

Employee Mandatory Pre-Employment Training Packet

Personal Options TBI Employee Training Assessment

Please circle the best response. Upon completion sign, date and return form to Employer for review. Completed assessments will be forwarded to Resource Consultant for retention in Employee file.

- 1. Client information that should be kept confidential includes:**
 - A. The client's medical diagnosis.
 - B. The names of medications taken by the client.
 - C. The client's address, phone number, insurance information.
 - D. All of the above.

- 2. True or False**

It's okay to give confidential information to a member of the client's family.

- 3. True or False**

The HIPAA law only applies to healthcare workers who use a computer on the job.

- 4. True or false**

If a client tells you he wants to kill himself, you must not tell anyone.

- 5. If a visitor asks you if your client is going to die, you should say:**
 - A. "It sure looks that way."
 - B. "We're all going to die someday."
 - C. "I'm sorry. I can't discuss the client's medical condition with anyone."
 - D. "It's none of your business."

- 6. When assisting a disabled client to dress and undress you should:**
 - A. Dress the disabled side first.
 - B. Dress the healthy side first.
 - C. Undress the disabled side first.
 - D. Perform all activities for the client.

- 7. The best way to keep a client from chilling during a bed bath is to:**
 - A. Keep as much of the client's body covered as possible.
 - B. Use hot water.
 - C. Make sure the room temperature is at least 85 degrees.
 - D. Limit the amount of time it takes to bath the client to 15 minutes.

- 8. Damage to client's dentures can be prevented by:**
 - A. Brushing the dentures under hot running water.
 - B. Lining the sink with a wash cloth before brushing.
 - C. Holding dentures at eye level when cleaning.

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D. Emptying the water from the sink before brushing.

9. True or False

If your client has dry skin, you should add bath oil to their tub baths.

10. True or False

As an Employee in the personal options program you and the participant will create the crisis plan.

11. During bath time, observe your client's skin for:

- A. Moles that are changing shape or color.
- B. White lice eggs in the hair.
- C. Cracked skin between toes.
- D. All of the above.

12. A transfer is considered safe if:

- A. The client is moved to where he wants to be.
- B. No one falls during the transfer.
- C. The transfer takes less than five minutes.
- D. Neither you nor the client is injured during the process.

13. True or False

It is best to have your client wear socks during a transfer so they can slide easily across the floor.

14. True or false

Hand washing is the single most effective way to prevent infection.

15. When shaving a client you should:

- A. Avoid straight or safety razors for clients with bleeding tendencies.
- B. Shave off all beards and mustaches; no one looks good with one.
- C. Hold skin tight and stroke in the direction of hair growth.
- D. A and C

16. True or False

It's okay to borrow money from a client.

17. True or false

Most disabled or elderly clients are abused by total strangers.

18. Which of the following are types of abuse:

- A. Using client's money to purchase items not for client's use.
- B. Calling client names or yelling at them.
- C. Withholding food or drink so client won't soil their bed.
- D. All of the above.

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19. True or False

As an employee in Personal Options you are a mandated reporter of suspected abuse and neglect.

20. True or False

It's considered fraud to charge for working from 8:00 am to 12:00 noon every day even though you work from 10:00 am to 2:00 pm some days.

21. True or False

A worker may be guilty of neglect if they know their client has wet the bed but fails to change the linens.

22. True or False

Many victims of self neglect suffer from depression and/or dementia.

23. True or False

If you feel unsafe when arriving at a client's home you should go in and make sure the client is okay.

24. True or False

As an employee in Personal Options, my client is in charge of the work I do not the Resource Consultant.

25. Monthly Documentation sheets must:

- A. Be completed each day worked.
- B. Be signed by both employee and employer.
- C. Be submitted at least monthly or I will not be paid.
- D. All of the above.

26. True or False

The Privacy Rule allows you to share a participant's personal information with other clients as long as they are receiving the same medical care/service.

27. True or False

Protected Health information only included medical information.

28. True or False

CPR certification should be renewed every 3 years.

29. True /False

Assistive devices help clients function independently, despite their physical limitations.

30. True or False

Direct Care Workers/employees in the Personal Options program are to fill daily or weekly pill organizers.

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31. True or False

Ethical behavior requires knowing the difference between right and wrong and having the character to use that knowledge to make the right decision in any given situation.

32. When facing ethical dilemmas you should:

- A. Keep other's well being in mind at all times and avoid doing harm to others
- B. Put yourself in their shoes; what would you want to happen if you were in that situation.
- C. Decide how you would want to be treated and behave that way toward others.
- D. All of the above

33. True or False

If you observe unethical behavior it is your decision whether or not to "blow the whistle".

34. True or False

The employee is responsible for maintaining the timesheets at their home.

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Training Documentation Requirements:

Pre-Employment Training Documentation Requirements

Training Topic	Beginning Time	Ending Time	Location
Orientation to Public Partnerships, LLC			
First Aid Training			
Occupational Safety and Health Administration (OSHA)			
Adult Abuse, Neglect, and Exploitation			
Health Insurance Portability and Accountability Act (HIPAA)			
Personal Assistance/Homemaker Skills			
Direct Care Ethics			
Crisis Intervention Training			
Member Health and Welfare			

Employee Signature: _____ Date: _____

Participant/Employer Signature: _____ Date: _____

Resource Consultant Signature: _____ Date: _____