part time/Intermittent care vs. Continuous care
- b. Community Resources
- c. Durable Medical Equipment
- d. Disposable Medical Supplies

5. PATIENT RESPONSIBILITIES AND DUTIES

- a. Service Non-Discrimination Policy
- b. Patient's Bill of Rights
- c. Advance Directives
- d. Grievances Policy: Complaint and Incident Reporting
- e. Patient/Environmental Safety
- f. Universal Precautions/Personal Protective Equipment
- g. Care Plan
- h. Personal Care of Patient
 - Bath, personal hygiene, hair, skin and mouth care
- i. Nutritional and Fluid balance
 - Meal Preparation
 - Diet
- j. Exercise/rehabilitation program under RN/Therapist supervision
- k. Activities Ordered i.e. ambulation, bed rest
- l. Assistive Devices and durable medical equipment
- m. Diversional Activities
- n. Care of patient area
 - Change linen, clean patient's bathroom, dust room
 - Clean kitchen after patient meal/snack preparation
- o. Documentation
- p. Observe and report significant changes to supervisor
- q. Homemaking responsibilities
- r. Case Conferences
- s. Supervisory visits
- t. Competency Evaluations
- u. Do Not perform any services considered skilled, i.e. catheterizations, trach care, removal of fecal impactions, administration of medications.

CALL YOUR SUPERVISOR WHEN THESE AND ANY OTHER DUTIES NOT ASSIGNED BY THE CARE PLAN ARE REQUESTED OF YOU.

6. QUESTIONS AND ANSWERS

EMPLOYEE SIGNATURE

AGENCY SUPERVISOR SIGNATURE

DATE