Beacon Specialized Living

Training Summary Form

I. **Employee:** _____ Topic: Covid-19 Emergency Preparedness Plan Credit Hours: 1 hour

II. **Description of Training Content:**

New Hire Orientation: This five hour course discusses the following topics; Beacon Mission and Values, Employee Handbook, Beacon Policies and Procedures, Vulnerable Adult Act, Maltreatment of Minors, Beacon VAA & MOMA Reporting Procedures, Incident Reporting, Staff Responsibilites to Individual Rights, HIPAA, Individual Rights, Universal Precautions, and Introduction to Person Centered Services.

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
X	Self Study		Written: _____		Knowledge Testing (Quiz)
	Individualized Training	X	Oral Presentation and Dialogue		Observed Skill Assessment
	Team Meeting		Guided Observation	X	Other: Fill in the blank guide
X	Beacon Inservice		Guided Practice		
	Other: _____		Other: _____		

IV. **Date(s):** _____ (M/D/Y) Trainer/Position: Designated Supervisor

Time(s): 2pm - 4pm (AM or PM) Trainer Signature: [illegible]

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

Employee 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.

BEACON

COVID-19 Preparedness Plan Fill in the blank

Demonstration of competency

Name: _____

Date: _____

1. Beacon Specialized Living created this plan with the intent of minimizing the spread and _____ of illness. As a company we have created consistent _____ through the use of this plan.
2. Information about Covid-19 can change frequently. This plan was created under the guidance of the _____ and _____ Department of Health.
3. The best way to prevent the spread of illness is _____. If soap and water are not available, an alternative is the use of _____.
4. I am expected to wear a _____ while I am at a Beacon program.
5. I know that I will be cleaning well, and cleaning often. I will follow a _____ that identifies surfaces and areas that have been disinfected. I will ensure cleaning products remain in surface contact for at least _____ minutes to ensure organisms are killed.
6. Before entering a Beacon program or office, I am expected to _____ myself for symptoms, and to take my temperature. If my temperature is over _____ degrees, I will not enter.
7. If I have symptoms of Covid-19, I should contact _____ and follow instructions regarding care and testing.
8. Part of my job includes monitoring the people we support for _____ and _____ of Covid-19.
9. Visitors are allowed in a Beacon program of office as long as they are performing an _____.
10. Social Distancing includes remaining _____ in distance from others. It also includes avoiding _____ contact with others.
11. We might need to move furniture or chairs so people are facing the _____ instead of toward each other.
12. When cooking, _____ staff should be in the kitchen preparing the meal.
13. Sharing of food, plates, and _____ should be avoided.
14. Opening windows introduces fresh air. We should do this as often as possible remembering also that we should _____ be creating airflow which blows _____ people from one person to another.
15. When providing transportation, vehicles will be sanitized _____ and _____ each ride. I also should remember that I need to limit the number of people in a vehicle at one time.
16. This plan is _____ in a prominent location at all Beacon MN programs and offices.