

**MICHESTER HOMECARE**  
**3845 POWDER SPRINGS RD, SUITE 1002**  
**POWDER SPRINGS 30127**

**MANAGEMENT STAFF ORIENTATION**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

TOPICS:	Video or PAPER	COMPLETED:
COMPANY POLICY & PROCEDURE	p	yes
Job Description/Duties	p	yes
Procedures for reporting client progress and problems to supervisors	p	yes
Service Papers & Daily log	p	yes
Reporting client progress	p	yes
Procedures for handling medical emergencies and incidents	p	yes
Client Rights and responsibilities	p	yes
Reporting known exposure to TB and hepatitis.	p	yes
Code of Conduct/Dress Code	p	yes
Infection Control	p	yes
Confidentiality of Client information.	p	yes
Procedure for handling complaints	p	yes
Miscellaneous:	p	yes

Upon completion of the orientation, please signify at the bottom that you fully understand the information provided to you.

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Person conducting orientation

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date

Completion Time: \_\_\_\_\_ (Hours) \_\_\_\_\_ (Minutes)