

**BEACON SPECIALIZED LIVING**

**SERVICES, INC.**

**Certificate of Completion**

*is hereby granted to:*

Jessica N. Belcher

*to certify that they have completed to satisfaction in*  
“DMA, Medical, Blood Borne Pathogens Training”

*Type of Training*

*Completion Date:* 2/4/20

Tracee Vrengard RN

*Trainer Signature*

DMA TRAINING PROCESS

1. SHADOW SHIFT MED ROOM TOUR WITH MANAGER OR ASSISTANT MANAGER

- EXPLAIN INTERNAL/EXTERNAL/CONTROL/PRN STOCK/MEDS
- FIRST AIDE/BIOHAZARD SUPPLIES
- DEAD DRUG BOX/DESTROYER JUG
- SHOW HOW TO GET INTO EPOCRATES

2. DMA TRAINING CLASS WITH REGIONAL NURSE CLASS ROOM TRAINING WITH HOME MANAGER OR ASSISTANT MANAGER

- NAVIGATE QUICKMAR AND LOGIN
- TEST GUY RESIDENT MED PASSES
- MEDICATION REFUSALS AND DOCUMENTATION PROCESS
- EXCEPTIONS AND WHEN TO USE THEM
- EXPLAIN PRN PROCESS DOCUMENTATION AND FOLLOW UP
- WORK ON DMA MEDICATION LISTS
- PASSING AND COUNTING CONTROLS
- SHOW INSULIN TRAY PROCESS

4. 5 SEPARATE DAYS OF MEDICATION PASSES WITH A DMA MENTOR

5. FINAL EVALUATION WITH HOME MANAGER OR ASSISTANT MANAGER

Staff Signature \_\_\_\_\_ Date 2/4/23  
Home Manager Signature \_\_\_\_\_ Date 2/4/23  
Nurse Signature \_\_\_\_\_ Date 2/4/23

# Hands on Medical Training for all new DCS

Vital Signs: Pulse, respirations, blood pressure, temperature, pulse oximeter, weight-Licensing requirements

Hand washing

Proper gloving

Universal precautions

Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

Fall prevention: walker use, no throw rugs, hand rails, well lit hallways

Eating disorders: dysphasia and choking, positioning, special feeding equipment

Special Diets: pureed, thick, mechanical soft

Hands on DMA Introductory

Blood pressure and pulse

Glucose testing and procedure

Hypoglycemic/Hyperglycemic protocols

Insulin: Expiration, pens, syringes, administration, storage

Liquid medications

Bubble packs

Reading labels

EMAR and paper MAR

Controlled substance sheets

Advanced directives, DNR status, Hospice

Staff Signature

*[Handwritten Signature]*

Date

2/4/20

Nurse Signature

*[Handwritten Signature]*

Date

2/4/20