

Staff Annual Training Record 6 Years or More – Basic Services

Employee Name: _____

Program name: _____

Annual training requirements - A minimum of **12 hours** of annual training must be completed for direct support staff with fewer than 5 years of documented experience and **6 hours** of annual training with 5 or more years of documented training:

Subject Area	Date of Training	Hours of Training	Name of Instructor
• Recipient Rights		0.50	Megan Gooden
• Vulnerable Adults & Maltreatment of Minors Act		1.00	Megan Gooden
• Sanitation		0.50	Megan Gooden
• First Aid		1.00	Megan Gooden
• Boundaries		0.50	Megan Gooden
• Positive Behavioral Supports		1.00	Megan Gooden
• Policies & Procedures		1.50	Megan Gooden
•			
•			
•			
•			
•			
•			

By signing here, I verify that the above training has been provided to me.

Employee signature

Date

SERVICE RECIPIENT RIGHTS SIGNATURE PAGE

This packet contains information regarding client rights while receiving services and supports from this program, information on restriction of their rights, and information of where they can go if they (or you) have questions or need additional information related to client rights.

Clients will the following information within five working days of when they started to receive services and every year after that.

1. A copy of their rights under the law, Minnesota Statutes, section 245D.04.
2. An explanation of what their rights are and that they are free to exercise their rights; and that Alliance must help them exercise their rights and help protect their rights.

This information must be provided to them in a way that they understand. If clients needed the information in another format or language, it will be given to them in that format or language.

If client rights are or will be restricted in any way to protect their health, safety, and well-being, the restriction has been explained to them and the program must document and implement the restriction as required by law to make sure that they get their rights back as soon as possible.

Staff and clients alike may contact the agencies below if they need help to exercise or protect client rights:

Office of the Ombudsman for Mental Health
and Developmental Disabilities
121 7th Place E, Suite 420
Metro Square Building
St. Paul, MN 55101
Phone: (651) 7567-1800 or 1(800) 657-3506
Fax: (651) 797-1950
Website: www.ombudmhdd.state.mn.us

Minnesota Disability Law Center
430 1st Ave N, Suite 300
Minneapolis, MN 55401
Email: mndlc@mylegalaid.org
Website: <http://www.mndlc.org/>

By signing this document, I am agreeing that I have read and understand the rights of the clients that I serve.

Employee Name

Date

Employee Signature

Date

-
7. M.A.A.R.C. stands for?
- Mandated Adult Attention Receiving Center
 - Minnesota Adult Abuse Reporting Line
 - Mandated Abuse and Reporting Line
8. Under the Maltreatment of Minors Act aversive or deprivation procedures (e.g., electric shock) not authorized by the Department of Human Services rules is Physical Abuse.
- True False
9. A mandated reporter who has reason to believe a Vulnerable Adult is being or has been maltreated, or has knowledge that a Vulnerable Adult has sustained a physical injury that is reasonably explained, still must immediately (within 72 hours) report.
- True False
10. Under the Maltreatment of Minors Act you must also report to law enforcement kidnapping or actions that deprive a parent of custodial or parenting time rights.
- True False
11. Your adult client lives in Hennepin County but an alleged incident of maltreatment occurred in Anoka County. Where will you report it? _____
12. Financial Exploitation in the absence of legal authority is?
- Willful use of a vulnerable adult's money and assets
 - The giving of items to a vulnerable adult
 - Failure to use a vulnerable adult's money & assets resulting in harm to the vulnerable adult
 - None of the above
13. What is the phone number for MAARC?
- _____
14. What are the protections for a Mandated Reporter?
- Penalties for retaliation that is taken against a reporter
 - Civil protection for good faith investigation activities
 - Immunity from civil or criminal liabilities for good faith reports
 - All of the above
15. According to Alliance Health Services/Care's Maltreatment of Minors policy if you provide care to children served by Alliance, you are not legally required or mandated to report and can shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- True False

-
16. Serious Maltreatment is amended to include;
- a. Theft of a client's medications
 - b. Neglect when it results in criminal sexual conduct against a child or vulnerable adult
 - c. Misuse of client's funds
 - d. All of the above
17. You may make an External Report to MAARC if you suspect Maltreatment.
- True False
18. In a Maltreatment of Minors act situation an employer may not retaliate against an employee who is required to report and does so in good faith
- True False
19. How long do you have as a Mandated Reporter to report suspected Maltreatment?
- _____
- _____
- _____
20. According to Alliance Health Services/Care if there is a mandated reporter who is negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is _____.
- a. Liable for damages caused by the failure to report
 - b. Free from reprisal
 - c. To be fired immediately
 - d. None of the above
21. What are the three penalties for adult maltreatment listed in the packet?
- _____
- _____
- _____
22. Under the Maltreatment of Minors Act how are reports of abuse or neglect in other settings handled?
- a. By the Federal Government
 - b. By law enforcement and the local social services agency who will offer child protective services if appropriate.
 - c. By an internal investigation completed by the agency providing services
 - d. None of the above
23. What is Guardianship?
- _____
- _____

24. Match the following pairs correctly:

- a. A. Physical Abuse _____ Staff calling the Client 'Dumb'
- b. B. Verbal Abuse _____ Ignoring a Client's request for a glass of water
- c. C. Neglect _____ Pinching a Client's arm to get their attention

25. The term 'caregiver' absolutely means that there is a fiscal or legal responsibility to the person they are caring for.

True

False

6. Name three at-risk categories of people for foodborne illness?

7. Freezing to 0 degrees Fahrenheit (-18 degrees Celsius) keeps food safe indefinitely.

True

False

8. Your home refrigerator should be set no higher than _____ degrees Fahrenheit (_____ degrees Celsius) and the freezer unit at _____ degrees Fahrenheit (_____ degrees Celsius).

9. Bacteria cannot grow in the hard-to-clean grooves and cracks of old, worn cutting boards

True

False

10. What is the Marinating Mandate?

11. Bacteria can survive in the cold spots in microwaved food due to uneven cooking.

True

False

12. What are the 6 ways you can prevent the spreading of cross contamination?

13. When thawing food _____ to _____ pounds of frozen food takes about _____ hours to thaw.

14. Alliance Health Care Group Home policy states that foods that are unlabeled or have been in the refrigerator longer than _____ days will be _____ upon finding.

15. What is the Proper cook temperature for each product?

Product	Fahrenheit	Celsius
Meat (Beef, Lamb, & Pork)		
Roasts & Steaks		
Poultry		
Seafood		
Eggs		
Leftovers		

BASIC FIRST AID EXAM

Name: _____

Date: _____

1. The four ways a person can be poisoned are?

- a) Injection, Inhalation, Ingestions, & Scratching
- b) Swallowing, Absorption, Inhalation, & Ingestion
- c) Exposure, Ingestion, Swallowing, & Inhalation
- d) Absorption, Inhalation, Injection, & Ingestion

2. In hypothermia the body temperature drops below 95 degrees Fahrenheit, the heartbeat becomes erratic and finally stops, and the victim dies.

True

False

3. For a Stroke think F.A.S.T., what does F.A.S.T. stand for?

4. In what order should you care for a Thermal Burn

- a) Cover the burn, cool the burn, & remove the victim from the source of heat
- b) Cool the burn, remove the victim from the source of heat, & cover the burn
- c) Remove the victim from the source of heat, cool the burn, & cover the burn
- d) None of the above

5. When a tooth is knocked out you should just push it back in.

True

False

6. Which of the following might a victim complain of before fainting?

- a) Feeling extremely energetic
- b) Feeling nauseas
- c) Feeling waterlogged
- d) Feeling fantastic

7. What are the three types of Burns?

8. Heat stroke is the most common of the heat-related illnesses.

True

False

9. When the normal electrical activity in the brain becomes irregular what condition can occur?
- a) Diabetic emergency
 - b) Allergic reaction
 - c) Cold related emergency
 - d) Seizure

10. When someone is choking and is unable to speak or cough you should administer what two tactics?

11. You should treat all injuries to bones, joints, ligaments, tendons, and muscles as if they are a _____.

12. When caring for someone with Hypothermia _____ the victim too quickly, and _____ the victim in warm water.

13. You should immediately call 911 if which of the following occurs?
- a) If the victim can stem the bleeding and effectively wrap the wound
 - b) If you cannot control the bleeding
 - c) If the wound is easily cleaned and covered
 - d) All of the above

14. Match the following type of wound with its proper example;

A. Laceration	_____ Stepping on a nail
B. Avulsions	_____ A scraped knee
C. Puncture	_____ Skin discoloration & swelling
D. Abrasions	_____ A finger is almost cut off
E. Bruise	_____ An arm is cut on a piece of glass

15. When an object is impaled in the wound do not remove it as it could reveal an open artery, which then would be awfully hard to deal with.

True

False

16. Only a trained and qualified person should administer CPR.

True

False

17. Shock _____! Treat _____ injured person immediately for _____, regardless of whether or not they are exhibiting signs and symptoms.

BOUNDARIES TRAINING SIGN-OFF

By signing below, I verify that I have participated in Alliance Health Care’s Annual Boundaries Training. I have read and understand the information in the packet and agree to follow the guidelines provided while employed with Alliance Health Care.

Staff Name Printed

Date

Staff Signature

Date

**DISABILITY AWARENESS
& PERSON-CENTEREDNESS SIGN-OFF**

By signing below, I verify that I have participated in Alliance Health Care’s Annual Disability Awareness and Person-Centeredness training. I have read and understand the information in the packet and agree to follow the guidelines provided while employed with Alliance Health Care.

Staff Name Printed

Date

Staff Signature

Date

POLICIES AND PROCEDURES EXAM

Name: _____

Date: _____

1. Which of the following is not included under the definition of “Incident”?
 - a. Head injuries with loss of consciousness
 - b. Low grade fever
 - c. Dislocations
 - d. Injuries to the eyeball

2. Alliance must provide information requested by the person or the person’s legal representative or case manager upon notice of service termination.

True False

3. An “Emergency” means any event that affects the ordinary daily operation of the program including but not limited to:
 - a. No milk in the home
 - b. A flat tire on the vehicle
 - c. A head injury with loss of consciousness
 - d. Temporary closure or relocation of the program to another facility or service site for more than 24 hours

4. Any employee convicted of criminal drug use or activity must notify Alliance no later than _____ days after conviction.

5. When it comes to Incident Response, Reporting & Review how is sexual “Coercion” defined?

6. For the purposes of Alliance policy, medication assistance and administration includes all but which of the following?
 - a. Taking a client’s medication
 - b. Medication documentation and charting
 - c. Medication setup
 - d. Medication storage and security

-
7. Staff persons automatically have access to private data about the persons served by Alliance or about other staff or agency personnel.
- True False
8. Refusal to admit a person to Alliance must be based on an evaluation of the person's assessed needs and the licensed provider's lack of capacity to meet the needs of the person
- True False
9. When a person receiving services has been exposed to a diagnosed communicable disease staff will;
- Call the CDC
 - Cut off the exposed limb
 - Promptly report to other licensed providers and residential settings
 - None of the above
10. According to Alliance's Safe Transportation policy when the vehicle is motion, _____ are to be worn at _____ by all passengers, including the driver and all passengers.
11. A proper informed consent or authorization for release of information form must include which of these factors (unless otherwise prescribed by the HIPPA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164)?
- Contain a reasonable expiration date of no more than one year
 - Specify the information which will be released
 - Be dated
 - All of the Above
12. Emergency reports will be completed using the Alliance Health Service's emergency report and review form as soon as possible after the occurrence, but no later than _____ hours after the emergency has occurred or Alliance become aware of the occurrence.
13. The use of temporary service suspension by Alliance is restricted to situations in which the conduct of the person being served poses no potential risk of physical harm to others and more restrictive or negative support strategies would not achieve safety.
- True False
14. The emergency use of manual restraint must meet which of the following conditions?
- The person is engaging in property destruction that does no cause imminent risk of physical harm
 - A person's refusal to receive or participate in treatment or programming
 - The manual restraint must end when the threat of harm ends
 - All of the above

15. Alliance must inform the person, or the person's legal representative, and case manager of the policies and procedures affecting a person's rights under section 245D.04, and provide copies of the following policies and procedures, within five working days of service initiation for Basic Services & Supports would include which of the following?
- Direct deposit policy
 - Grievance policy and procedure
 - Water safety policy
 - None of the above
16. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
- True False
17. When completing a report you must include which of the following?
- The results of the review of the incident
 - The date, time, and location of the incident
 - The name of the staff person or persons who responded to the incident
 - All of the above
18. Within _____ business days after the date of the emergency use of a manual restraint, Alliance must complete and document an internal review of the report prepared by the staff member who implemented the emergency procedure.
19. A severe weather 'Warning' means that;
- Conditions are favorable for rain
 - Severe weather is occurring or imminent
 - Go about your travel plans as normal
 - All of the above
20. When discovered, Alliance will promptly notify the person's legal representative, if any, and the case manager of changes in a person's physical and mental health needs affecting health service needs assigned to the program in the person's CSSP or CSSP addendum.
- True False

QUESTIONS ON THIS TRAINING?

CONTACT THE TRAINING DIRECTOR, *MEGAN GOODEN*, AT:

MeganG@AllianceHealthCare.com or (651) 895-8030