Beacon Specialized Living

Training Summary Form

I. **Employee:** LAURA WALLACE 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)

Time(s): ____ (AM or PM)

Trainer/Position: Mark Winters, Manager of Person-Centered Practices and Quality Assurance

Trainer Signature: ____

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

Employee Signature: Laura Wallace

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
Specialized Living

COVID-19 Preparedness Plan Fill in the blank

Demonstration of competency

Name: LAURA WALLACE

Date: 7-14-20

1. Beacon Specialized living created this plan with the intent of minimizing the spread and transmission of illness. As a company we have created consistent Standards through the use of this plan.
2. Information about Covid-19 can change frequently. This plan was created under the guidance of the CDC and MN Department of Health.
3. The best way to prevent the spread of illness is HAND WASHING. If soap and water are not available, an alternative is the use of hand Sanitizer.
4. I am expected to wear a face mask while I am at a Beacon program.
5. I know that I will be cleaning well, and cleaning often. I will follow a cleaning checklist that identifies surfaces and areas that have been disinfected. I will ensure cleaning products remain in surface contact for at least 5 minutes to ensure organisms are killed.
6. Before entering a Beacon program or office, I am expected to actively screen myself for symptoms, and to take my temperature. If my temperature is over 100.4 degrees, I will not enter.
7. If I have symptoms of Covid-19, I should contact my doctor and follow instructions regarding care and testing.
8. Part of my job includes monitoring the people we support for Signs and Symptoms of Covid-19.
9. Visitors are allowed in a Beacon program of office as long as they are performing an essential function.
10. Social Distancing includes remaining 6 feet in distance from others. It also includes avoiding prolonged contact with others.
11. We might need to move furniture or chairs so people are facing the same direction instead of toward each other.
12. When cooking, one staff should be in the kitchen preparing the meal.
13. Sharing of food, plates, and utensils should be avoided.
14. Opening windows introduces fresh air. We should do this as often as possible remembering also that we should not be creating airflow which blows across people from one person to another.
15. When providing transportation, vehicles will be sanitized before and after 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 posted in a prominent location at all Beacon MN programs and offices.