

**BEACON**  
Specialized Living

**Certificate of Completion**  
IS HEREBY GRANTED TO

\_\_\_\_\_  
Amanda Miller

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

\_\_\_\_\_  
Blood Borne Pathogens/Medical/ DMA Training

TYPE OF TRAINING

\_\_\_\_\_  
9/23/19

COMPLETION DATE

\_\_\_\_\_  
*Marci Vallenore Ed*

TRAINER SIGNATURE

# Bloodborne Pathogens Training Video—Posttest

Administer this test after showing the *Bloodborne Pathogens Training Video* to new employees and during annual bloodborne pathogens training sessions.

Name: Amanda Miller

Department: \_\_\_\_\_ Date: 9-23-19

1. (T)  (F)  A needlestick is the only way to become infected with bloodborne pathogens in a medical facility.
2. (T)  (F)  Four conditions necessary for bloodborne pathogen infection transmission are
  - a. sufficient amount of infectious material
  - b. sufficient virulence of disease
  - c. absence of universal precautions
  - d. lowered resistance levels of workers
3. (T)  (F)  Hepatitis B virus cannot survive in dried blood on environmental surfaces.
4. (T)  (F)  Employers must offer the hepatitis B vaccine to employees who are occupationally exposed to blood.
5. (T)  (F)  Hepatitis C is a bloodborne pathogen, and there is an effective vaccine that prevents infection.
6. (T)  (F)  Your facility's exposure control plan lists the job positions that are at risk to bloodborne pathogen exposure.
7. (T)  (F)  Under universal precautions, employees need to assume that the blood and certain body fluids of only very sick patients are infectious.
8. (T)  (F)  Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.
9. (T)  (F)  Engineering controls isolate or remove hazards from the workplace; work practice controls reduce the likelihood of exposures by changing the way a task is performed.
10. (T)  (F)  Selecting safety needles and establishing handwashing procedures are both examples of engineering controls.
11. (T)  (F)  Employees must wash their hands with soap and running water immediately after using alcohol-based gel products or antiseptic towelettes to clean their hands after possible bloodborne contaminations.
12. (T)  (F)  You may eat and drink in areas where bloodborne pathogens exist if you are careful.
13. (T)  (F)  Examination gloves and sterile gloves may not be reused.
14. (T)  (F)  Employees must not wear bloodborne pathogen-contaminated protective clothing such as scrubs outside the workplace area, nor should they take them home for laundering.
15. (T)  (F)  After activating the safety feature on a disposable sharp, it is acceptable to dispose of it in a regular trash bag.
16. (T)  (F)  A written cleaning schedule for environmental surfaces is necessary only until all staff undergo training.
17. (T)  (F)  Always use a mechanical means, such as tongs, forceps, or a brush and dustpan to pick up broken glassware contaminated with blood.
18. (T)  (F)  After exposures from a needlestick, immediately wash the injury site with soap and water.
19. (T)  (F)  Immediate intervention after a bloodborne pathogen exposure can prevent the development of hepatitis B.
20. (T)  (F)  Promptly reporting an exposure incident is important so that arrangements can be made to quickly test the source patient's blood for HIV, hepatitis B, and hepatitis C.

# Bloodborne Pathogens Training Video— Pretest

Administer this test prior to showing the *Bloodborne Pathogens Training Video* to new employees and during annual bloodborne pathogens training sessions.

Name: Amanda Miller

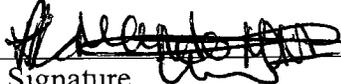
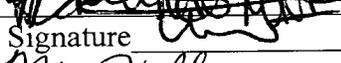
Department: \_\_\_\_\_

Date: 9-23-19

1. (T)  Routine duties in a medical facility will not expose you to bloodborne pathogens.
2. (T)  A single drop of infectious blood is too small an amount to be an exposure hazard.
3. (T)  Hepatitis B and C and HIV are bloodborne pathogens.
4. (T)  Universal precautions can be an effective approach to preventing exposure to bloodborne pathogens.
5. (T)  If you wash your hands before putting on gloves, you don't have to wash your hands after taking the gloves off.
6. (T)  Employers can charge employees for personal protective equipment.
7. (T)  Contaminated environmental surfaces can transmit bloodborne pathogens.
8. (T)  Contaminated medical equipment must be labeled so employees can take appropriate precautions to prevent exposure.
9. (T)  If you have an incident involving an exposure, report it at the end of your shift or workday.
10. (T)  The employee is entitled to free medical evaluation and treatment if he or she has been exposed to a bloodborne pathogen.

## 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
3. 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 9-23-19  
Home Manager Signature  Date 9-23-19  
Nurse Signature  Date 9/23/19

# DMA CLASSROOM TRAINING TEST

NAME: Amanda Miller DATE: 9-23-19 SCORE: 105 1/2

1. Where should medication keys be kept?

ON the DMA that's on shift

2. T  F  PRN is an abbreviation for as needed or whenever necessary.
3. T  F  NPO is an abbreviation for by mouth
4. T  F  Prescription medication, including dietary supplements, or individual special medical procedures do not need to have a physician or dentist order.
5. T  F  Prescription medications are to be kept in the original pharmacy container which is labeled for a specific resident, and locked and refrigerated if required.
6. T  F  You should preset each resident's medication in order to save time.
7. If a resident can't swallow their medications and needs to be crushed, we need:
- a pill crusher
  - the resident to chew the pill
  - a physician's order
8. The medication administration record (MAR) contains the following information:
- the medication, the side effects, and time to be administered.
  - the medication, the dosage, the side effects
  - the medication, the dosage, label instructions for use, and time to be administered
  - the medication, dosage
9. The following information about each medication must be obtained before it is given:
- purpose of medication and therapeutic effect
  - unwanted side effects
  - any known drug interactions with drugs the resident is currently is taking
  - a and c
  - All of the above

# DMA CLASSROOM TRAINING TEST

10. T  F  When medication is removed from the pharmacy-labeled container, it must be administered to the resident immediately by the person removing the medication from the container.
11. T  F  The initials of the person who administers the medication, must be entered at the time the medication is given.

12. List the 6 rights of Medication Administration:

right medicine	right method
right dosage	right resident
right time + Date	right documentation

13. T  F  If the MAR is missing the initials of the staff who administered a medication and you cannot verify the medication was given, the resident's physician must be notified. This is a med error.
14. T  F  If the resident refuses to take their medication, you should record the refusal on EMAR and complete the Event report?
15. T  F  When a resident is going on a LOA (Leave of Absence), you should remove the meds from the bubble pack and place in another container and label the new container for the resident to take with him or her.
16. T  F  If a PRN medication is prescribed, you need to know what it is prescribed for, and the PRN medication can only be given for the reason it is prescribed.
17. T  F  When giving a PRN medication, record the reason for giving the PRN medication, follow-up with effectiveness one hour later, write a note that describes in detail what was observed.
18. T  F  Medication errors must be reported to the nurse and to the home manager. An event report must be completed.
19. T  F  It is important for the DMA to be familiar with the medications that is being administered to the residents. The DMA should also be familiar with common side effects.
20. T  F  It is not important for the DMA to be able to educate the resident about his or her medications.

# DMA CLASSROOM TRAINING TEST

21. T  F  It is important to avoid distractions when preparing and or passing medications?
22. Prior to administering medications to a resident you should:
- ask the resident to tell you his or her name
  - identify the resident with his or her photo on EMAR
  - hand them a glass of water
  - All of the above
23. What is the medication administration time frame?
- half hour before and half hour after the correct administration time.
  - one hour before and one hour after the correct administration time
  - whenever the resident decides to take his or her medication
24. T  F  Good hand-washing technique is not important when you are passing medications.
25. T  F  When assisting a resident to apply a topical medication, it is alright to use your fingers to remove the medication form the jar.
26. T  F  Liquid medication is poured at eye level.
27. T  F  The resident has the right to refuse medication, but also has the right to know the consequences of refusing the medications.
28. T  F  Controlled substances must be counted by the on-coming shift (DMA) and the-going shift (DMA).
29. T  F  It is alright to store internal and external medications together.
30. T  F  When a blood sugar on a diabetic client is below 70, you should call the medical staff or on call personnel, and treat them with the hypoglycemic protocol and retest their blood sugar in 20 minutes?

Amanda  
Miller

INITIAL MEDICAL TRAINING TEST

1. T  F\_\_\_ It is important to report and record any change in physical condition or behavior of a resident.
2. If a person has a seizure, you should:
  - a) keep the person safe and free from injury by laying them down with something soft
  - b) time the seizure and provide first aide necessary once the seizure is over.
  - c) loosen restrictive clothing
  - d)  all of the above
3. T\_\_\_ F  The circulatory system is made up of the blood, heart, and the brain.
4. The primary purpose of the respiratory system is to:
  - a) supply oxygen to the tissue cells and eliminate carbon dioxide wastes from the cells
  - b) bring food and nutrients to the tissue cells
  - c)  both a and b
  - d) none of the above
5. T  F\_\_\_ people with dysphagia have difficulty swallowing and may experience pain while swallowing
6. T  F\_\_\_ food pieces that are too large for swallowing may enter the throat and block the passage of air causing a person with dysphagia to not be able to swallow safely.
7. T  F\_\_\_ If a resident is choking you should call 911?
8. T\_\_\_ F  You can modify a diet without a physicians order or a behavior plan.
9. T  F\_\_\_ food or liquid that stays in the airway may enter the lungs and allow harmful bacteria to grow, resulting in a lung infection called aspiration pneumonia
10. T\_\_\_ F  dysphagia is not serious. An individual with dysphagia will still be able to take in enough of the right foods to stay healthy.
11. T  F\_\_\_ a regular diet is not subject to dietary restrictions
12. T  F\_\_\_ a mechanical soft diet is used for individuals who have difficulty chewing regular textured foods
13. T  F\_\_\_ foods that are difficult for the individual to chew are chopped, ground, shredded and/or soft cooked to facilitate chewing and ease of swallowing this is called a mechanical soft diet?

14. The musculoskeletal system is comprised of:
- sclera, retina, and cornea
  - ~~b) bones, ligaments, joints, and muscles, and tendons~~
  - both a and b
  - none of the above
15. The endocrine regulates the function of the
- ~~a) central nervous system~~
  - then entire body
  - the respiratory system
  - none of the above
16. T ~~X~~ F \_\_\_ Diabetes comes in two forms Type I and Type II
17. One of the most common diseases of the endocrine system is:
- ~~a) diabetes~~
  - phlebitis
  - endocarditis
  - myocarditis
18. T ~~X~~ F \_\_\_ it is important to wear gloves when coming in contact with blood or body fluids.
19. T ~~X~~ F \_\_\_ after removing disposable gloves it is important to wash your hands.
20. What are the parameters for vitals signs?
- Temp: 96-99
  - Pulse: 50-100
  - Respirations: 15-20
  - Blood pressure 90/50-100/90
21. T ~~X~~ F \_\_\_ Behavioral changes can be due to a medical issue?
22. T \_\_\_ F ~~X~~ \_\_\_ If a seizure lasts 3 minutes long and the resident does not have a history of seizures there is no need to follow up with a physician at this time.
23. T ~~X~~ F \_\_\_ It is a residents right to refuse medical treatment but if you as a staff feel that it is a medical emergency you should call 911 and let the resident refuse to the paramedics.

## 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, thickit, 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

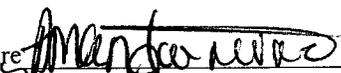
Bubble packs

Reading labels

EMAR and paper MAR

Controlled substance sheets

Advanced directives, DNR status, Hospice

Staff Signature  Date 9-23-19

Nurse Signature  Date 9/23/19