

Answer Sheet Package #1

(Housekeeping, Laundry, Maintenance, Dietary, Recreation, Social Work,
Spiritual Care, Administration, Contract Services)

(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

(over)

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10) Suicide Risk Assessment

1. a b
2. a b

11) PHIA

1. a b c
2. a b c d

12) Ethical Decision Making

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

12) Ethical Decision Making

1. a b
2. a b
3. 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?

3. Other suggestions?

Thank you!