



Employee _____

Program _____

ORIENTATION FORM FOR YOUTH COUNSELORS

		New Employee Initials	Date	Supervisor / designee initials
I. Program Philosophy and Information				
1.	Program Goals & Objectives			
a. Statement of Purpose				
2.	Description of Mental Health Association Programs within Cluster			
3.	Performance Review process and form			
II. Safety and Emergency Preparedness Procedures *				
1.	Emergency Phone Numbers, On-Call Procedure, including on-call cluster/beeper protocol, Critical Incidents MHA / DCF Protocols			
2.	Fire Drill Form and Procedure, Evacuation Plan, designated safety area			
3.	Medical Emergency Procedures			
4.	Location of fire extinguishers, pull box alarm panel and keys, codes			
5.	Watch DVD Training Fire Safety			
6.	Location & use of First Aid Kit / Epi-Pens			
7.	Watch First Aid Review Training Video			
8.	Read & discuss Exposure Control Plan, location of biohazard bucket & PPE			
9.	Watch Blood Borne Pathogen video- Universal Precautions			
10.	Disaster Plan – Relocation Procedures			
11.	Location and use of Emergency Fact Sheet			
12.	Search Plan – Missing / Runaway Person			
13.	Filing Incident Reports- Policies, forms, procedures			
14.	Accessing area crisis teams			
15.	Reporting Suspected Incidents of Abuse or Neglect / Filing Complaints			
16.	Seclusion / Restraint (prohibited)			
III. Participants*				
1.	Introduction to participants / Baseline Behaviors			
2.	Review daily routines (meals, work, school, etc.)			
3.	Identify family members, guardians & appropriate Contact / interaction w/ each. Approved DCF Call and Visitor List			
4.	Level of participant Supervision Required			
IV. Medication / Medical Review				
1.	*Health Issues seizures, diets, hypertension, etc*.			
2.	Location, type of, and access to medications(if med certified), side effects info			

3.	Administration of Medication-Self med procedures, med occurrence procedure			
4.	Use and Purpose of Medication Administration Sheets			
5.	Pharmacy phone #s, location			
6.	Telephone Order Form (must be med certified)			
7.	*Location and use of Emergency Mini Packs*			
8.	Procedures & Forms for all medical appointments & appropriate use			
9.	MAP Policy			
10.	Nursing Services			
11.	* Requirement of MAP Certification*			
V. Human Rights / Civil Rights				
1.	Identity and role of Human Rights Officer			
2.	Review of Human Rights Policies (including consents)			
3.	MHA Bill of Rights			
4.	Guardianship (hand out / supporting documentation)			
5.	Rogers Orders (hand out / supporting documentation)			
VI. Participants Records / Documentation Procedures				
1.	*Location and purpose of Daily Staff Communication Logs *			
2.	Review IEP, PSTP, Progress Notes, Quarterlies, Treatment Plans / Quarterlies, Organization of participant files, Consents			
VII. Shift Responsibilities, checklists *				
1.	Program Routines / Role of Lead Staff			
2.	Confidentiality			
3.	Access to Records Form			
4.	Use and Purpose of Data Collection			
5.	Behavior Plans & response to Behavior mgt., Crisis Plans			
6.	Funds Management Policy			
a.	Financial transaction sheet and money counts			
b.	Petty cash			
c.	Requisition vouchers, reimbursement procedures			
d.	Use of tax exempt #			
e.	Rep Payees- purpose & process to access funds			
f.	Banking Routines			
g.	Financial Comp Assessments			
VIII. Employee Documentation / Procedures				
1.	Payroll System			
a.	Timesheets			
b.	Overtime			
c.	Standard Mileage List			
2.	Time off Requests			
3.	Use of telephones for business vs. personal calls, Long Distance Phone Code			
4.	Schedules: location posted, making changes, Staff Weekly Schedules			
5.	Forms and protocol for reporting employee injury *			
6.	*Protocol for calling out, being late, leaving early, switching shifts*			
7.	*Location of non-emergency phone #s including staff, office back door # *			
8.	Grocery shopping protocol and sign off agreement			

9.	ETO Utilization			
IX. House /Apartment /Office– Tour				
1.	Tools, Supplies			
2.	*Maintenance issues: staff preliminary response; accessing APG, reporting to Supervisor *			
3.	Thermostat, Heating System, circuit breaker panel, water shut off			
4.	Notification to Supervisor of Building concerns or issues			
5.	*Access to House – Key sign off, visitor guidelines, DCF approved visitor and call lists per participants location and use of list(s) *			
6.	Use of computer			
	a. password for program			
	b. computer policies: email, software, internet, security, computer work order			
7.	Snow removal, sanding walkways			
8.	Designated area for parking			
9.	No Smoking on Premises			
X. Training				
1.	*Symptoms and behavioral signs of Emotional Disturbance *			
2.	*Substance Abuse, including symptoms of drug overdose, alcohol intoxication*			
3.	Elements & Techniques of Non-Violent Crisis Intervention			
	a. Program Specific Community Providers/Resources, locations and phone numbers			

***** All items with asterisk must be reviewed and signed off before a new employee can work alone.*****

I certify that the above information has been reviewed with me.

Signature of New Employee

Date

Signature of Supervisor

Date

Please return completed form to Human Resources Department within 30 days of hire.
Thank you.