

Owakihi, Inc.  
**Training Summary Form**

I. Employee: JAMES MORRIS Topic: OMBUDSMAN WINTER ALERTS 220 Credit Hours: 1.5

II. Description of Training Content

Review and instruction on the Ombudsman Winter Alerts and Medical Alerts. Topics include the following:

- Winter Letter
- Winter Alert
- Hypothermia Alert
- Frostbite Alert
- Windchill Chart

III. Training Procedures

Training Format

Self Study  
 Team Meeting

Instructional Methods

Written: See above  
 Oral Presentation and Dialogue

Demonstrated Competency

Knowledge Testing (Quiz)  
Other: \_\_\_\_\_

IV. Date(s):

1/10/20

Trainer/Position: See Above

Time(s):

(M/D/Y)

8-8:30am

Approval Signature: \_\_\_\_\_

Heister

Location(s):

(AM or PM)

Employee Signature: \_\_\_\_\_

James Morris

**Ombudsman WINTER ALERT 220 Quiz**

DATE OF QUIZ: \_\_\_\_\_

EMPLOYEE NAME: JAMES MONTAGNE

Directions: Upon completion, return the quiz and Training Summary Form to your supervisor.

Complete the statements below by filling in the blanks

1. After reading the "Winter Alert", identify three precautions that you will use this winter to help the persons you serve from getting communicable diseases:

- a. wash hand
- b. gloves
- c. flu shot

2. Basic tips for winter travel include the following:

- a. Know what the weather forecast is
- b. Keep a winter survival kit in your vehicle
- c. Winterize your vehicle.
- d. Always wear your seat belt.
- e. All of the above

3. Warning signs and symptoms of mild hypothermia include:

- a. Shivering
- b. confusion
- c. cold body

4. True or False Second and third degree frostbite need to be reported to the Office of the Ombudsman for Mental Health and Developmental Disabilities as a serious injury.

5. According to Medical Alert on Choking: When a person chokes, be prepared to perform the \_\_\_\_\_

6. Identify at least 3 first aid recommendations in the event of a seizure, as cited in the Seizure Alert:

- a. Soft
- b. Time Seizure
- c. Turn the Person On the Side

7. Identify 2 sources of information that staff can access to protect the health and safety of persons served:

- a. Don
- b. DC

**KNOWLEDGE TESTING BY QUIZ REVIEWER**

> Note the question(s) answered incorrectly, and the action taken to assure that the employee understands the correct response(s)

> The employee identified above has demonstrated competency in completion of the quiz questions.

(If not, refer employee to Supervisor.)

Signature of Quiz Reviewer \_\_\_\_\_

Date \_\_\_\_\_

2/20/20