

A Risk Management Module:

CLIENT SAFETY TIPS



Inservices For Nursing Assistants



A Risk Management Module: Client Safety Tips



We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you.

After finishing this inservice, you will be able to:

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

- Discuss at least 3 types of illnesses or injuries clients may suffer while under the care of medical professionals.
- List at least 2 things you can do to prevent client falls, infections and pressure sores during routine care.
- Demonstrate ability to recognize and report faulty equipment.
- Discuss ways to keep clients safe during mealtimes and while traveling.
- Demonstrate preparedness to keep clients safe during emergencies such as adverse weather or fire.



IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

A Risk Management Module: Client Safety Tips

WHERE DID THINGS GO WRONG?

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WHAT I KNOW!

Take a minute to jot down a few things you already know about client safety before reading this inservice.

A 68 year old man named John is admitted to the hospital for observation after complaining of chest pain and shortness of breath.

Doctors determine John needs a minor routine surgery to open a blocked artery in his heart.

After the surgery, John is weak and a little dizzy. He pushes the call light for help getting to the bathroom. When no one comes, John tries to go to the bathroom on his own . . . which results in a fall . . . and a broken hip.

Now, John must have surgery to repair his hip and, he can't go home as planned. He must go to a Nursing Home for rehabilitation.

While at the Nursing Home, John develops an infection at his surgical site. Tests determine it is MRSA. John is placed on isolation precautions and his stay in the nursing home is extended.

Four weeks later, John is discharged home where a home health team takes over his care.

Since John has shown he can safely walk with a walker, and has family close by who can help, the home health worker is only scheduled to visit every other day.

On the first home visit, the Home Health Aide doesn't notice that a latch on John's walker is weak.

Later that night John gets up to for a glass of water. His walker fails, sending him crashing into a side table.

He suffers a head injury and is found the next morning. He is dead.

So, where did things go wrong?

Well, the hospital cured John's heart problem . . . but failed to protect him from falling.

The Nursing Home got John up and back on his feet again . . . but failed to protect him from a terrible infection.

The Home Health team gave John the hope of reclaiming his independence . . . but failed to protect him from faulty equipment.



Keep reading to learn how you can keep your clients safe in these common situations.

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WHY SHOULD YOU CARE?

The story you just read about John is fiction. But, what are the chances of it being a reality? Here are some facts:

- **One in five Americans** report that they or a family member have experienced a medical error of some kind. This could be a fall, an infection, a medication error, a surgical error or an equipment malfunction.
- Nationally, this means that there are about 23 million people with at least one family member who experienced an *illness, injury or even death* while under the care of healthcare professionals.

What if John was your father, your grandfather or your uncle?

- It is estimated that around **200,000 Americans** die each year as result of these types of errors.
- Preventable injuries like those in John's case cost the economy nearly **\$30 billion a year**.

Who do you think should pay for these errors?

- **The Staff:** Should the Nurse or Aide who failed to answer John's call light in the hospital pay for the hip surgery? Should every employee who ever touched John in the Nursing Home be held responsible for the cost of treating the infection?
- **The Facility:** Should the hospital cover the cost of the hip surgery? Should the nursing home absorb the cost of treating the infection?
- **The Family:** Should John and his family be responsible for the additional charges? Who should pay for the funeral?
- **Medicare or Insurance:** Medicare and insurance companies have the right to refuse to pay.

The Deficit Reduction Act of 2005 required major changes in the way Medicare reimburses the healthcare industry for accidents, infections and injuries acquired during routine medical care.

MEDICARE NO LONGER REIMBURSES FOR:

- Surgical site infections,
- Catheter-associated urinary tract infections,
- Pressure ulcers, or
- Falls.

In addition to not receiving reimbursement from Medicare for these situations . . . healthcare providers are not allowed to seek payment from the client or family either!

So, who is paying for this? If you think that because you have never been directly billed that you are not paying . . . think again!.

- As a society, we pay for these errors through **increased insurance premiums, staggering medical costs, and tax raises.**
- We all suffer when small community hospitals close because they can no longer afford to operate.



- Nurses and Aides suffer when there is not enough money to offer our hardest workers a *decent wage* or an occasional *pay raise*.
- Clients suffer when employers can no longer afford to staff facilities appropriately, leaving everyone **overworked and stretched to the limit!**

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



FOCUS ON FALLS

Federal Law requires all healthcare providers to assess each client's risk for falls within the first 14 days of admission and to re-assess risk periodically throughout the duration of care as the client's condition changes. Here are some facts:

- Nearly *one third* of ALL people over the age of 65 will fall each year, sometimes more than once.
- One of the most common (and most costly) injuries suffered from falls is a hip fracture.

Risk factors that determine your client's chance of falling:

- **History of Falls:** At least one fall in the past 12 months.
- **Balance or Gait Problems:** Problems walking or standing without assistance.
- **Multiple medications:** Four or more medications.
- **Certain Diseases:** Parkinson's, Alzheimer's, or Dementia.
- **Muscle Weakness:** Generally, lower body weakness.
- **Continance Problems:** Urgency, frequency, incontinence.

HOW YOU CAN HELP:

- Educate all clients and family members regarding the interventions in place to prevent falls.
- Check on clients with risk factors for falls more frequently. Answer call bells promptly!
- Keep all floors, stairs, and walkways free of clutter. Eliminate throw rugs. Provide skid proof footwear.
- Make use of appropriate assistive equipment (walker, cane, etc.).
- For clients with balance or gait problems, encourage exercises that strengthen the lower body.

In facilities, clients can participate in group exercise classes or work individually with a physical therapist. Take clients on short walks outside if the weather is suitable or walk around the facility if the weather is bad!

In the home, clients can join community center exercise or swim classes. Take short walks outside, walk the mall, or even take short walks around the house!

- For clients with bowel or bladder problems, be prepared to be available more frequently, and provide equipment, such as a bedside commode, urinal, bed pan and incontinence pads.
- Consider using a bed alarm, if available.



WHAT excites YOU?

TAI CHI (pronounced TIE-chee) is a gentle, slow-motion form of ancient Chinese exercise that has recently been proven to reduce falls in the elderly by nearly 50 percent!

Individuals enrolled in Tai Chi exercise programs report:

- Stronger knee and ankle muscles,
- Improved mobility and flexibility,
- Better balance.



Tai Chi is a safe alternative for older adults who cannot otherwise exercise. It is very low impact, does not require any special equipment, and can be done indoors or out.

- *Does your facility offer a Tai Chi class for residents? If so, observe a class one day. Encourage your clients with high risk for falls to join.*
- *If you work with clients in the home, look for a Tai Chi DVD or search your local senior center or YMCA for classes.*

For more information about the benefits of Tai Chi, go to this National Institutes of Health website:
<http://nccam.nih.gov/health/taichi>

FOCUS ON HEALTHCARE-ACQUIRED INFECTIONS

Every time you touch a client or a surface, you potentially pick up disease causing organisms. These organisms can live on you for hours, sometimes days, unless you wash them off.

- In American hospitals alone, healthcare-associated infections account for an estimated **1.7 million** infections and nearly **100,000** deaths each year.
- The cost of caring for individuals with healthcare-associated infections is estimated as high as **\$45 billion** dollars every year!

THE SOLUTION IS SIMPLE!

The most important thing you can do to prevent infection is to wash your hands before and after **any** contact with clients.

- Use soap and water to wash your hands. Scrub for at least 20 seconds.
- Only use alcohol based hand rubs when your hands are *not* visibly soiled.



SOME MORE WAYS YOU CAN HELP:

- When you have a client on isolation (contact, droplet or airborne) precautions . . . take the time to find out the nature of the infection. Knowing what organism you are dealing with will help you remember to protect yourself!



- Even when you are crunched for time, no excuse in the world will prevent an infection if you decide not to follow proper precautions.
 - It is never okay to enter an isolation room without proper protection . . . even if it's just to pick up a food tray. Wait until you have a few things to do in the room, then put on your gown and gloves and do everything you need to do in the room all at once.
 - Never share personal hygiene products, like soap or razors, between clients.
- Equipment that is shared by many clients throughout the day, like shower chairs and mechanical lifts, should be disinfected after **each** use.



TALK about it!

Open the Discussion

WHAT'S STOPPING YOU?

There are many reasons health care workers give for not washing their hands before and after patient care. Here are a few:

- ❑ **Skin Irritation:** The hand cleaners are harsh and damage the skin.
- ❑ **Supplies are not available:** Sinks are not conveniently located or are not stocked with soaps and towels.
- ❑ **Urgent or emergency care:** The client needs immediate care, there is no time to wash hands.
- ❑ **Wearing of gloves:** The belief that if gloves were worn, hands do not have to be washed after client care.
- ❑ **Not enough time:** High workload and understaffing.

Take a poll of your co-workers. Ask which of the situations above is the most likely reason they would give for not washing their hands.

Take your findings to your supervisor. There may be an easy solution! For example, if the reason is that the soap is too harsh . . . a different brand may be tested. If sinks are not conveniently located . . . your employer will want to know so the situation can be fixed.

FOCUS ON ASSISTIVE EQUIPMENT

Assistive equipment is a wonderful addition to your client's care plan. Canes and walkers help clients regain mobility and independence. Grab bars, shower chairs and raised toilet seats allow clients to use bathrooms privately or with minimal assistance.

But, sometimes, these helpful devices can create more problems than they solve. Here are some facts:

- Injuries related to canes and walkers send **47,000** people a year to the ER.
- Fractures, generally to the hip, are the most common type of injury associated with assistive equipment.

The following is a list of guidelines to follow when inspecting assistive equipment:

- **Check Canes:** If the cane is made of wood, inspect the shaft and handle for cracks, splintering or weak spots. If the cane is metal, check if all the bolts and screws are present (it should be stable and strong). Check if the rubber tip is present and inspect the shape (it should be even and clean).
- **Check Walkers:** Look at the bolts and screws (all connections should be present and secure). Check for all four of the rubber tips and inspect their shape (rubber tips should be even and clean). If the walker has caster wheels, make sure they are firm, in good shape, and roll smoothly.
- **Check Wheelchairs:** Make sure all bolts and screws are present and secure. Check wheels. Wheels should be firm, smooth and roll straight without wobbling. Brakes should be firm when engaged, and should completely stop the wheelchair from moving. Check the seat and back rest for rips, tears or weak spots. Make sure the foot rest and leg rest move easily and sit firmly in the proper position for your client.
- **Grab bars, transfers seats and commodes:** Grab bars in the home should be professionally installed. Push and pull on grab bars to ensure they are securely attached. Check all connections and rubber stoppers on transfer seats and commodes. Make sure everything is firm and level.

If you discover faulty equipment, follow your workplace guidelines for reporting and requesting repairs.

NEVER ATTEMPT TO REPAIR EQUIPMENT YOURSELF.

Assistive equipment should only be assembled, installed, and repaired by trained professionals!



THINK about it!

RETIRE THOSE RESTRAINTS

In the past, it was common practice to use restraints as a way to *prevent* falls, accidents or injuries.

Today, however, research has shown that **restraints have the potential to actually create more problems than they solve.**

For example, restraints have been shown to increase falls, make incontinence worse, lead to dehydration and malnutrition, promote loss of mobility, and lead to the development of pressure sores, muscle weakness, and poor circulation.

Federal law states, *"The resident has the right to be free from any physical or chemical restraint imposed for the purpose of discipline or convenience and not required to treat the resident's medical symptoms."*

- **So, how do you keep your clients safe when you can't watch them every minute of every day?**
- **Get creative! Make a "Top Ten" list of things you can do to keep your clients safe without the use of restraints.**

Share your list with your co-workers and supervisor! Read their "Top Ten" lists!



FOCUS ON PRESSURE SORES

Pressure Sores, also known as pressure ulcers, bed sores, and decubitus ulcers are a serious cause for concern. A pressure ulcer is any injury to the skin caused by unrelieved pressure. Pressure sores usually develop in clients who are immobile.

Here are some facts about pressure ulcers:

- Hospitalizations involving patients with pressure ulcers increased by nearly 80 percent in the last decade.
- Nearly 1 million people develop pressure ulcers each year.
- Treatment costs exceed \$1.3 billion annually.
- Complication resulting from bed sores include extreme pain and suffering, delayed recovery from other conditions, infection, and death.
- Christopher Reeve, the actor who played "Superman", suffered from pressure ulcers after being paralyzed in a horseback riding accident. **He died from complications of an infected pressure ulcer.**

REMEMBER: Medicare no longer reimburses for the treatment of bedsores that develop during normal medical care.

HOW YOU CAN HELP:

- Follow the client's care plan for re-positioning. If no plan is stated, re-position every two hours.
- Provide excellent skin care, keeping skin clean, dry and moisturized. Use powder on areas where skin rubs together.
- Check incontinent clients frequently. Change immediately after soiling to keep stool and urine off the skin.
- Keep linens clean, dry and free of wrinkles.
- Massage the back during position changes but NEVER rub or massage reddened areas.
- Use pillows to pad boney areas such as knees, elbows, hips and shoulders.
- Keep heels off the bed by placing a pillow under leg between the calf and ankle.



CONNECT it now!

Apply what you know

BED SORES ARE A FORM OF ABUSE AND NEGLECT

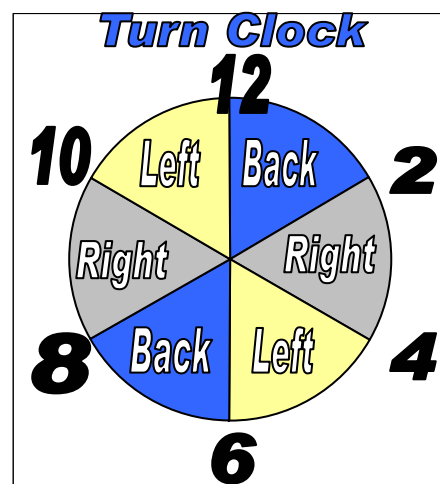
Bed sores are extremely painful and can lead to DEATH!

All immobile or bedbound clients should be turned and re-positioned every 2 hours unless there is another order in place.

- **Does your workplace have a turn clock or other system in place to keep up with the turn schedule? If not, create one! It's easy and you can customize it to each client if you want.**

Turn clocks are especially useful for use in home care situations where multiple family members and caregivers contribute to the care of the client.

Here is an example of a turn clock:



FOCUS ON MEDICATION

As a nursing assistant you are probably not involved in actually giving medications unless you have had special training. But, you can monitor clients' medications in the home . . . and you can observe and report any side effects or allergic reactions in clients in the home and in the facility.

- Clients over the age of 65 are twice as likely to need emergency care for problems associated with medications.

There are a few common medications that cause a majority of the problems for older clients. They are:

- Blood thinners—Can cause excessive bleeding or hemorrhage.
- Diabetes medications (insulin) - Can cause LOW blood sugar.
- Heart medicine (Digoxin) - Can cause headache, weakness, and abnormal heart rhythms.

The more you learn about your client's medications and their possible side effects, the easier it will be for you to spot changes and prevent more serious problems.

HOW YOU CAN HELP:

- Have a general idea of what medications your client is on and what the possible side effects may be. Pay special attention to medications that are new to the client.
- Allergy Alert: If you notice that your client is experiencing itching, swelling or trouble breathing after taking a medication, get help right away! This could be a life-threatening situation.
- Speak to your supervisor immediately if your client has questions, seems confused, or is taking too much or too little of a prescribed medication.
- Tell the nurse right away if your client asks for medication or reports pain. There may be an order in place for a PRN medications (which means it is given "as needed"). Pain medications are often ordered as PRN.
- Let your supervisor know if you see your client taking any over-the-counter medications or dietary herbal supplements. Some supplements can either decrease or increase the effects of certain prescription medications.



THE NEXT step!

Apply what you've learned!

1. Choose a client for whom you currently provide care.
2. Locate the MAR (Medication Administration Record) or ask the nurse for a list of all the medications this client currently takes.
3. Make a list of all the medications and note how often (or at what times) your client takes each medication.
4. Locate a Nursing Drug Guide and look up each drug, or ask the nurse for the main side effects you may see with each medication.
5. Now, take notice of any signs or symptoms your client has that may be from the medication.

THINK ABOUT IT

- **Is your client on any medications that cause drowsiness? How will this effect the way (or time) you provide care?**
- **Are there any medications that cause dizziness or weakness? If so, what special precautions should you be prepared to take?**
- **What do you need to look out for with clients on diuretics (water pills)?**

FOCUS ON FOOD

FOOD PREPARATION SAFETY

- Always wash your hands before handling your client's food!
- If you prepare food in the home for your client, wash all surfaces used for food preparation before and after cooking.
- Clean surfaces with a mixture of one teaspoon of chlorine bleach in one quart of water for a super effective and inexpensive bacteria buster!
- Wash ALL fruits and vegetables before preparing.
- Use two cutting boards, if possible—one for meats and one for fruits and vegetables. If separate boards are not available—clean board with bleach solution when switching between meat and fresh fruit and vegetable preparation.

SPECIAL ORDERS

- Clients with orders for modified consistency diets like pureed foods or thickened liquids have trouble chewing and/or swallowing.
- If you are unsure about what the different consistency orders are supposed to look like, or how to prepare them, ask your supervisor for guidelines or for a demonstration.
- Never serve thickened liquids with a straw!

MEAL TIME SAFETY

- As always, sit facing the client during meals. Socialize, and keep the mood relaxed. Never rush a meal.
- Place clients with trouble chewing or swallowing, in an upright, seated position before feeding. This will prevent choking or aspiration.
- Offer small bites and make sure the mouth is completely empty before offering the next bite.
- Allow client to remain sitting upright for 30 minutes after the meal, if possible. This will promote digestion and prevent choking.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 73 year old man who is recovering from a stroke. He is regaining his ability to speak but is still having trouble chewing and swallowing. He is on a soft diet with thickened liquids.
- Each time you serve him a meal he becomes angry and refuses to eat. His wife tells you it's because he wants real food, not "baby food."
- **WHAT YOU KNOW:** You know your client's diet is ordered by the doctor and cannot be changed without a doctors order.
- You also know if your client doesn't eat, he may lose weight and his recovery could be impaired.
- **GET CREATIVE:** Think of **3 creative solutions** you might try to get your client to accept his current state of recovery and understand the need for the modified diet.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

FOCUS ON EMERGENCIES

STAYING SAFE FROM MOTHER NATURE

If you live in an area that commonly experiences weather related emergencies like hurricanes, tornadoes, snow storms or earthquakes . . . Take some time during the "off season" to help your client get prepared for an emergency.

- In facilities, make sure all clients know where to go and what to do in an emergency. Know the locations of first aid kits and flashlights.
- In the client's home, assemble an emergency preparation kit with flashlight, battery operated radio, first aid supplies, water, perishable foods (enough for 2-3 days), can opener, essential medicines and medical supplies (like syringes for diabetic clients).
- Check the kit for expired items twice a year.



SAFETY DURING A FIRE

A fire can happen anytime, anywhere! The best way to keep yourself and your clients safe during a fire is to have a plan!

- Remember: People who are elderly, frail, sick, or immobile are at an increased risk of becoming injured or dying in fire because they cannot get out without help. *You must be prepared to help!*
 - In facilities, learn the fire emergency plan. Locate all the fire alarms, fire extinguishers, exit signs and unlocked fire exits. Participate in fire drills.
 - In the client's home, help prepare an exit plan, conduct fire drills, test smoke alarms, and replace batteries as needed. Recommend clients keep a fire extinguisher in a convenient location.

FOCUS ON CRIME

About 2 million people over the age of 50 are victims of crime each year. Most crimes against the elderly are financial crimes, like offers to do work that never happens, or identity theft. **Here are some ways you can help keep your client safe from criminals:**

Telemarketers/Solicitors: If you notice your client receives phone calls, visits from sales people or excessive junk mail with offers that seem too good to be true . . . talk to your client and the family members about saying "No!" If an offer seems too good to be true - it probably is!

- Telemarketers and door-to-door solicitors can be aggressive and demanding. Tell your client it is okay to be firm. No means no!
- Offers of "free gifts" are usually a trap. Tell your client never to send money for an offer of a "free gift."

Identity Theft: Make sure your client knows it is NEVER okay to give personal information over the telephone. Tell your client that legitimate businesses like banks or other reputable companies will never ask for a social security number, bank account or PIN number over the phone.

Violent Crimes: Most elderly people say they fear violent crimes more than any other. Fortunately, violent crimes are not as common among this age group as with younger groups.

- If your client lives in a high crime area, make sure all windows and doors are sturdy and strong. A deadbolt lock on the door is the best option. Walkways and doorways should be well lit at night.
- Clients who live alone should get to know at least one neighbor.



FOCUS ON TRAVEL

If you use your car to drive clients to appointments, shopping trips, church or on other errands, keeping your clients and yourself safe should be your top priority!

Getting into and out of the car

- The front seat is probably the best option for most clients. It has a larger door and more leg room than the back seat.
- The front seats in most newer cars are equipped with air bags. It is safe for elderly clients to sit in the front with airbags but it is recommended that the seat is pushed as far back as possible and slightly reclined.

Seatbelts

- You and your passenger should wear both the shoulder and the lap belt. The lap belt should fit snugly under the abdomen (across the hips). The shoulder belt should come over the collar bone and cross the chest. If the seat belt hits the neck, it is too high and should be adjusted.

Cell phones

- Never use your cell phone to talk or text while driving. In some states it is illegal. In all circumstances it is extremely dangerous.

Allow plenty of time

- Avoid feeling rushed by giving yourself plenty of time to get to appointments. When you feel rushed, you are more likely to speed, run through yellow lights, and make unsafe lane changes to pass slower cars.

Drive the speed limit

- Always drive the speed limit. Driving even a few miles over the speed limit dramatically increases the risk of an accident.

Take the scenic route

- One way to slow down and stay safe - and have a little fun too - is to take the scenic route! Avoid major highways and freeways. Take the back roads when time permits! This is a much safer way to transport your precious cargo!

Avoid driving in bad weather

- If possible, ask clients to reschedule appointments or events if the weather is bad. Driving in bad weather is not only stressful - it's dangerous!



5 KEY points

Key Points to Remember

1. Millions of people are injured, or become seriously ill under the care of medical professionals each year. These **preventable** situations cost the economy nearly **\$30 billion** a year!
2. Your client's **safety** should be a top priority. If you are not protecting your client—who will?
3. **Medicare no longer reimburses for surgical site infections, catheter-associated urinary tract infections, pressure ulcers, or falls.** Healthcare facilities and the American public are paying the price for these medical mistakes.
4. Falls, infections, equipment related



injuries, and pressure sores are almost always preventable! Know your client's risk

factors and take precautions before an injury happens.

5. If you **treat every client the way you would want your family members to be treated** while under the care of medical professionals . . . you will never have a client fall, or develop an infection, or pressure ulcer!



IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

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Are you "In the Know" about Client Safety? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. True or False

Nearly *one third* of ALL people over the age of 65 will fall at least once each year.

2. True or False

It's okay to enter an isolation room without protective equipment (gown gloves, mask) as long as you are not going to stay long.

3. True or False

It is not necessary to wash hands after client care if gloves were worn.

4. True or False

If you notice a loose bolt on your client's bathroom grab bar, you should get tools and tighten it right away.

5. Your client has left sided weakness and he is confused. He keeps trying to get out of bed on his own and has fallen twice. You might try all of the following, EXCEPT:

- A. Use a bed alarm to alert you when he tries to get up.
- B. Apply restraints.
- C. Request a 24/7 sitter stay with him, if available.
- D. Sit him up in a chair where he can socialize with others.

6. True or False

Pressures sore are unavoidable, everyone gets them.

7. True or False

You should always serve thickened liquids with a straw.

8. True or False

Keeping clients sitting upright for 30 minutes after meals promotes digestion and prevents choking.

9. True or False

It's okay for elderly clients to sit in the front seat with airbags.

10. Fill in the Blanks

Three common medications that cause dangerous side effects are:

_____, _____, and _____.

EMPLOYEE NAME (Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.