

**CDS Family and Behavioral Health Services Inc.**

Rev: 7/16 F-PR-1381

**Program Log Book**

**Highlight Codes**

**Yellow – General**

**Orange – Reviews**

**Blue - Suicide**

**Pink - Medication**

**PROGRAM LOG BOOK REMINDERS**

* Use **BLACK** ink only
* Document your arrival and departure
* Read information from the two previous shifts
* Document in the shift chronological section the specific shifts you reviewed
* Indicate the date and day on each page of the current shift
* Ensure that someone assumes the shift leader role
* Document participant/staff/volunteer and visitor movement, activities, and events. Include offsite destinations and expected return times
* Details of significant activities and events should also be documented in the participant file and/or an unusual event report
* Document “Pass On Information” on the dates/shifts intended to receive information
* At the end of each documentation, place your full signature and credentials
* Leaving blank lines between documentation statements should not occur
* Document a response to the shift leader assignment
* Highlight the shift leader assignment response
* Review all pages of the current shift for accuracy
* Shift leader should sign and date in each indicated space

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

1

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

2

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

3

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

4

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Search the bedrooms for contraband.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

5

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

6

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

7

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

8

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check for an adequate supply of Complaint/ Grievance forms available for participants and others.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

9

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

10

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

11

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

12

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk-through the facility for items in need of repair.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

13

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

14

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

15

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

16

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check of each active file to ensure it contains the participant’s photograph.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

17

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

18

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

19

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

20

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each active male medication log to ensure all necessary information is provided.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

21

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

22

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:****** *Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

23

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:****** *Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

24

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Complete weekly non-controlled medication count if one has not occurred this week, document on back of MRL.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

25

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

26

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:****** *Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

27

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

28

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

29

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

30

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:****** *Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

31

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:****** *Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

32

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each active female medication log to ensure all necessary information is provided.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

33

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

34

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

35

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

36

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the intakes occurring during the last 7 days and complete any missing information.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

37

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

38

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

39

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

40

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check bed assignments and ensure all participants are using their assigned bed.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

41

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

42

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

43

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

44

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check to ensure that keys are secured in the appropriate manner (house keys, vehicle keys).*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

45

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

46

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

47

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

48

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk through of the facility to check for evacuation routes posted in each room.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

49

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

50

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

51

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

52

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

53

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

54

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

55

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

56

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of active files to ensure each contains a completed screening form.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

57

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

58

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

59

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

60

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each active medication log to ensure each has a participant picture.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

61

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

62

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

63

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

64

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the last nine shifts “pass on” section and make sure all activities that required follow-up did occur.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

65

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

66

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

67

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

68

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check each participant’s posted medication information to ensure it is correct.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

69

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

70

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

71

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

72

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk through the facility to check for cleanliness, correct any necessary areas.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

73

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

74

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

75

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Regional Coordinator/Residential Supervisor Weekly Review: Dates Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

76

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check the First-Aid kit to ensure its contents are complete.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

77

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

78

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

79

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

80

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review all current special diet needs to ensure guidelines are being followed.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

81

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

82

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

83

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

84

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review all active male participant files for follow-up when suicide risk was indicated during the screening or intake.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

85

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

86

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

87

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

88

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the Program Log Book to ensure each staff on shift has documented review of last two shifts.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

89

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

90

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

91

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

92

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

93

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

94

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

95

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

96

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review all active female participant files for follow-up when suicide risk was indicated during the screening or intake.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

97

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

98

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

99

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

100

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of the Program Log Book to ensure linen exchange occurred in the past week as scheduled.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

101

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

102

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

103

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

104

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check security search wand to ensure it operates properly.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

105

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

106

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

107

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

108

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

109

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

110

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

111

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

112

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Search of the bedrooms for contraband.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

113

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

114

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

115

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

116

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Complete weekly non-controlled medication count if one has not occurred this week, document on back of MRL.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

117

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

118

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

119

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

120

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of the Program Log Book to ensure chronological entries for all participants noted out of house.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

121

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

122

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

123

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

124

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the grievance process with participants during house meeting.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

125

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

126

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

127

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

128

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check for posted notices of information to contact the Florida Abuse Hotline, note locations in Prog. Log Book.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

129

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

130

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

131

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

132

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Note specific actions of staff on shift to engage participants in positive activities during this shift.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

133

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

134

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

135

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

136

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check bed assignments and ensure all participants are using their assigned bed.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

137

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

138

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

139

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

140

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review the last nine shifts “pass on” section and make sure all activities that required follow-up did occur.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

141

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

142

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

143

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

144

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review of active files to ensure that each contains a completed Approved Contact List.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

145

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

146

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

147

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

148

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review active participants FACE documentation to ensure each participant has current behavioral information.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

149

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

150

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

151

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

152

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Check posted items to ensure that the Search Policy is posted.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

153

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

154

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

155

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

156

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Walk through facility to check for cleanliness, correct any necessary areas.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

157

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

158

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

159

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Regional Coordinator/Residential Supervisor Weekly Review: Dates Reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

160

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Confirm that the knife for life is in the designated place, note the location.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

161

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

162

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

163

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

164

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Conduct a fire drill if one has not been documented for this shift this month. If a drill was done state the date.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

165

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

166

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

167

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

168

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Day** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Search of the bedrooms for contraband.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

169

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

170

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

171

|  |  |  |
| --- | --- | --- |
| Date: | **Day** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

172

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Evening** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Complete weekly non-controlled medication count if one has not occurred this week, document on back of MRL.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

173

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

174

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

175

|  |  |  |
| --- | --- | --- |
| Date: | **Evening** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

176

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PROGRAM LOG BOOK | | | | | | |
| Date: | | | **Night** shift: *Page 1* | | | |
| Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat | | | Shift Leader: | | | |
| Key Holder Exchange: | Previous shift/ | | | | Current shift/ | |
| Staff on Duty: \*Staff designated to ensure medication process occurs for this shift, \*\*Staff Secure staff. | | | | | | |
| \* | |  | |  | | \*\* |
|  | |  | |  | |  |
|  | |  | |  | |  |

|  |
| --- |
| **SHIFT LEADER ASSIGNMENT:** In addition to all normal duties, you must coordinate the item noted below.  Document in the chronological log section the time, findings and needs of this assignment and highlight the entry. |
| ***Review Program Log Book to ensure the Shift Leader Summary is complete for all shifts in the current log book.*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bed # | Participant Name | **Px Formal Count** | | | **Px Informal Count** | | | **Px Informal Count** | | |
| First Last | Status | Time | Staff | Status | Time | Staff | Status | Time | Staff |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Participant Count Status**: **IH**/in house, **OH**/ out of house. For participants OH there should be an entry in the chronological

log related to their location, leaving and return time.

Shift Leader Review of previous shifts: Dates reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

177

|  |  |  |
| --- | --- | --- |
| Date: | **Nightngidualication it has anumber toensure it is markedended to receive the information.** shift: *Page 2* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| Pass on Information: (Factual information important for current/future shifts.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

178

|  |  |  |
| --- | --- | --- |
| Date: | **Night** shift:*Page 3* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

179

|  |  |  |
| --- | --- | --- |
| Date: | **Night\_\_\_\_\_er \_\_\_\_\_\_\_** shift:*Page 4* | Day: Sun – Mon – Tue – Wed – Thu – Fri - Sat |

|  |
| --- |
| **Chronological Shift Events:** Entries should reflect movement of participants, program activities, unusual occurrences, intakes and dispositions. Staff: make, date and sign an entry that acknowledges the review of the last three shifts. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Shift Leader Summary: Each area requires a response. Policy/procedure may require additional documentation via an unusual event report, CCC report, abuse report or documentation in the participant file.** | | | | | | | | | | |
| **INDICATE THE NUMBER OF OCCURANCES DURING THE SHIFT FOR THE FOLLOWING: (respond to each procedure)** | | | | | | | | | | |
| Intakes \_\_\_ | Dispositions \_\_\_ | | | Runaways \_\_\_ | | | Positive response on NETMIS suicide screenings \_\_\_ | | | |
| Full suicide assessments completed \_\_\_ | | | Px on Supervision Level of: one on one\_\_\_ sight/sound\_\_\_ | | | | | | | completed log y / n |
| Px receiving *outside professional*: emergency mental health care \_\_\_ emergency medical care \_\_\_ | | | | | | | | | | |
| Unusual Events\_\_\_ | | CCC reports\_\_\_ | | | Abuse reports\_\_\_ | | | PSF reports\_\_\_ | Episodic drills \_\_\_ | |
| Items needing follow-up highlighted: YES \_\_\_ NO \_\_\_ | | | | | | Designated staff for medication: | | | | |
| Staff on shift reviewed the previous two shifts and documented the review in the chronological section: YES \_\_\_ NO \_\_\_ | | | | | | | | | | |
| **Shift Leader Comments:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Was shift leader assignment completed? YES \_\_\_ NO \_\_\_ | | | | | | | | | | |

|  |
| --- |
| **Shift Reminders: check security, note supply needs, complete three participant counts, note variation of staff schedules, note unusual events/ reports made and document review of the last two shifts.** |

Shift Leader Review of documentation: (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

180