

Long Term Care Worker Orientation and Safety Training

Participant Toolkit



DDA Developmental
Disabilities Administration

This five hour class must be trained before staff may work with any individual supported by your agency.

**Developmental
Disabilities**

Administration

Mission: *Transform
Lives*

Settings:

• DDD 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.

O **Facility-Based Services** are provided in a home owned or controlled by the provider. Typically about 4 – 6 people live in a facility. It is the responsibility of the provider to ensure the home is furnished and maintained, to purchase the food and pay utilities.

O **Non-Facility Based Services** are provided in a home or apartment owned, leased or rented by the client. Clients typically share homes with 1 to 2 other people. They are responsible for their share of the living expenses (including rent, food and utilities) as well as for furnishing and maintaining their home.

For all community-based residential services:

- Services are to be provided in a person-centered approach with an intent to deliver services in an integrated setting and facilitate the client's full access to the greater community, including opportunities to seek employment and work in competitive, integrated settings, engage in community life, control personal resources and receive services in the community in the same manner as individuals without disabilities.
- The setting is selected by the client from among all available alternatives and is identified in the service plan.
- The client's essential personal rights of privacy, dignity and respect and freedom from coercion and restraint are protected.
- The client's initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment and with whom to interact are optimized and not regimented.
- The client's choice regarding services and supports, and who provides them, is facilitated.

- ✓ *Don't cause an emergency*
- ✓ *Prevent emergencies whenever possible*
- ✓ *When an emergency occurs – respond appropriately*

Where will you find.....

Emergency response manual / Policies & Procedures	
Emergency communication plan / contact numbers	
How to handle injuries & accidents	
How to handle aggressive individual behaviors	
First Aid Kit	
Disaster Kit	
Fire Extinguisher	
Evacuation plan	

My Agency's Mission:

I support the missions by:

1. An _____ is a disability characterized by significant _____ in both intellectual _____ and in _____ behavior, which covers many every day _____ and practical skills.

 2. _____ is a group of problems that affect body _____ and _____. It is related to a brain _____ or to problems with brain _____.

 3. _____ is a central nervous system _____ (neurological disorder) in which _____ cell activity in the _____ becomes disrupted, causing _____ or periods of unusual behavior, sensations and sometimes loss of _____.
- _____ spectrum disorder (ASD) and _____ are both general terms for a group of complex disorders of _____ development. These _____ are characterized, in varying degrees, by _____ in _____ interaction, verbal and nonverbal _____ and _____ behaviors.

Characteristics of DD are covered in your Residential Curriculum Toolkit Chapter 2 page 3.

Listen first to understand and not to respond.

Communication will be discussed further in your Residential Curriculum Toolkit Chapter 5.

1. Treat every person as you would like to be treated yourself.
 - Do not show pity for an individual with a disability. It is demoralizing.
 - Always remember that an individual with a disability is an individual first, just like everyone else.
 - Speak to the individual using your normal voice.
2. Ask one question at a time.
3. If you offer assistance to an individual, wait until the individual responds, and then listen or ask for more detail.
4. When speaking for a length of time to someone who uses a wheelchair or crutches, place yourself at eye level with that person. It is not polite to talk down to the person.
5. When introduced to an individual with a disability, it is appropriate to offer to shake hands.
 - An individual with limited hand use or who wears an artificial limb can usually shake hands.
 - Shaking hands with the left hand is an acceptable alternative.
 - Some people may not feel comfortable shaking hands and may or may not initiate another form of greeting, such as waving hello. It is important for you to be sensitive and learn from the person's body language.
6. When meeting or speaking to someone who is visually impaired, always identify yourself before speaking.
7. Treat adults as adults. People with disabilities are not children in adult bodies.
8. Avoid leaning on or hanging onto an individual's wheelchair. The chair is part of the personal body space of the person who uses it. Do not move or operate the person's wheelchair without seeking permission or being asked by the person.
9. Listen attentively when you're talking with an individual who has difficulty speaking.
 - Be patient and wait for the person to finish, rather than correcting or speaking for that person.
 - If you do not understand the person's comment, ask short questions that require short answers, or a nod or shake of the head.
 - Don't pretend to understand if you are having difficulty. Instead, repeat what you understand, and allow the person to correct or elaborate.
10. To get the attention of an individual who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person, and speak clearly, slowly and expressively.
11. If an individual has a hearing impairment, speak in a normal volume. Hearing aids make sound louder, not clearer.
12. Relax! Don't be embarrassed if you happen to use accepted common phrases that seem to relate to an individual's disability, such as: "See you later." "Did you hear about that?" "Let's go for a walk."
13. Expect people who are non-verbal to communicate. Don't make assumptions. Some people have communication devices or use pictures to communicate.

Documentation

Documentation may take different forms in different agencies. Some use a paper format while others are using electronic methods. Your agency will train you on the correct format. No matter where you document there are some standard rules to follow.

Subjective vs. Objective

Subjective description gives an interpretation of an observation. Two people seeing the same event might be likely to give different subjective descriptions.

Objective description tells what was observed. Two people observing the same thing would probably give very similar objective descriptions.

Don't write

- Refused
- Uncooperative
- Non-compliant
- Your feelings
- Your anger

Do write

- Objective facts
- "Sandi did not take dinner time medications after being reminded by staff".
- "Offered to help Roger up from the floor. Roger said 'Leave me alone'."

Occasionally people get bored or stressed and feel like saying something humorous and friendly in the record. Stifle the urge as such remarks are certain to be misunderstood as...

Extraneous Remarks:

- √ Inattention to duty—"I counted snowflakes all the time during my visit with boring Christine."
- √ Unprofessionalism—"I'm bushed. It was murder in here all morning."
- √ Frivolity—"No problems except for the goofy, pink, fuzzy slippers that Tami insists on wearing."

Good documentation is:

- Clear;
- Accurate;
- Relevant;
- "Makes sense";
- Reflects that you explored all avenues;
- Concise;
- Avoids sarcastic language; and
- Avoids professional disagreements.

Nothing but the Facts

Which type of communication do you think is most important in each of these circumstances? (check one):

<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	You attend a doctor’s appointment with a client and their medication is changed
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	The client you are working with is trying to tell you something, but you can’t understand what they are saying
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	A client’s mom, who is the guardian, calls the house to ask how things are going
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	During your shift there is a natural disaster and you need to seek emergency shelter with your client
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	The client you are working with becomes upset when they don’t have enough money to buy what they want
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	During shift change, you notice that the cash account is \$1.25 short
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Written	You are attending a long meeting with the client, DD Case Manager and your supervisor

Individual's Rights

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.

- A. All eligible division individuals will be informed of their civil rights.
- B. All Direct Support Staff (Long Term Care Workers) must promote individuals' rights.
- C. Violation of the civil, constitutional and/or other rights of individuals is prohibited.
These rights include, but are not limited to, the following:

- *The right to be free from discrimination*
- *The right to be free from harm*
- *The right to dignity, privacy, and humane care*
- *The right to prompt medical care and treatment or the right to refuse medical care and treatment*
- *The right to religious freedom and practice*
- *The right to receive a free appropriate public education.*
- *The right to social interaction and participation in community activities*
- *The right to physical exercise and recreational activities*
- *The opportunity to benefit from employment*

If you feel a person's rights have been violated you may contact DRW, Columbia Legal Services, or Arc of WA.

In addition, your agency may have complaint lines, and / or resident grievance procedures.

Call
1-800-562-6078
Complaint Resolution Unit (CRU)
To report any suspected abuse, neglect or exploitation

Safety Training

General Safety Rules

It is the employees' responsibility to practice the following Safety Rules:

- Observe all company and safety and health rules and apply the principles of accident prevention in my day—to—day duties.
- Report any job—related injury, accidents, or property damage to my supervisor and seek treatment promptly.
- Report hazardous conditions e.g. broken or worn equipment and unsafe incidents to my supervisor promptly.
- Observe safety warnings and house specific safety rules.
- Keep aisles, walkways, and working areas clear of slipping/tripping hazards.
- Know the location of fire/safety exits and evacuation procedures.
- Keep all emergency equipment such as fire extinguishers, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
- Do not report to work under the influence of alcoholic beverages or illegal drugs, or consume them while on the job.
- Keep your focus on providing supports to the individuals. Horseplay or joking around is distracting to co-workers and unprofessional behavior at the workplace.
- Observe safe operating procedures for all equipment and home appliances. Ensure that all guards and other protective devices are in their proper places prior to operating equipment. If you are unable to operate equipment or home appliances, you should request training from your supervisor.
- Follow proper lifting procedures at all times.
- All occupants must wear seatbelts while riding in a vehicle.
- Actively participate in the agency's efforts to create safe and healthy environment for individuals you support.

Each individual's home has the following home safety requirements unless otherwise specified in the individual's support plan:

- (a) A safe and healthy environment;
- (b) Accessible telephone equipment and a list of emergency contact numbers;
- (c) An evacuation plan developed and practiced with the individual;
- (d) Unblocked door and window for emergency exit;
- (e) A safe storage area for flammable and combustible materials;
- (f) An operating smoke detector, with a light alarm for individuals with hearing impairments;
- (g) An accessible flashlight or other safe accessible light source in working condition; and
- (h) Basic first-aid supplies
- (i) The service provider must assist individuals in regulating household water temperature unless otherwise specified in the individual's individual support plan as follows:
 - (j) Maintain water temperature in the household no higher than one hundred and twenty degrees (120) Fahrenheit; Check water temperature when the individual first moves into the household and at least once every three months from then on; and
 - (l) Regulate water temperature for individuals who receive twenty-four hour support, and for other individuals as specified in the individual support plan.
 - (m) DSP staff should be involved in documenting and keeping records. that indicate that physical safety requirements are met for each individual.
 - (n) Individuals you support may independently document these requirements are met when the individual's support plan specifies this level of individual involvement.

My responsibility for Medical Emergencies:
1. Assess the situation and assure the safety of the individual.
2. If necessary, follow First Aid/CPR procedures.
3. Call 911, or have someone call for you. Follow instructions from 911 personnel.
4. If necessary, call in emergency employees so you can accompany the individual to the hospital (individuals should never go to the hospital alone).
5. Take necessary medical information and individual information with you.
6. As soon as possible, notify your Program Supervisor.
7. Document the emergency, and the events that led up to the emergency in the Individual's medical record.
Notes from Agency policies:

My responsibility for Fire emergencies Upon recognizing the fire or responding to a smoke alarm:
1. Assure individual safety and evacuate the area using the Evacuation Plan for that household.
2. Contact 911 and follow their instructions.
3. Evacuate all individual and agency records if it can be done safely
4. If possible, attempt to contain or extinguish the fire.
5. Notify the Program Supervisor as soon as possible.
6. If unable to return to the home, transport individuals to nearest available home to make other arrangements.
7. The Program Supervisor, Regional Manager, or Administrator will notify the Family or Guardian as soon as possible, but no later than 24 hours from the time of the emergency.
8. The Program Supervisor, Regional Manager, or Administrator will notify the DDD Case Manager as soon as possible, but no later than 24 hours from the time of the emergency.
9. Fire Evacuation procedures (Fire Drills) will be conducted on a monthly basis and documented in the agency's safety log. During these drills, the household smoke detectors and fire extinguishers will be checked to assure proper working condition.
Notes from Agency policies:

My responsibility in the event of a Natural Disaster:
1. Remain calm.
2. Assure Individual Safety.
3. Contact your supervisor as quickly as possible.
4. Listen to the emergency broadcast messages in your area.
5. Know the plan for the individual you support. Is there a place where you are to report?
Notes from Agency policies:

My responsibility in the event of a missing person:
1. Search the surrounding area and immediate vicinity.
2. Immediately contact the Supervisor.
3. If necessary, the Supervisor may contact 911 immediately to report a missing individual. However, if the individual is missing longer than 2 hours follow your agencies policy.
4. Available employees may be asked to participate in searching for the missing individual.
NOTE: If leaving the premises is a target behavior of the individual involved, employees must first follow the procedures specified in the individual's Behavior Support Plan, or IISP.
Notes from Agency policies:

Addressing and de-escalating problem behavior is an essential skill that each employee is expected to demonstrate. When addressing problem behavior, the employee must always utilize the behavioral approaches outlined in the individual’s behavior support plan, or Individual Instruction and Support Plan (IISP).

The principle underlying guideline when addressing problem behaviors is SAFETY. It is essential that SAFETY for the individual, the employees, and the community is respected at all times. An important element in maintaining SAFETY is the ability to recognize the difference between emergency situations and non-emergency situations. This ability to assess the situation will ensure that a proper response is provided. There are two ways to approach problem behaviors; Preventive Measures and Emergency Response Measures.

Preventive Measures

The use of emergency interventions can be dramatically reduced by using preventive measures first. Employees are required to utilize preventive measures to reduce the frequency of potentially dangerous behaviors. Preventive measures include a supportive environment in the home, personal skill building for individuals, and respectful interaction between employees and individuals.

Components of Supportive Environment:

- Ensuring individual daily needs are addressed in a timely manner
- Reducing or avoiding situations that are known causes of problem behavior
- Ensuring a quick and praising response to positive behaviors
- Increasing a person’s opportunities to make individual choices
- Promoting positive relationships outside the home (parents, teachers, friends, etc.)

My responsibility for Behavior Emergency:

(Additional information on supporting individuals with challenging behaviors will be addressed in the Residential Curriculum Chapter 4)

1. Utilize the individual’s Behavior Support Interventions as identified in the Behavior Support Plan.
2. Attempt redirection and intervention
3. Contact program supervisor as soon as possible.

Notes from Agency policies:

My responsibility for CPR / Advance Health Care Directives (DNR):

You are expected to perform CPR as necessary unless the client has a specific, approved, Advance Health Care Directive.

Notes from Agency policies:

Keeping yourself safe - Proper Body Mechanics:

Maintain a Stable Center of Gravity.

- a. Keep your center of gravity low.
- b. Keep your back straight.
- c. Bend at the knees and hips.

Maintain a Wide Base of Support. This will provide you with maximum stability while lifting.

- a. Keep your feet apart.
- b. Place one foot slightly ahead of the other.
- c. Flex your knees to absorb jolts.
- d. Turn with your feet.

Maintain the Line of Gravity. The line should pass vertically through the base of support.

- a. Keep your back straight.
- b. Keep the person or object being lifted close to your body.

Maintain Proper Body Alignment.

- a. Tuck in your buttocks.
- b. Pull your abdomen in and up.
- c. Keep your back flat.
- d. Keep your head up.
- e. Keep your chin in.
- f. Keep your weight forward and supported on the outside of your feet.

General Considerations.

- a. It is easier to keep the person or object as close as possible to your body. It puts less of a strain on your back, legs, and arms.
- b. Rock backward or forward on your feet to use your body weight as a pushing or pulling force.
- c. Avoid excessive bending at the waist.
- d. Keep your body in good physical condition to reduce the chance of injury.
- e. It is easier to pull, push, or roll than it is to lift.
- f. Movements should be smooth and coordinated rather than jerky.
- g. Use the arm and leg muscles as much as possible, the back muscles as little as possible.



Lifting:

- a. Use the stronger leg muscles for lifting.
- b. Bend at the knees and hips; keep your back straight.
- c. Lift straight upward, in one smooth motion.

Reaching:

- a. Stand directly in front of and close to the person or object.
- b. Avoid twisting or stretching.
- c. Use a stool or ladder for high objects.
- d. Maintain a good balance and a firm base of support.

Pivoting:

- a. Place one foot slightly ahead of the other.
- b. Turn both feet at the same time, pivoting on the heel of one foot and the toe of the other.
- c. Maintain a good center of gravity.

Avoid Stooping:

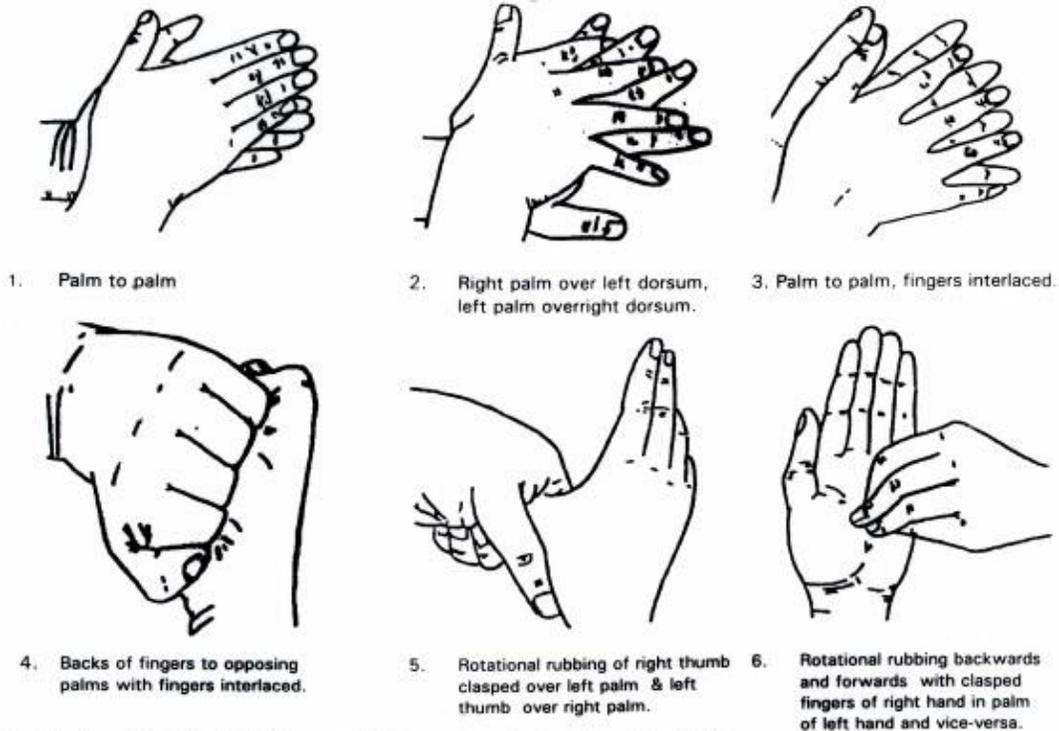
- a. Squat (bending at the hips and knees).
- b. Avoid stooping (bending at the waist).
- c. Use your leg muscles to return to an upright position.

Infection Control:

Washing your hands! It's the single most effective thing you can do to prevent the spread of germs, infection and disease.

1. S.W.I.P.E.S.
2. Make sure supplies are within easy reach so that no contaminated surface is touched throughout the task.
3. Standing away from sink, turn on the faucet and adjust the water temperature. Keep your clothes dry, as moisture breeds bacteria.
4. Wet hands and wrists, keeping your hands lower than your elbows so water runs off your fingertips, not up your arm.
5. Use a generous amount of soap, rubbing hands together and fingers between each other to create lather. Friction helps clean your skin.
6. Continue to rub your hands together, pushing soap under your fingernails and cuticles with a brush or by working them in the palm of your hand. Soap about two inches above your wrist.

7. Wash for one minute.
8. Rinse thoroughly under running water, careful not to touch the sink.
9. Rinse from just above the wrists down to fingertips. Do not run water over unwashed arm down to clean hands.
10. Using a clean paper towel, dry from tips of fingers up to clean wrists. Do not wipe towel on unwashed forearm and then wipe clean hands.
11. Dispose of the towel without touching waste container.
12. If your hands touch the sink or waste container, start over.
13. Using a clean paper towel, turn off faucet, which is considered contaminated. Properly discard towel.



Hands and wrists rubbed till end of 10 sec period. The number of strokes in each step is five.

Gloves:



Infection Control: (does not replace Blood Borne Pathogens Training)

- A. When the skin is cut, punctured or otherwise broken:
 - 1. Force the area to bleed freely (do not use mouth). This reduces the possibility of a risk of infection from the exposure.
 - 2. Scrub the injured area with soap and water.
 - 3. To control free/excess bleeding, utilize standard first aid procedures.
- B. When non-intact skin is exposed, scrub thoroughly with soap and water.
- C. When a splash is to the eye or other mucosal membrane:
 - 1. Flush the eyes with water for 15 minutes (lift the lids periodically during flushing).
 - 2. Mucosal Membranes:
 - a) Mouth - Spit and wipe mouth. Then rinse mouth with water.
 - b) Nose - Blow nose vigorously, wipe with disposable tissue.

Reporting

- A. Employees who have had a possible exposure should immediately contact the Supervisor and report the following:
 - 1. The specific nature of the potential exposure;
 - 2. What infectious materials are involved;
 - 3. Body part exposed;
 - 4. How it was contacted; and
 - 5. The name of the source individual if known.

- B. A record of the exposure will be documented and secured in a confidential location.
- C. Your Supervisor will:
 - 1. Complete exposure report. This report shall remain confidential.
 - 2. Advise you to see a physician of your choice.
 - 3. Compile packet of information for physician.
- D. Investigating Supervisor will:
 - 1. Investigate to determine contributing causes.
 - 2. Develop a corrective action plan (if needed) and take action to implement corrective action.
 - 3. Unless required by law, not divulge information relating to person's status for HBV or HIV.

Record Keeping

Medical Records – Supervisors or agency-assigned staff shall establish and maintain an accurate record for each employee with occupational exposure.

Appropriate Disposal of Contaminated/Hazardous Articles

The agency follows procedures for collecting and effectively disposing of regulated waste in a manner that reduces the risk of exposure.

Definitions:

Contaminated Waste

The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Regulated waste is any of the following:

- Liquid or semi-liquid blood or other potentially infectious materials (OPIM)
- Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM.