



Owakihi, Inc.
Training Summary Form

I. **Employee:** Danielle Anderson

Topic: OMBUDSMAN ALERT SUMMER 215

Credit Hours: .50

II. **Description of Training Content Review and Instruction on the 2014 Ombudsman Summer Alerts.** Topics include the following:
Cover Letter 2018 with MedWatch Safety Alerts; Summer Alert; Heat Stroke Alert; Water Safety Alert; Insect Sting Alert; Metabolic Syndrome Update; and Suicide Prevention Resource List.

III. **Training Procedures**

Training Format

- Self Study
- Individualized Training
- Supervisory Meeting
- Owakihi Inservice
- Other: _____

Instructional Methods

- Written: See above
- Video Tape: _____
- Oral Presentation and Dialogue
- Other: _____

Competency Evaluations

- Knowledge Testing (Quiz)
- Observed Skill Assessment
- Other: _____

IV. **Training Dates and Times**

Date(s): 7/8/2020
(M/D/Y)
Time(s): 6:40A - 7:00A
(AM or PM)
Location(s): Owakihi

Trainer/Position: see above

Approval Signature: _____

Employee Signature: Danielle Anderson

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

**Training Module 215 Quiz
Ombudsman Summer Alert 2014**

Employee Name: Danielle Anderson

Date of Quiz: 7/8/2020

Directions: Upon completion, please return the quiz and attached Training Summary Form to your supervisor for review and signature.

Complete the statements below by filling in the blanks

1. Identify one medication with potential side effects described in the Summer Alert cover letter: Lamictal
2. Identify 3 factors that may cause added risk of heat stroke for persons with mental health and/or chemical dependency issues and developmental disabilities.
 - a. Facility that has no air condition and or poor circulations
 - b. Common medications inhibit perspiration or increased fluid losses
 - c. incapability to make decisions that reduced the risk of heat stroke
3. List 3 precautions that you will use this summer with service recipients to reduce the risk of heat stroke:
 - a. Keep environment cool as possible
 - b. review restricted fluid intake; provide extra fluids
 - c. encourage non caffeinated drinks / fluids
4. Basic water safety tips include the following:
 - a. Check water and weather conditions upon arrival and during the swimming outing.
 - b. Never swim alone.
 - c. Swim in areas supervised by lifeguards.
 - d. When overheated, swimming is a good way to cool off.
 - e. All of the above
5. Describe 2 precautions that help to prevent insect stings:
 - a. wear shoes when walking through low lying floors
 - b. Do not wear light colored clothing
6. Metabolic Syndrome is the term used for a group of risk factors that occur together and increase the risk for coronary artery disease, stroke, and type 2 diabetes.
7. True OR False - All of the risks for metabolic syndrome are related to obesity.
8. True OR False - Several of the suicide prevention contacts listed on the Suicide Prevention Resource List provide educational materials and toolkits in addition to operating helplines.
9. Identify 2 sources of information available to staff for protecting the health and safety of people they support:
 - a. Mental Health (Resources)
 - b. Beacon / ouakehi

THIS SECTION TO BE COMPLETED BY QUIZ REVIEWER

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

[Signature]
Signature of Quiz Reviewer

7/8/20
Date

Owakahi, Inc.
Training Summary Form

SCANNED
7/8/20

I. **Employee:** Selma Hussien **Topic:** OMBUDSMAN WINTER ALERTS 220 **Credit Hours:** 1.50
Done on clock

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):** 7/8/20

(M/D/Y)

Time(s): _____

(AM or PM)

Location(s): Kape

Trainer/Position: See Above

Approval Signature: _____

Employee Signature: _____

Ombudsman WINTER ALERT 220 Quiz

EMPLOYEE NAME: Selma Hussien

DATE OF QUIZ: 7/8/2020

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 flu shot
 - b. Don't share cups
 - c. encourage frequent handwashing
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. Pale + Cold skin
 - b. Confusion
 - c. Drowsiness
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 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. Track time of seizure
 - c. turn the client on their side
7. Identify 2 **sources of information** that staff can access to protect the health and safety of persons served:
 - a. Training binder
 - b. first aid info

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

SCANNED
7/8/20

Owakhi, Inc.
Training Summary Form

I. **Employee:** Splm Hubster **Topic:** OMBUDSMAN ALERT SUMMER 215 **Credit Hours:** 50

II. **Description of Training Content Review and Instruction on the 2014 Ombudsman Summer Alerts.** Topics include the following:
Cover Letter 2018 with MedWatch Safety Alerts; Summer Alert; Heat Stroke Alert; Water Safety Alert; Insect Sting Alert; Metabolic Syndrome Update; and Suicide Prevention Resource List.

III. **Training Procedures**

<u> </u> X Self Study	<u> </u> X Written: See above	<u> </u> X Knowledge Testing (Quiz)
<u> </u> Individualized Training	<u> </u> Video Tape:	<u> </u> Observed Skill Assessment
<u> </u> Supervisory Meeting	<u> </u> Oral Presentation and Dialogue	<u> </u> Other:
<u> </u> Owakhi Inservice	<u> </u> Other:	<u> </u> Other:
<u> </u> Other:		

IV. **Training Dates and Times**

Date(s): 7/8/20 **Trainer/Position:** see above
Time(s): (M/DM) **Approval Signature:** [Signature]
Location(s): (AM or PM) Kape **Employee Signature:** [Signature]

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Training Module 215 Quiz
Ombudsman Summer Alert 2014

Employee Name: Solman H

Date of Quiz: 7/8/20

Directions: Upon completion, please return the quiz and attached Training Summary Form to your supervisor for review and signature.

Complete the statements below by filling in the blanks

1. Identify one medication with potential side effects described in the Summer Alert cover letter: Lamictal
2. Identify 3 factors that may cause added risk of heat stroke for persons with mental health and/or chemical dependency issues and developmental disabilities.
 - a. living in a facility no A/C
 - b. medication may inhibit fluid loss
 - c. Incapacity to make decision ~~also~~ reduce the risk
3. List 3 precautions that you will use this summer with service recipients to reduce the risk of heat stroke:
 - a. keep environment cool
 - b. encourage - continued liquid intake
 - c. know which meds put client at risk
4. Basic water safety tips include the following:
 - a. Check water and weather conditions upon arrival and during the swimming outing.
 - b. Never swim alone.
 - c. Swim in areas supervised by lifeguards.
 - d. When overheated, swimming is a good way to cool off.
 - e. All of the above
5. Describe 2 precautions that help to prevent insect stings:
 - a. wear shoes when working through law grass
 - b. keep garbage + recycling cans covered
6. metabolic syndrome is the term used for a group of risk factors that occur together and increase the risk for coronary artery disease, stroke, and type 2 diabetes.
7. **True OR False** - All of the risks for metabolic syndrome are related to obesity.
8. **True OR False** - Several of the suicide prevention contacts listed on the Suicide Prevention Resource List provide educational materials and toolkits in addition to operating helplines.
9. Identify 2 sources of information available to staff for protecting the health and safety of people they support:
 - a. Training Binder
 - b. First aid @ NFB

THIS SECTION TO BE COMPLETED BY QUIZ REVIEWER

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

[Signature]
Signature of Quiz Reviewer

7/8/20
Date

Owakihi, Inc.
Training Summary Form

SCANNED
7/8/20

I. Employee: Selma Hirsborn

Topic: INCIDENT & EMERGENCY PROCEDURES 111

Credit Hours: 1

Done on clock

II. Description of Training Content

Review and instruction on protecting the health and safety of persons served including how to take appropriate action with incidents, emergencies, and other health and safety situations. Explanation of policies, procedures, and safety practices to prevent, respond to, document, report and review incident and emergency situations. Description of Owakihi, Inc.'s Continuity of Care Plan for emergency preparedness and management of disasters for people receiving services and employees. Identification of methods and resources staff can use to promote safe computer practices with service recipients. Additional training for employees working in residential sites: Review of security and alarm systems as applicable to the residential locations (i.e. Apollo, Sengistix, smoke alarm systems).

III. Training Procedures

Training Format

Self Study _____
Individualized Training _____
Supervisory Meeting _____
Team Meeting _____
Owakihi In service _____
Other: _____

Instructional Methods

Written: Packet X
Video Tape: _____
Oral Presentation and Dialogue _____
Guided Observation _____
Guided Practice _____
Other: _____

Demonstrated Competency

Knowledge Testing (Quiz) X
Observed Skill Assessment _____
Other: _____

IV. Date(s): 7/8/20
(M/D/Y)

Time(s): _____
(AM or PM)

Trainer/Position: _____

Trainer Signature: _____

I understand the information I received and my responsibilities for implementation with this company and persons served.

Employee Signature: _____

Training Module 111 Quiz
Incident and Emergency Procedures

Employee Name: Selma Hussien Date of Quiz: 7/8/20

Directions: Upon completion, return the quiz and attached Training Summary Form to your trainer for review and signature.

Complete the statements below by filling in the blanks

- Incidents and emergency situations are defined in MN Statutes 2115 and described in 3 key Owakihi policies:
 - incident response + reporting policy
 - emergency response + reporting policy
 - incident + emergency review policy
- The difference between an "incident" and an "emergency" is that incident means an occurrence that affects the ordinary provision of services to a person, while emergency means events that affect the ordinary daily operations of the program.
- The incident policy identifies "serious injuries" which meet the definition in the above statute. Provide 3 examples of serious injury:
 - Chest Pain
 - Head injury
 - Bleeding
- For persons experiencing a mental health crisis: identify 2 potential resources for safety:
 - call 911
 - 911 MH crisis
- Following completion of an incident or emergency report, the 24 needs to conduct an internal review to identify trends or patterns and corrective action, if needed..

Circle the correct answer(s) below

- Serious injury or death must be reported as soon as possible to the Department of Human Services Licensing Division (for licensed services) and the Office of the Ombudsman (all services). When making this report, there is a time period that should not be exceeded. That time period is which of the following:
 - 48 hours
 - determined by the staff person and supervisor
 - 24 hours
 - prior to 5:00 p.m. on week days
 - none of the above
- What is the first step to take after confirming that a service recipient is missing:
 - Call the person's family
 - Search the immediate area
 - Start writing the Incident Report
 - Call 911

Respond to the following statements using True or False

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- 8. T If you forget a specific procedure during an emergency, you should do what is necessary to protect the service recipient and then contact your supervisor.
- 9. T Ensuring the safety and well-being of persons served and staff is the top priority as services are delivered.
- 10. F Incident and emergency reporting only applies to children.
- 11. T Incidents and emergencies need to be reported within 24 hours of you becoming aware of the incident.
- 12. T If you suspect that a child (who receives services from Owakihi, Inc.) has run away from his caregiver because the child was physically abused, your responsibilities are directed by the Maltreatment of Minors Mandated Reporting and Internal Review Policy.
- 13. F When an incident involves more than one service recipient, you do not need permission to share identifying information with both support teams because safety concerns override privacy issues.
- 14. F If you take a service recipient to the hospital for a medical emergency, you do not need to complete an Incident Report if the health services professional determines the person was not injured.
- 15. F Situations that involve one service recipient's verbal or physical aggression towards another service recipient do not need to be documented as long as there is no injury.

16. Based on the information received, what questions do you have regarding this topic?

NA

17. Who can you speak with regarding implementation of your job functions?

DC

KNOWLEDGE TESTING BY THE TRAINER

➤ 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 Trainer

7/8/20

Date

Data Privacy and Confidentiality Policy

Beacon Specialized Living considers the security and confidentiality of protected health information (PHI) a matter of high priority. Any and all members of this organization having access to consumer/resident files and information will be held solely responsible for safeguarding and maintaining strict confidentiality. In order to be granted access to PHI, you must agree unconditionally to the following standards:

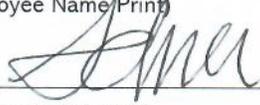
1. To respect the privacy and rules governing the use of accessible information though the computer system and/or network and to only utilize that information necessary in the performance of duties.
2. To respect the ownership of proprietary software by not making unauthorized copies for personal use.
3. To respect the capability of the computer system and be cognizant of its limitations, including any that may interfere with the activity of other users.
4. To respect the procedures established by this organization to govern system use.
5. To advocate security measures in preventing the unauthorized use of information stored physically or electronically by this organization.
6. To not seek personal benefit or permit others to personally benefit from work-related access of confidential information or the use of equipment available in the performance of duties.
7. To resist operating unlicensed software.
8. To maintain the integrity of the information provided by this organization for the fulfillment of duties and to only disclose that which is necessary to complete an assignment or according to organization policy.
9. To protect record content and not include, or cause to be included false, inaccurate, or misleading information.
10. To not remove PHI from where it is housed except in the performance of duties.
11. To not release personally assigned authentication codes or devices to anyone, or allow another access to this information under false pretenses.
12. To not utilize the personal authentication codes or devices of others employed by this organization.
13. To report any violation of this agreement.
14. To handle, maintain, and dispose of patient/member PHI according to the policies established by this organization.

15. To not divulge information that identifies PHI

I fully understand that the information I may have access to in the performance of my duties contains sensitive and confidential patient-specific details of treatment, payment and the health care operations of this health care provider. In signing this agreement, I acknowledge the responsibility placed on me as an employee of this organization to comply with HIPAA and the MN Data Privacy Act and understand that my access to tangible and automated PHI is subject to the scrutiny of this organization.

Selma Hussien
(Employee Name/Print)

7/8/2020
(Date)


(Employee signature)

7/8/2020
(Date)