



**Certificate of Completion**  
IS HEREBY GRANTED TO

Alyssa Gale  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training  
TYPE OF TRAINING

4-16-2020  
COMPLETION DATE

Victoria Brewer  
TRAINER SIGNATURE



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

Aussa hok  
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical training  
TYPE OF TRAINING

4.16.2020  
COMPLETION DATE

Jordan Billo, RN  
TRAINER SIGNATURE

# 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, handrails, well-lit hallways

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

Special Diets: pureed, thick-it, mechanical soft

Staff Signature *Ayssa Ash* Date 4-16-20

Nurse Signature *Jordan Bills, RN* Date 4.16.2020