



# Adding New Staff

Select the "Add New Staff" link. This will take you to the "Name and E-Mail" form.



## Step 1.

Fill out the Name and Email form required fields. Required fields are marked with an asterisk \*

**Add New Staff**

**NAME AND E-MAIL -- Step 1**

**\* Required**

First Name \*

Preferred First Name

Middle Name

Last Name \*

Name Suffix

Email

**PHOTO**

Photo taken  Signature

Photo  [Document Library](#)

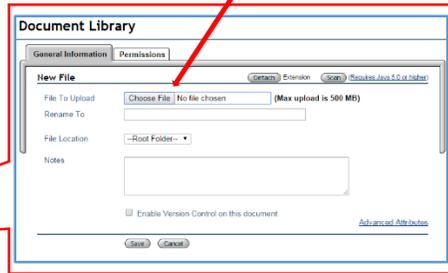
**CHANGE UNIT**

Change Unit

Provider Users Relationship

**\* Required**

Attach a photo by selecting the edit pencil and then choose a file from your computer. (This needs to have been previously downloaded)



Advance to the next step by clicking the "next" button

Step 1 of 5

## Step 2.

Enter a username and password for the staff member. Note: The password has to be at least "Good" as illustrated below in order to be saved. The staff member will be required to change this password when they first log-on to BlueStep

**Add New Staff**

**ONLINE PROFILE -- Step 2**

**\* Required**

Username \*

Password \*  [Password Strength](#) Good

Re-type Password \*

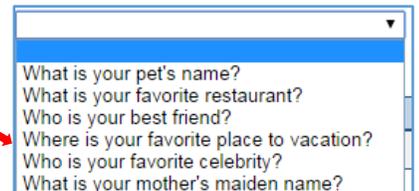
**IN CASE YOU FORGET...**

*If you ever forget your password we'll ask you this question. If you answer correctly, we'll remind you of your password.*

Question We'll Ask \*

Your Answer \*

Choose one of the options from the "Question We'll Ask" drop down list to satisfy the required field.



Step 2 of 5

## Step 3.

Fill out contact information. No required fields on this form so data entry is optional.

**Add New Staff**

**CONTACT INFORMATION -- Step 3**

**HOME INFORMATION**  
Please fill out information for your primary residence.

Address  
City  
State  
Zip code  
Phone  
Cell Phone  
Cell Phone Carrier  
Fax

**WORK INFORMATION**  
Please fill out information for your work.

Employment Status  
Employer/Organization  
Job Title/Occupation  
Address  
Work City  
State  
Zip Code  
Phone  
Fax  
2nd Resident Name  
Allow Contact  
Inquirer  
Mailing List

◀ Previous | Next ▶ | Save | Cancel

Step 3 of 5

Enter staff cell phone and carrier if you would like staff to get "text alerts"

## Step 4.

Fill out personal information. No required fields on this form so data entry is optional.

**Add New Staff**

**PERSONAL INFO -- Step 4**

Birth Date  
Social Security Number  
Marital Status  
Spouse Name  
Languages Spoken  
Personal Info Notes

English Italian Russian  
Spanish Japanese Hebrew  
French Chinese Greek  
German Portuguese Other

**EDUCATION**

Education Level  
GPA  
Education Notes

◀ Previous | Next ▶ | Save | Cancel

Step 4 of 5

## Step 5. Fill out Employment Info

### Add New Staff

**EMPLOYMENT INFO -- Step 5**

**\* Required**

**EMPLOYMENT**  
General employment information.

Employment Status:  Active Staff  Discharged Staff

Employment Type:

Position:

Date Hired:

Start Date:

Add to Staffing Schedule:  Yes

Job Description Form:  Signed

Fingerprint Clearance:  Completed  Submitted  Received

Background Check:  Completed  Submitted

Background check link: No file selected. [Document Library](#)

Employment Application: No file selected. [Document Library](#)

Job Description Link: No file selected. [Document Library](#)

Last Day Of Employment:

Rehire?  No  Yes

Would you rehire this employee?

Employment Notes:

Include reason for leaving/termination, if applicable.

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**SALARY**  
Fill out salary information only for non-contract employees.

Annual Salary:

Hourly Rate:

Salary Notes:

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**CONTRACT**  
Fill out contract information only for contracted employees.

Contract Start Date:

Contract End Date:

Actual End Date:

Amount of Contract:

Contract Link: No file selected. [Document Library](#)

Contract Notes:

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**NOTIFICATIONS**

**E-MAIL NOTIFICATIONS**  
Please read help (click ?) before using this section

Select E-mail Notifications ?  C2 Count Off  Incident Report  New Medication  Monthly Nursing Assessment  Quarterly Nursing Assessment  Change of Orders  Compliant  New Inquiry  Service Plan Due

**ALERT NOTIFICATIONS**  
Please read help (click ?) before using this section

Missed Medication Alert:  30 Minute Missed Medication  45 Minute Missed Medication  1 Hour Missed Medication  2 Hour Missed Medication  3 Hour Missed Medication  Missed Medication Alert Off

Select Alert Notifications ?  C2 Count Off  Change of Orders  Incident Report  Medication Refused Reminder  New Inquiry  PRN Effectiveness  Monthly Nursing Assessment  Q2 Check Reminder  Quarterly Nursing Assessment  Compliant  New Medication  Service Plan Due

**TEXT NOTIFICATIONS**  
Please read help (click ?) before using this section

Select Text Notifications ?  C2 Count Off  Change of Orders  Incident Report  Medication Refused Reminder  New Inquiry  New Medication  Quarterly Nursing Assessment  Service Plan Due

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**HQ SECURITY GROUPS**

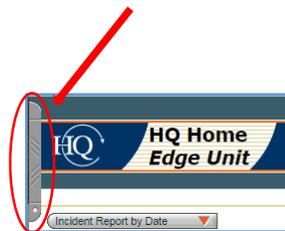
Security Access:  Simple  Detailed  Off

**SIMPLE SECURITY GROUPS**

Security Groups:  Staff  Administration  Maintenance  Basic Resident  Basic Medical  Edit Medical  Enter Prescriptions  Marketing  Family Connect  Charting Site

**\* Required**

Alert Notification Bar Located on the Top right hand corner of the screen



Email and Text Notifications are sent to the staff member Email or Cell Phone carrier.

Alert Notifications are displayed on screen while staff is logged onto BlueStep. See Alert Notification illustration above.

Select Security Group (Staff is required) Security group permissions can be viewed as Simple or Detailed by selecting the radial buttons.

When finished click the "Save" button

A New Staff record has now been created. To enter additional information, select the staff record and click any link located on staff navigation menu.

Smith, Mary

**Information**

- ▶ Summary
  - Name and E-mail
  - Online Profile
  - Contact Information
  - Timecard & Schedule
  - Employment Info
  - Personal Info
  - Certifications/Inservice
  - Health History
  - Performance/Goal Review
  - Medication Delegation
  - Credentials
  - Users Alerts

**Work with this Record**

- Document Library
- Relationships
- Schedule
- Change Record Category
- Change Unit
- Remove User Account
- Delete Record

Example 1

Example 2

## Example 1

**Certifications/Inservice**

*Certifications include licensing, physicals, training, etc.*

Certification/License/Permit   
*Include Inservice Training*

Certification or Training Type   
Document Link  *No file selected.*

Instructor

Certification verified  Supervisor or supervising RN signature  
*When applicable*

Outline or Focus of Training

Details

Supervisor/RN Notes

Date Issued

Date Requested

Date Expires

## Example 2

Health History

Date

**MEDICAL INFORMATION**

Personal Physician

Phone

Emergency Contact

Relationship

Phone

Address

Allergies

Medications  
 Food  
 Certain fabrics or clothing  
 Latex/Vinyl

Soaps  
 Personal care products  
 Chemicals/Household products  
 Pollen/Dust

Describe allergies

IMMUNIZATION STATUS

*Select diseases and date of last immunization.*

Yearly Flu Shot?  No  Yes

Refused flu shot?  No  Yes

If refused, why?

Hepatitis A?  No  Yes

Last immunization

Hepatitis B?  No  Yes

Last immunization

Tetanus/Diphtheria?  No  Yes

Immunization date

TB?  No  Yes

Last immunization

Have you ever had a positive skin reaction to TB?  No  Yes

If yes, who administered TB test?

If yes, who read results?

If yes, date of last chest x-ray

If yes, do you receive preventative medication?  No  Yes

TB results documentation No file selected. [Document Library](#)

Comments