

Class Title	Orientation & Safety Training for Long Term Care Workers (LTCW) working in Developmental Disabilities Administration (DDA) settings
Length of Class	5 hours (minimum) for Orientation & Safety Combined <i>Before Training, ensure that you have printed enough copies of the Participant Toolkits for each student. Remember that this is introductory information and not in depth. In most cases, additional training will take place in the Residential Curriculum.</i>
Introduction	Approximate time: 15 minutes
“Hook”	<p>Imagine that you have just graduated from medical school. You have spent years studying with a specialty in dermatology but have yet to complete your residency. You get a job at the small local clinic – and on your first day of work there is a terrible blizzard and you are the only doctor who is at the clinic. A woman is brought in and is in heavy labor. Since there are no other doctors around – you need to deliver her baby.</p> <p>Raise your hand if you would be at least a little anxious as this new doctor?</p> <p>Raise your hand if you would be uncomfortable being the woman in labor (or her husband) knowing the doctor about to deliver your child had never done it before?</p> <p>While you aren’t likely to encounter anything quite this extreme working here – it is important to know that the work you do <u>can</u> have a great impact (positive or negative) on people’s well-being, health, and even their lives. It is essential that you are prepared and equipped to deal with emergency and safety issues.</p>
Intro	While I can’t prepare you to deliver a baby; I am committed to prepare you for working with people who have developmental disabilities in their homes.
Purpose	The purpose of this training is to equip you with the essential information you need to know prior to beginning any work. There will be additional training (<i>you can describe this now or later</i>) over the next several months which give more information and experiential learning.
Learning Outcomes	<p>By the end of this training, you will be able to:</p> <ul style="list-style-type: none"> • Describe the difference between facility and non-facility “Support Settings” available to people with developmental disabilities • Find directions for managing fire and life safety situations • State the Agency’s Mission Statement • List 4 possible characteristics / special needs of people you may support • Explain your duty to protect and promote the rights of each person you support • Describe what information should be protected as confidential

	<ul style="list-style-type: none"> • State the importance of fall prevention • Navigate policies to find protocols and responsibilities for: <ul style="list-style-type: none"> ○ Safety for self and co-workers ○ Fire safety ○ In-home hazards ○ Natural disasters or other community emergencies ○ Medical emergencies ○ Location of advance directives (if available) ○ Missing individuals ○ Unmanageable behavior ○ Individuals involved with law enforcement • Demonstrate proper body mechanics • Define safe food handling procedures • Demonstrate how to properly wash hands, put on and take off gloves
Participant Intros	<p>Introduce yourself by saying your name, how long you have worked for the agency & in the industry, and why it is important to you to ensure new staff complete this orientation & safety training <i>(if possible, make personal by sharing a story about how you were trained, when a new staff had to know this information right after starting, etc.)</i></p> <p>Go around the room & say: 1) Name, 2) Whether you have ever worked in this setting before, 3) What you are most excited to learn in your training and orientation.</p>
Info, expectations, Logistics	<p>Ask staff to silence phones and wait until the breaks to check them so you can focus – use this as an opportunity to discuss agency’s policy and/or expectations on cell phone use while at work. Be sure that you model this for staff during training as well.</p> <p>Discuss planned breaks during the training, when / where staff can use the facilities, check phones, smoke, etc.</p> <p>Location of bathrooms, emergency exit info, any other housekeeping issues...</p>
Transition to Content	So, let’s get started

Orientation

Approximate time: 10-15 minutes

<p>By the end of this section, you will be able to: Describe the difference between facility and non-facility “Support Settings” available to people with developmental disabilities</p>
<p>Talking Points: Imagine that you are no longer going to live with your family. Some of you have moved out while others of you may still have the opportunity to be living with your parents, grandparents, or other family member. Even if you are not living with your family, you are likely sharing a</p>

home with others for financial and/or social reasons. Just as there are different ways to live with family members, there are also different settings for people with developmental disabilities (DD) to receive support.

- DD residential support services are designed to offer individualized instruction and support services. Residential options include supported living services, group home, group training home, and supported living services offered for people with community protection issues.
- Type of Residential Options: Residential services include a variety of living alternatives for eligible persons who share the home with other individuals or live by themselves. Options include programs such as Supported Living (SL), Companion Home (CH), and Alternative Living (AL), services. It may also include facility-based services offered through Group Homes (GH), and Group Training Homes (GTH) and Licensed Staffed Residential homes for adolescents.
 - A facility-based setting is one where the provider owns and controls the home. Facilities typically have 4 – 6 people, and it is the responsibility of the provider to ensure the home is furnished and maintained.
 - Other residential services are provided in the client’s home that they rent, lease or own. Clients typically share homes with 1 – 2 other people. They are responsible to pay rent, furnish and maintain their home.

In both facility-based and non-facility based settings; the expectation is that clients are actively learning and increasing their skills to become more independent. Depending on the skills of the people in the home, they may need minor to significant supports in order to maintain their home.

Activity:

Tell students to open their toolkits to page 2. Discuss the types of services listed in box on left-hand side of page, and the bulleted expectations for community-based residential services.

Talking Points:

Which setting does your agency represent? Discuss the setting(s) for your agency and how many people you support.

Approximate time: 25 minutes

By the end of this section, you will be able to:

Find directions for managing fire and life safety situations

Talking Points:

Emergencies can happen at any time. In your role as a Direct Support Professional – you have 3 crucial roles:

- 1) Don’t cause an emergency – ensure that you are using common sense (such as attending to food when cooking, storing combustibles properly, following a behavior support plan.....)
- 2) Prevent emergencies whenever possible – be alert for potential dangers in the home and community (such as tripping hazards, wearing a seat belt and following at proper distance in the car, checking smoke detector batteries.....)

- 3) When an emergency occurs, respond appropriately:
- Your primary role is to ensure safety for the person(s) you are supporting
 - Have a plan for your family so you can focus on the people you are supporting in the case of a natural disaster
 - Be informed and prepared to respond –know the location of first aid kit, disaster kit, fire extinguishers; read emergency procedures manual & keep current on first aid / CPR training.

Activity: **Materials – Agency’s Emergency procedures manual (or whatever document contains this information), person(s) who are knowledgeable about location(s) of emergency supplies.**

Using **worksheet in student toolkit** pg. 3– have students work in pairs / small groups to find the answers to where to find the identified items. Instruct each student to write the answers in their own toolkit even when they are working in groups. Let them know that they may need to ask questions (of you / other people you identify) to find out some of the answers (such as where a first aid kit is in a particular house).

Talking Points:

Remember each time you work in a new home, you should ensure that you are familiar with the location of emergency supplies, exits, and any special protocols for emergencies.

Approximate time: 10 minutes

By the end of this section, you will be able to:

State the Agency’s Mission Statement

Talking Points:

Ask students if they know what a mission statement is.

A mission statement is a statement of the purpose of a company, organization or person; its reason for existing; a written declaration of an organization's core purpose and focus that normally remains unchanged over time. Mission statements are generally brief and memorable, and may be supplemented with a vision statement and / or statement of values.

Share the Mission Statement for Developmental Disabilities Administration (DDA) for the State of Washington:

Our Mission

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Our Vision

Supporting individuals to live in, contribute to, and participate in their communities;

Continually improving supports to families of both children and adults;

Individualizing supports that will empower individuals with developmental disabilities to realize their greatest potential;

Building support plans based on the needs and the strengths of the individual and the family;
and

Engaging individuals, families, local service providers, communities, governmental partners and

other stakeholders to continually improve our system of supports.

Our Values

*Respect gained through positive recognition of the importance of all individuals;
Person-Centered Planning to support each person to reach his or her full potential;
Partnerships between DDA and clients, families and providers in order to develop and sustain supports and services that are needed and desired;
Community Participation by empowering individuals with developmental disabilities to be part of the workforce contributing members of society*

Share your agency's Mission Statement and let students know where they can find it.

Activity: Materials – Agency mission statement written where all students can see

Ask each participant to state the agency's mission statement followed by one action they could take in their job to support the agency's mission. (for example: "Our mission is transforming lives by providing support and fostering partnerships that empower people to live the lives they want. I can do this by supporting John to make choices that affect his life every day."). For large classes, you can have students pair up or share in small groups.

Approximate time: 10-15 minutes

By the end of this section, you will be able to:

List 4 possible characteristics / special needs of people you may support

Talking Points:

The characteristics of a developmental disability are attributable to one or more of the following conditions:

- Intellectual disability;
- Cerebral Palsy;
- Epilepsy;
- Autism; or
- Another neurological or other condition closely related to intellectual disability or that requires treatment similar to that required for individuals with intellectual disability.

–And–

- Continued or can be expected to continue indefinitely; and
- Results in substantial limitations to an individual's intellectual and/or adaptive functioning.

The instruction and support needs are based on the individual's ability to perform tasks that are associated with daily living. Instruction and support may vary from a few hours a month up to twenty-four hour, one-on-one support.

Activity:

Guided Note-taking on definitions for disabilities – have students turn to page 4 in their toolkit. Ask them to follow along and fill in the blanks as you read the following 4 definitions (the underlined words are the ones they will fill in):

1. An Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many every day social and practical skills.
2. Cerebral palsy is a group of problems that affect body movement and posture. It is related to a brain injury or to problems with brain development.
3. Epilepsy is a central nervous system disorder (neurological disorder) in which nerve cell activity in the brain becomes disrupted, causing seizures or periods of unusual behavior, sensations and sometimes loss of consciousness.
4. Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.

Go over the statements slowly and repeat as necessary. Once you have finished; remind students that people with a developmental disability have one or more of these disorders (or other closely related neurological condition), it is expected to continue and it causes substantial limitations to intellectual and/or adaptive functioning (i.e. – epilepsy alone isn't qualifying; but if there is an accompanying limitation in functioning, it may be).

Note: if writing is challenging for one or more students; you can write the words on a board or reveal them on an overhead / power point. The reason for students to fill in the blanks is to increase learning and retention.

Approximate time: 25 minutes

By the end of this section, you will be able to:

List effective communication skills and written communication expectations

Talking Points:

(Note: Communication is covered in-depth in the Residential Curriculum – this is an overview). Communication is the exchange and flow of information and ideas from one person to another. Effective communication only occurs if the receiver understands the exact information or idea that the sender intended to transmit.

Ask students to name types of communication – write their answers on a large piece of paper / white board. Ensure that these types are included:

- Verbal (spoken, oral) - Tone, volume, cadence (speed) of voice may come under this heading
- Non-verbal - body language, facial expressions may come under this heading
- Written – daily notes, individual instruction and support plan documentation, incident reports or other documentation forms may come under this heading

Words are only a small part of effective communication. We use non-verbal communication, voice intonation, and listening skills in effective communication.

Many of the problems that occur in an organization are the direct result of people failing to communicate.

Faulty communication causes the most problems. It leads to confusion and can cause a good plan to fail.

Silence or avoiding communication can cause future problems, the need for more policies, and make an agency less effective.

Ask students to name people with whom they think it will be a part of their job to communicate effectively with. Ensure these people are included:

- Person they are supporting (client)
- Co-workers
- Supervisor
- Family / guardians
- DDA Case Manager / other staff

You may be communicating with individuals, their families and guardians, friends, co-workers, supervisory staff within the agency, professional such as physicians, therapists, case managers, employment staff, transit providers, and other state federal and local agency staff involved in benefits that the person may receive. Before sharing any information about the individual, be sure to verify that a release of information form is signed by the individual or his/her guardian. Communication with entities in this category must be limited to the scope of the services you provide for the individual.

Discuss any policies and/or protocols your agency has regarding:

- Staff gossiping and infighting
- When and how to communicate with families and guardians
- When and how to contact supervisor / on-call administrator
 - Calling in sick

Discuss written documentation policies/protocols/ expectations. Your agency may use a form of electronic record keeping and you will need to provide new staff training on this system.

Depending on your expectations of how staff are to keep records during their training, be sure to include what they need to know immediately. Ensure that you cover:

- Required IISP
- Medical visits and issues
- Incident Reporting documentation

Good documentation is:

- | | |
|-----------------|--|
| • Clear | • Reflects that you explored all avenues |
| • Accurate | • Avoids sarcastic language |
| • Relevant | • Avoids professional disagreements |
| • “Makes sense” | • Supports statements with fact/evidence |
| • Concise | |

Mechanics of paper documentation:

Never:

- Erase the error
- “White-out” the error
- Obliterate the error
- Tear out the error

- Remove the page with the error

When changes are necessary to correct inaccuracies, follow these procedures:

- Draw a single, thin line through each line of the inaccurate material, making certain the inaccurate material is still legible
- Date and initial it
- Write the accurate version

Never use pencil or erasable ink. If you do, an attorney can cast doubt on the truth of the document by suggesting to the jury that the original, easily erasable record may have been altered.

Signing Entries:

- Always sign your name (first and last) or initial any entry you have made
- Never sign someone else's notes - signing them makes you responsible for their contents if the individual's treatment is ever a question in a lawsuit. This may also be considered fraud or forgery.
- Use of electronic documentation means that your signature is obtained from your log in into the system. It is unique to you so we know that you are the one who wrote the entry. Never give your log-in or password to anyone.

Time Delays & Unexplained Gaps:

When it is absolutely necessary to make a late entry, follow these procedures:

- Identify it as a late entry
- Record time and date of the late entry
- In the body of the entry, document the time and date it should have been recorded
- State the reason the entry was late

Benefits of Quality Documentation

- It is far more useful
- More reliable than memory
- Serves as evidence that a service was provided
- Demonstrates a professional approach
- Demonstrates quality care
- It can protect you in the event of a lawsuit

Mechanics of electronic documentation:

- Errors are corrected with a new entry or by an Administrator of the electronic program
- All entries are time/date stamped with the name of the person who is logged in at the time

Please review your electronic documentation if applicable and discuss when full training will take place.

Activity:

Have students turn to the page in their toolkit page 7 on communication and identify which type of communication (1–Verbal; 2–Non-verbal; 3–Written) is the **most** important for each of

the identified situations. After they have completed this, review answers and discuss any questions / discrepancies (for larger groups they can do this in pairs / small groups). Not all of these circumstances have only one right answer – the important thing is to get students thinking about types of communication and when various types may be important.

Talking Points:

Even though the last exercise focused on what is the most important type of communication, of course we use non-verbal communication all of the time whether we intend to or not. It is important for you to maintain an awareness of what you are communicating to others. If you are unsure, you can ask a friend, co-worker or supervisor for feedback or simply watch the reactions and responses that you get from others.

Keep it simple. Give just the facts. Provide resources when they need information. Ask the individual when parents and friends need to be contacted. Keep guardians informed about the individual. Be courteous and respectful. Be a good listener. Document contacts with guardians, family members per the agency policies.

Refer to toolkit (pg. 5) which has communication tips. If time allows, have students read and/or discuss.

Approximate time: 10 minutes

By the end of this section, you will be able to:

Explain your duty to protect and promote the rights of each person you support

Talking Points:

Ask students what rights they have. Write them on an easel sheet / dry erase board. Don't get hung up on if it is an actual right – include everything students say.

Then ask students which of the rights that they have just identified are **not** applicable to people with developmental disabilities/ which rights they do not have. Hopefully none will be identified with the exception of entering written agreements (and voting under certain circumstances only) in the case that the person has a full legal guardian. For any rights students say don't apply, ask the student to explain why that wouldn't be a right – ask if that is always the case, if there is legal basis, etc. Explain that aside from the rights legally assumed by a guardian on behalf of the individual; that Individuals you support have the same legal rights and responsibilities guaranteed to all other individuals by the U.S. Constitution, and federal and state law.

Ask students to review their toolkit (pg.8) and review the rights listed. Explain that these rights are explicitly stated because they are often violated for people with developmental disabilities. There are groups who advocate for people's rights – they are listed in your toolkit as well and are resources that you can support individuals to access when needed.

Discuss

- The individual's right to participate in making decisions about the individual's care, and to refuse care;
- How and to whom staff should report any concerns they may have about an individual's decision concerning the individual's care;
- If there are concerns about an individual's decisions, how and when to notify your

supervisor.

One of the rights that you have a legal obligation to actively protect and report is the right to be free from harm. You are a Mandated Reporter, which means by law you must report any suspected incidences of includes abuse, neglect, improper restraint, financial and personal exploitation. You make the report by calling the Complaint Resolution Unit, CRU, at 1-800-562-6078. After making this report to CRU, you should follow the agency protocol (explain here) regarding documentation and contacting a supervisor. You will get more training on this later – but it is very important that you understand your duty as a mandated reporter to protect *yourself* from legal consequences. Additional information will take place during the Residential Services Curriculum. What questions do you have now?

Activity:

Turn to a partner and describe to them in your own words what responsibility you have for protecting and promoting rights of the people you support.

Approximate time: 5 minutes

By the end of this section, you will be able to:

Describe what information should be protected as confidential

Talking Points:

In your role as a DSP, you will be privy to a lot of personal information about the people you support. You should not take this lightly! Think about how many people in your life know exactly how much you weigh, your personal and family history, the size of your last bowel movement, the balance of your bank account. These are just some examples of information you may have in the course of your work. Be respectful of confidentiality by only documenting and discussing necessary information with co-workers and supervisors. Personal information of the people you support is considered confidential and is protected by HIPPA – which means it is a major violation for you to share any of the information without express written consent. This even includes the name and address of the clients you work with since they are receiving services due to a medical condition (developmental disability). Resist temptation to relay stories from work as you could inadvertently disclose confidential information. If you have any questions about what information is ok to disclose and to whom – ask your supervisor *before* disclosing.

Closure

Ask what questions people have – anything on which they would like additional clarification?

Give a break before starting the Safety Training. If you are not teaching safety training as a continuation of this course, have students complete & turn in course evaluation.

Safety Training

Approximate time: 15 minutes

By the end of this section, you will be able to:

State the importance of fall prevention

Talking Points:

According to the Department of Labor and Industries (L&I); there were 3,239 claims for falls on the job Washington State in 2014. This is just counting falls for presumably able-bodied folks at work. Falls are a big issue with potential to do harm – especially for the elderly and people with brittle bones.

As a part of your responsibility to promote safety; you should:

- Be alert for potential tripping hazards – promptly fix or move area rugs, cords or other tripping hazards
- Carefully read the support plans / IISP's for the people you are supporting and follow any special protocols to support ambulation. This may include encouraging people to use their wheelchair or walker or using a gait belt to support someone while walking. If there are specific protocols written to support someone and you fail to follow them – this could be considered negligence.

Activity: **Materials – Risk Summary (either for the person(s) they will support, an example or a blank template)**

Give students a Risk Summary form that your agency uses (this can be the first page of the IISP or a stand-alone document) and ask them where they think they would find information about people who are at risk to fall and expected interventions / protocols. Use this time to discuss the document further and explain that other very important information about their responsibilities and potential risks for the people they support is found in this same area and that reading and following this document is one of the most important roles they have to ensure the health and safety of those they support.

Approximate time: 60 minutes

By the end of this section, you will be able to:

- Navigate policies to find protocols and responsibilities for:
 - Safety for self and co-workers
 - Fire safety
 - In-home hazards
 - Natural disasters or other community emergencies
 - Medical emergencies
 - Location of advance directives (if available)
 - Missing individuals
 - Unmanageable behavior
 - Individuals involved with law enforcement

Talking Points:

It is important that you know the expectations for you to respond to a number of potential emergency situations. Our agency has written guidelines that can be found (describe where they can find them).

Your workbook (pg. 10-12 – add space for agency-specific notes) has basic information on DSP expectations during emergencies. Follow these if you don't find anything more specific. Turn to your toolkit (pg. 9) to find the general safety rules on the left-hand side of the page. Summarize each bullet point or have students read them (aloud or silently). Refer to the items in the box to the right of these and say that these are in the state regulations (also known as WACs) and that the state evaluates on these safety requirements when they do investigations and inspections.

Activity: **Materials – hard copies of agency's policies / guidelines related to safety and responding to emergencies.**

Give students time to read all of the agency's policies / guidelines related to safety and responding to emergencies. Ask students to work independently or in small teams, find the items below in the agency's written guidelines regarding how to respond to the emergency, and write them in their toolkit (pg. 10-12).

- Medical emergencies
- Fire safety
- Natural disasters or other community emergencies
- Missing individuals
- Behavior Emergency
- Location of advance directives (if applicable)

After each student / group has written their response; assign them an emergency and tell them when they see their emergency, they should respond (to the extent possible and that they are comfortable) by acting out and/or narrating the expected response. You should set the tone by hamming it up acting out the emergency. Start with one assigned to a student that you believe will have fun with the activity. After the event has been acted out, have the student state the steps so that other students can write the notes in their workbook.

Talking Points:

Ask if anyone has questions about what is expected in an emergency or how to find the information.

Approximate time: 30 minutes

By the end of this section, you will be able to:

Define safe food handling procedures

Talking Points:

Raise your hand if you have ever eaten at someone's home (or maybe even a restaurant) where you were uncomfortable about the cleanliness of the kitchen and/or the people preparing the food? (Ask one or two people with their hands raised to share what it was that made them uncomfortable).

The Centers for Disease Control (CDC) estimates that roughly 1 in 6 Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases each year. As a part of your job, you are likely to be teaching individuals how to prepare food and/or supporting them by preparing food. By teaching, modeling and using safe food handling procedures, you can greatly reduce the risk of foodborne illnesses.

Activity:

Ask students to help you develop a list of safe food handling practices. Invite a student to be the “scribe” and write answers on large paper / dry erase board. Ensure that at least the topics below are included:

1. Wash hands before handling food, after handling raw meat, and before eating
2. Ensure all surfaces and utensils used for handling raw meat are disinfected
3. Cook all meats to proper temperatures
4. Defrost foods, especially meats, according to directions (typically in refrigerator / water)
5. Store foods at proper temperatures
6. Cover and label leftovers prior to storing
7. Frequently check expiration dates and leftovers – throw out food that is past its prime
8. If person has severe allergies, read all ingredients and be cautious about contamination of cutting boards, spoons, or platters

Talking Points:

The bottom line for food safety is to treat the food for the people you support at least as carefully as you would for yourself (possibly better if this isn't an area of concern for you).

Approximate time: 15 minutes

By the end of this section, you will be able to:

Demonstrate Proper Body Mechanics for lifting

Talking Points:

Introduction: Some of the most common injuries sustained by members of the health care team are severe musculoskeletal strains. Many injuries can be avoided by the conscious use of proper body mechanics when performing physical labor. The following principles apply for both lifting and transferring. You should not attempt to lift or move a person or object that is beyond your physical capacity. We want you to be safe and take care of yourself so you can take care of others.

Activity:

Have students turn in their toolkit (pg. 13-14) and review the body mechanics information and diagram. Tell them that in a minute, you are going to have them practice by lifting their chair while using these techniques and trying as much as possible to mimic the diagram. Let them know they should not exert or over-extend themselves. Ask them to work as partners and have one person check and provide guidance / feedback as they lift their chair, then switch. Observe and quickly interrupt any horseplay or improper techniques.

Talking Points:

Say that just by being conscious and observing our posture and movements we can prevent injuries. Ask if people noticed a difference and if there are any questions or concerns. If needed, refer people with lifting issues to HR and let students know there will be more training later if lifting and transferring people will be a part of their regular duties.

Approximate time: 30 minutes

By the end of this section, you will be able to:

Demonstrate how to properly put on and take off gloves and wash hands

Talking Points:

Bodily fluids can carry infection and diseases. In order to prevent spreading these between the people you support and/or yourself; you can:

- Wear gloves when performing tasks that have potential risks for exposure;
- Wash your hands frequently, including after taking off gloves;
- Avoid exposure to blood and other body fluids;
- Appropriately dispose of contaminated/hazardous articles;
- Report exposure to contaminated articles, blood, or other body fluids; and
- Get your flu shot and stay home when you have a potentially infectious illness

Activity: **Materials – gloves (variety of sizes and powder/powder free, latex/latex free), sink, soap, paper towels & trash can.**

Let's start with hands – hands touch the most things, and are therefore most likely to spread disease. Turn to your toolkit (pg. 14-16) and look at the instructions for washing hands and putting on and removing gloves. Demonstrate hand-washing and have students wash their hands following the instructions. You can give them a break once they have washed their hands – be sure to tell them when to return. Next, demonstrate putting on & taking off gloves and then have students practice in pairs.

Talking Points:

You should wash your hands before preparing or serving food, after using the restroom, blowing your nose, touching your face and removing gloves.

You should wear gloves when assisting with personal care tasks, handling medications (to prevent medication residue from getting on your hands / subsequently ingesting it), and when cleaning bodily fluids and/or using harsh chemicals.

Change gloves when providing care to a different person. Take gloves off when you are finished with these tasks.

Certain bodily fluids (including blood, semen, vaginal secretions) can carry types of diseases known as “blood borne pathogens” which include Hepatitis B and HIV / AIDS. These fluids should be treated with special care. If any of these fluids come into contact with broken skin, eyes, mouth, nose or otherwise enter your body through needle stick or sexual activity (which should never occur on the job!); this is known as a potential exposure. This should be immediately reported to your supervisor who should complete a confidential exposure report and direct you to proper medical attention and follow up.

Needles (including the small ones from glucometers) need to be disposed of using an approved sharps container to prevent an accidental needle-stick. Any items that are soaked with potentially infectious bodily fluids need to be disposed of in a way that reduces the risk of additional exposure.

Conclusion (take remainder of 5 hour orientation & safety training time to complete):

This is the end of the 5 hour Orientation & Safety training. Prior to sending you on to the rest of your training and peer coaching experience; I want to ensure that you feel well equipped, understand your responsibilities and what you need to learn over the rest of your training period to be successful.

Ask students to hold up the number of fingers that corresponds to how prepared they are feeling (0= not at all, 5 = fully) or verbally tell you – then ask follow up questions to find out what they want to spend more time on to bring them closer to a 5. If it is something you can cover in the time remaining – cover it. If not and you know it will be covered later, briefly address their concern and let them know when they will receive more in-depth training on the topic.

Have students complete a course evaluation and ensure they are clear on the rest of their training and orientation schedule.