Beacon Specialized Living
Training Summary Form

I. **Employee:** Ayan Ismail   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**
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):** 7/15/20   **Trainer/Position:** Max Kruse DC
        (M/D/Y)

Time(s): 10-11 am   **Trainer Signature:** _(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.

Name: _Ayan Ismail_

Date: _7/15/20_

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 _standers_ 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 _wash hand_. 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. _check first_
5. I know that I will be cleaning well, and cleaning often. I will follow a _guide_ _line_ 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 _self 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 _Tel Doc_ and follow instructions regarding care and testing.
8. Part of my job includes monitoring the people we support for _Signs_ and _Symtoms_ of Covid-19.
9. Visitors are allowed in a Beacon program of office as long as they are performing an ~~business~~ _ess-ential ~~business~~ Fuction_
10. Social Distancing includes remaining _6 Feet_ in distance from others. It also includes avoiding _Close_ 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, _1_ staff should be in the kitchen preparing the meal.
13. Sharing of food, plates, and _Utenses_ should be avoided.
14. Opening windows introduces fresh air. We should do this as often as possible remembering also that we should ~~should~~ be creating airflow which blows _accorse_ people from one person to another. _not_
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 _located_ in a prominent location at all Beacon MN programs and offices.