BEACON Specialized Living

Training Summary Form

I. **Employee:** Kong Vang Topic: **OMBUDSMAN WINTER ALERTS 220** Credit Hours: _____

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
- Seizure Alert

III. **Training Procedures**

Training Format	Instructional Methods	Demonstrated Competency
_____ Self Study	___X___ Written: See above	___X___ Knowledge Testing (Quiz)
_____ Team Meeting	_____ Oral Presentation and Dialogue	_____ Other: _____

IV. **Date(s):** 1-14-2020 (M/D/Y) Trainer/Position: See Above

Time(s): _____ (AM or PM) Approval Signature: _____

Location(s): Holbrick Employee Signature: _____

Ombudsman WINTER ALERT 220 Quiz

EMPLOYEE NAME: Kong Vang **DATE OF QUIZ:** 1/14/2020

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. Get a Flu Shot
   b. Don't Share Drinking Glasses & Cups
   c. Encourage Careful and frequent hand washing.

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. Drowsiness
   b. Weakness and loss of coordination.
   c. Slow ~~Brea~~ Breathing OR heart rate

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 Heimlich ~~Manou~~ Maneuver.

6. Identify at least 3 first aid recommendations in the event of a **seizure,** as cited in the Seizure Alert:
   a. Lower Client to the Ground.
   b. Move objects that may cause Injury away from Client.
   c. Protect Client's head from injury By putting Something flat and soft under Clients head.

7. Identify 2 **sources of information** that staff can access to protect the health and safety of persons served:
   a. 911 b. Nurse/Supervisory Staff.

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.)***

_____ 1-14-20

Signature of Quiz Reviewer **Date**