

Beacon Specialized Living  
**Training Summary Form**



I **Employee:** Stephanie J. Williams 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 Responsibilities to Individual Rights, HIPAA, Individual Rights, Universal Precautions, and Introduction to Person Centered Services.

III **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
<input checked="" type="checkbox"/> Self Study	Written	Knowledge Testing (Quiz)
<input type="checkbox"/> Individualized Training	Oral Presentation and Dialogue	Observed Skill Assessment
<input type="checkbox"/> Team Meeting	Guided Observation	Other Fill in the blank guide
<input checked="" type="checkbox"/> Beacon Inservice	Guided Practice	
<input type="checkbox"/> Other	Other	

IV **Date(s):** 7/21/20 Trainer/Position: \_\_\_\_\_  
 (M/D/Y)  
**Time(s):** AM Trainer Signature: \_\_\_\_\_  
 (AM or PM)

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

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.

Demonstration competency

SCANNED 7/23/20

Name: Sevgin Topcu Date: 7/23/20

Beacon Specialized Living created this plan with the intent of minimizing the spread and transmission of illness. As a company we have created consistent 5 foot through the use of this plan

Information about Covid-19 can change frequently. This plan was created under the guidance of the CDC and NY Department of Health

The best way to prevent the spread of illness is hand hygiene. If soap and water are available, an alternative is the use of hand sanitizer.

I am expected to wear a mask while I am at a Beacon program.

I know that I will be cleaning well and cleaning often. I will follow a cleaning schedule that identifies surfaces and areas that have been affected. I will ensure cleaning products remain in surface contact for at least 10 minutes to ensure organisms are killed.

Before entering a Beacon program or office I am expected to check myself for symptoms, and to take my temperature if my temperature is over 100.4 degrees. I will not enter

If I have symptoms of Covid-19 I avoid contact with others and follow instructions regarding care and testing.

Part of my job includes monitoring the people we support for symptoms of Covid-19.

Visitors are allowed in a Beacon program if office as long as they are performing an essential task.

Social Distancing includes maintaining 6 feet distance from others. It also includes avoiding direct contact with others.

We might need to move furniture or chairs so people are facing the same direction of toward each other.

When cooking, staff should be the one when preparing the meal.

Sharing of food, plates, and utensils should be avoided.

Opening windows introduces fresh air. We should do this as often as possible without creating a draft. People should be avoided to another

When providing transportation vehicles will be sanitized at the end and at the beginning of each use.

also should remember that the number of people in a vehicle at one time is a factor in a program. Beacon program and offices.

This plan is intended in a program.