Beacon Specialized Living

Training Summary Form

I. **Employee:** Sagal Said 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):** 7/16/20 (M/D/Y) Trainer/Position: Max King DC

Time(s): 2 PM To 3:PM (AM or PM) Trainer Signature:

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 Specialized Living

COVID-19 Preparedness Plan Fill in the blank

Demonstration of competency

Name: Sacrul Sarp

Date: 7/16/20

1. Beacon Specialized living created this plan with the intent of minimizing the spread and TX asfer of illness. As a company we have created consistent stand 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 hands. If soap and water are not available, an alternative is the use of hand sanilizer
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 Guid 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 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 Sign and Symptom 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 ~~close~~ 6 Feet in distance from others. It also includes avoiding ~~close~~ Phodanced 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 uten should be avoided.
14. Opening windows introduces fresh air. We should do this as often as possible remembering also that we should avoid be creating airflow which blows acras people from one person to another.
15. When providing transportation, vehicles will be sanitized befor 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 post in a prominent location at all Beacon MN programs and offices.