



995 Worthington Street, Springfield, MA 01109
 Telephone (413)734-5376 Fax (413) 737-7949

Employee _____

Program _____

ORIENTATION FORM FOR PROGRAM STAFF

new employee Supervisor/
initials designee int.

I. Program Philosophy/Additional Personnel Information		
1. Program Goals & Objectives/Performance Improvement Plans		
2. Description of MHA programs within cluster and supervisory structure		
3. Performance Review process and forms		
II. Safety and Emergency Preparedness Procedures *		
1. Emergency Phone Numbers, On-Call Procedure, including cluster phone		
2. Fire Drill Form and Procedure, designated safety area		
3. Evacuation Emergency Plan/Disaster Plan – Relocation Procedures		
4. Location of fire extinguishers, pull box alarm panel and keys		
5. Location and use of First Aid Kit and location of CPR mask		
6. Location of biohazard bucket & PPE		
7. Location and use of Emergency Fact Sheet, including updated medication list		
8. Search Plan – Missing Person		
9. DMH Critical Communication Protocol; Filing Incident & Physical Restraints Reports-Policies, forms, procedures		
10. Accessing area crisis teams, Acute Care Team		
11. Reporting Abuse / Filing Complaints (DPPC, DDS, DMH, etc.)		
12. Seclusion / Restraint		
III. Participants*		
1. Introduction to participants		
2. Review daily routines (meals, work, day program, etc.)		
3. Identify family members, guardians & appropriate contact/interaction w/ each.		
4. Level of Participant Supervision Required		
5. Health Issues seizures, diets, hypertension, etc.*		
IV. Medication / Medical Review – See Separate Orientation Form for MAP Certified Staff		
1. MHA Nursing Services - general		
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)		
5. Rogers Orders (hand out)		
VI. Participant Records / Documentation Procedures		
1. Location and purpose of Daily and Staff Communication Notes*		
2. Review IAP/ISP, PSTP, Support Strategies, Progress Notes, Quarterlies, Semi-Annuals		
3. Shift Responsibilities, checklists *		
4. Program Routines *		
5. Confidentiality *		



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6. Access to Records Form		
7. Use and Purpose of Data Collection		
8. Behavior Plans, Crisis Plans, Psychotropic Treatment Plans, Planned Alerts *		
	Emp. Initials	Sup/Des initials
9. 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		
VII. Employee Documentation / Procedures		
1. Payroll System		
a. Timesheets		
b. Overtime		
c. Standard Mileage List		
2. Time off Requests, Vacation Advances		
3. Use of telephone 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		
VIII. House /Apartment /Office- Tour		
1. Tools, Supplies		
2. Maintenance issues: staff preliminary response; accessing APG *		
3. Thermostat, Heating System, circuit breaker panel, water shut off		
4. Monthly Residential Inspection Forms/Quarterly Inspection Forms		
5. Access to House – Key sign off, visitor guidelines *		
6. Use of computer- Has demonstrated ability to access MHA website		
a. email- demonstrated ability to access email		
b. computer policies: email, software, internet, security		
7. Snow removal, sanding walkways *		
8. Designated areas for smoking and parking *		
9. Agency vehicle forms, procedures and expectations if applicable		
IX. Program Specific Community Providers/Resources, locations & phone #s		

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

 Program