

# Answer Sheet Package #2

(Nurses and HCAs)

(all spaces need to be completed)

FIRST + LAST NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_

PCH NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_  
(Signature of Educator/Designate)

Please circle the letter associated with the correct answer based on the questions provided in the Information and Question Package.

## 1) Fire Safety

1. a    b    c
2. a    b
3. a    b
4. a    b

## 2) WHMIS

1. a    b
2. a    b
3. a    b

## 3) Protection for Persons in Care Office (PPCO)

1. a    b
2. a    b
3. a    b

## 4) Resident Bill of Rights

1. a    b
2. a    b

## 5) Infection Prevention & Control

1. a    b
2. a    b
3. a    b

## 6) SCHIPP Review

1. a    b    c    d    e
2. a    b    c    d
3. a    b    c    d
4. a    b

## 7) Repetitive Calling Out

1. a    b
2. a    b
3. a    b

## 8) Use of Restraints

1. a    b
2. a    b
3. a    b    c    d

## 9) Fall Prevention

1. a    b
2. a    b
3. a    b    c    d
4. a    b

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## 10) Suicide Risk Assessment

1. a      b
2. a      b
3. a      b      c      d

## 11) Personal Health Information Act

1. a      b      c
2. a      b      c      d

## 12) Ethical Decision Making

1. a      b
2. a      b
3. a      b

## 13) Oral Care

1. a      b      c
2. a      b      c
3. a      b

## 14) Pressure Injury Prevention

1. a      b
2. a      b      c
3. a      b      c
4. a      b

# PCH Self Learn Package Evaluation

Which PCH do you work in? \_\_\_\_\_

1. How would you describe completing this package?

\_\_\_\_\_ Easy

\_\_\_\_\_ Reasonable

\_\_\_\_\_ Hard/Difficult

2. Any recommendations/ideas to make this package more suited to your area of work?

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3. Other suggestions?

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*Thank you!*