



Participant Name: _____ Employee Name: _____

Resource Consultant Name: _____ Month: _____ Year: _____

**WEST VIRGINIA PERSONAL OPTIONS- TRAUMATIC BRAIN INJURY WAIVER PROGRAM
ANNUAL TRAINING TEST**

Participant/Program Representative Signature: _____ <input type="checkbox"/> Passed (<i>at least 13 correct answers</i>) <input type="checkbox"/> Failed

1. **Blood borne pathogens that may cause infections can be transmitted through:**
 - a. Accidental injury by a sharp object including broken glass, exposed dental wires, needles or any sharp object that can puncture or cut the skin
 - b. Open cuts or skin abrasions
 - c. Indirect contact from the contaminated item with the mucous membranes of the mouth, eyes, nose or open skin
 - d. All of the above
2. **True or False:** You should treat blood and body fluids as if they are known to be infectious.
3. **True or False:** As a personal attendant, you should not share any of protected health information (PHI) with anyone without written permission.
4. **True or False:** You can choose to sign or not to sign a confidentiality form with your employer that states you will not share any protected information unless given permission by your employer.
5. **When assisting a burn victim, you should:**
 - a. Remove jewelry or shoes from affected area before swelling makes them difficult to remove
 - b. Remember that cold water lowers temperature of burned area and lessens severity of minor burns
 - c. Make sure source of the burn is no longer a threat
 - d. All of the above

- 6. True or False:** Because you are your participant's employee, you can share your participant's protected medical information with your friends.
- 7. True or False:** As a Personal Attendant, you are mandated to report any suspected abuse and neglect.
- 8. True or False:** Abuse may be physical, sexual, mental, verbal, or emotional. Anyone that has contact with the person can be an abuser.
- 9. True or False:** Physical and Emotional neglect include withholding food, medical care, financial help and support or social isolation.
- 10. True or False:** In treating a choking victim, you should not intervene as long as they are coughing and may dislodge the obstruction.
- 11. True or False:** As an employee you may be exposed to Hepatitis B (HBV), Hepatitis C (HCV), and HIV by coming into contact with body fluids or waste products including: blood, urine, feces, sputum (spit)/nasal discharge, vaginal fluid or sperm.
- 12. Common accidents can be prevented by:**
 - a. Make sure bath mats or strips are in place in tubs and shower
 - b. Not allowing smoking in bed, provide supervision as required for a smoking client
 - c. Not attempting transfers of clients without adequate assistance.
 - d. All of the above
- 13. True or False:** Emotional and Psychological Abuse can take many forms such as threats, ridicule, continual criticism, humiliation, forced social isolation, and destruction of personal belongings and property.
- 14. The elders or persons with disabilities may be reluctant to discuss possible abuse for many reasons such as:**
 - a. They have shame about how family member behaves
 - b. They have memory, language or cognition problems
 - c. They may mistakenly feel they are to blame in some way for their treatment
 - d. All of the above

15. What is Protected Health Information:

- a. Name, birthday, date of death, Social Security Number, phone number, address
- b. Medical records
- c. Hospital admission/discharge information
- d. All of the above

16. True or False: Exploitation is the mistreatment or misuse of a participant or a participant's property. Exploitation can be financial, theft or destruction of property.

17. What are some examples of exploitation?

- a. Forging a person's signature
- b. Deceiving your participant into signing your timesheet or attendant log
- c. Cashing a person's check without authorization
- d. All of the above

18. Signs and symptoms of mental abuse:

- a. Refusal to eat
- b. Lack of movement and activity
- c. Dehydration
- d. All of the above

19. True or False: An employee of a TBI member may be subject to monetary fines and/or jail time if convicted of Medicaid Fraud

Please return this form to Palco via email: enrollment@palcofirst.com or via fax to 1.877.859.8757.