



EXPEDITED RULE MAKING

CR-105 (December 2017) (Implements RCW 34.05.353)

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STATE OF WASHINGTON
FILED

DATE: July 05, 2023

TIME: 7:58 AM

WSR 23-14-111

Agency: Department of Social and Health Services, Aging and Long-Term Support Administration

Title of rule and other identifying information: (describe subject) The department is planning on amending the following WAC sections: WAC 388-71-0906 What topics must be taught in the core competencies of the 70-hour home care aide basic training? WAC 388-71-0911 What are the core competencies and learning objectives for the 70-hour home care basic training?, WAC 388-112A-0310 What topics must be taught in the core competencies of the 70-hour home care aide training?, and WAC 388-112A-0320 What are the core competencies and learning objectives for the 70-hour home care aide training?.

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The purpose of the amendments is to remove references to HIV/AIDS training from the basic training requirements from existing rules. Rules referencing HIV/AIDS training are no longer required.

Reasons supporting proposal: In June of 2020, the legislature passed chapter 76, Laws of 2020 (ESHB 1551) which repealed RCW 70.24.270 requiring health professionals to receive education and training related to HIV/AIDS. The session law also removed references to HIV/AIDS in general, and added the definition of "blood borne pathogens" to include HIV, Hepatitis B, and Hepatitis C. The WAC amendments are necessary to establish current training requirements.

Statutory authority for adoption: RCW 74.39A.009, RCW 74.39A.070, RCW 74.39A.074, RCW 70.128.230, repeal of RCW 70.24.270

Statute being implemented: RCW 74.39A.060, ESHB 1551 repealed RCW 70.24.270, which was the statutory authority for the sections now being removed under this expedited rule making

Is rule necessary because of a:

- | | | |
|-------------------------|------------------------------|--|
| Federal Law? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Federal Court Decision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| State Court Decision? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If yes, CITATION:

Name of proponent: (person or organization) Department of Social and Health Services- Aging and Long-Term Support Administration

Private
 Public
 Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
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Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

Expedited Adoption - Which of the following criteria was used by the agency to file this notice:

- Relates only to internal governmental operations that are not subject to violation by a person;
- Adopts or incorporates by reference without material change federal statutes or regulations, Washington state statutes, rules of other Washington state agencies, shoreline master programs other than those programs governing shorelines of statewide significance, or, as referenced by Washington state law, national consensus codes that generally establish industry standards, if the material adopted or incorporated regulates the same subject matter and conduct as the adopting or incorporating rule;
- Corrects typographical errors, make address or name changes, or clarify language of a rule without changing its effect;
- Content is explicitly and specifically dictated by statute;
- Have been the subject of negotiated rule making, pilot rule making, or some other process that involved substantial participation by interested parties before the development of the proposed rule; or
- Is being amended after a review under RCW 34.05.328.

Expedited Repeal - Which of the following criteria was used by the agency to file notice:

- The statute on which the rule is based has been repealed and has not been replaced by another statute providing statutory authority for the rule;
- The statute on which the rule is based has been declared unconstitutional by a court with jurisdiction, there is a final judgment, and no statute has been enacted to replace the unconstitutional statute;
- The rule is no longer necessary because of changed circumstances; or
- Other rules of the agency or of another agency govern the same activity as the rule, making the rule redundant.

Explanation of the reason the agency believes the expedited rule-making process is appropriate pursuant to RCW 34.05.353(4): Repeal of RCW 70.24.270 removes the requirement to include HIV/AIDS in long-term care worker training

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO

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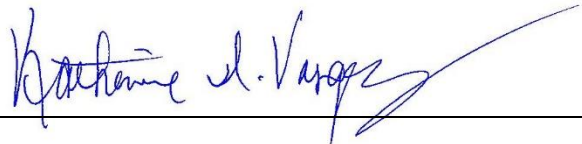
AND RECEIVED BY (date) September 6, 2023

Date: July 5, 2023

Name: Katherine I. Vasquez

Title: DSHS Rules Coordinator

Signature:



AMENDATORY SECTION (Amending WSR 23-01-022, filed 12/9/22, effective 1/9/23)

WAC 388-71-0906 What topics must be taught in the core competencies of the 70-hour home care aide basic training? Basic training must include all of the competencies under WAC 388-71-0911 for the following topics:

- (1) Communication skills;
- (2) Long-term care worker self-care;
- (3) Problem solving;
- (4) Client rights and maintaining dignity;
- (5) Abuse, abandonment, neglect, financial exploitation, and mandatory reporting;
- (6) Client directed care;
- (7) Cultural sensitivity;
- (8) Body mechanics;
- (9) Fall prevention;
- (10) Skin and body care;
- (11) Long-term care worker roles and boundaries;
- (12) Supporting activities of daily living;
- (13) Food preparation and handling;
- (14) Medication assistance;
- (15) Infection control((~~r~~)) and blood((-))borne pathogens((~~r~~-HIV/AIDS)); and
- (16) Grief and loss.

AMENDATORY SECTION (Amending WSR 23-01-022, filed 12/9/22, effective 1/9/23)

WAC 388-71-0911 What are the core competencies and learning objectives for the 70-hour home care aide basic training? Home care aide basic training includes core competencies that describe the behavior and skills that a long-term care worker must exhibit when working with clients and the learning objectives associated with each competency as follows:

- (1) Communicate effectively and in a respectful and appropriate manner with clients, family members, and care team members:
 - (a) Recognize how verbal and nonverbal cues impact communication with the client and care team;
 - (b) Engage and respect the client through verbal and nonverbal communication;
 - (c) Listen attentively and determine that the client, when able, understands what has been communicated;
 - (d) Recognize and acknowledge clients' communication including indicators of pain, confusion, or misunderstanding;
 - (e) Utilize communication strategies to deal with difficult situations; and
 - (f) Recognize common barriers to effective communication and identify how to eliminate them((~~r~~)).
- (2) Regarding long-term care worker self-care:
 - (a) Identify behaviors, practices, and resources to reduce stress and avoid burnout;

- (b) Recognize common barriers to self-care and ways to overcome them; and
- (c) Recognize aspects of a long-term care worker's job that can lead to stress and burnout, common signs and symptoms of stress and burnout, and the importance of taking action to practice self-care to avoid burnout((+)).
- (3) Regarding the competency of effective problem solving, use effective problem solving skills to:
 - (a) Explain why it is necessary to understand and utilize a problem solving method;
 - (b) Implement a problem solving process/method; and
 - (c) Identify obstacles to effective problem solving and ways to overcome them((+)).
- (4) Regarding the competency of client rights and dignity, take appropriate action to promote and protect a client's legal and human rights as protected by federal and Washington state laws including:
 - (a) Protect a client's confidentiality, including what is considered confidential information, to whom a long-term care worker is allowed or not allowed to give confidential information, and how to respond if a non-care team member asks for confidential information;
 - (b) Promote client's dignity and privacy, and encourage, and support a client's maximum independence when providing care;
 - (c) Maintain a restraint-free environment, including physical, chemical, and environmental restraints. Use common, safe alternatives to restraint use; and
 - (d) Protect and promote the client's right to live free of abuse, neglect, abandonment, and financial exploitation((+)).
- (5) Regarding the competency of recognizing indicators of abuse and understanding the mandatory reporting requirements, recognize the signs of abuse and report suspected abuse, abandonment, neglect, and financial exploitation:
 - (a) Describe long-term care worker's responsibilities as a mandatory reporter as defined in RCW 74.34.020 through 74.34.053; and
 - (b) Identify common indications of abuse, abandonment, neglect, and financial exploitation((+)).
- (6) Regarding the competency of client directed care, take appropriate action when following a client's direction regarding care:
 - (a) Describe a long-term care worker's role in client directed care including determining, understanding, and supporting a client's choices;
 - (b) Describe the importance and impact of client directed care on a client's independence, self-determination, and quality of life;
 - (c) Identify effective problem solving strategies that help balance a client's choice with personal safety; and
 - (d) Report concerns when a client refuses care or makes choices that present a possible safety concern((+)).
- (7) Regarding the competency of cultural sensitivity, provide culturally appropriate care:
 - (a) Describe how cultural background, lifestyle practices, and traditions can impact care; and
 - (b) Use methods to determine and ensure that these are respected and considered when providing care((+)).
- (8) Regarding the competency of body mechanics, utilize current best practices and evidence-based methods of proper body mechanics while performing tasks as outlined in the care plan((+)).
- (9) Regarding the competency on fall prevention:

- (a) Identify fall risk factors and take action to reduce fall risks for a client; and
 - (b) Take proper steps to assist when a client is falling or has fallen((†)).
- (10) Regarding the competency of skin and body care, use personal care practices that promote and maintain skin integrity:
- (a) Explain the importance of observing a client's skin, when to observe it, and what to look for including common signs and symptoms of skin breakdown;
 - (b) Identify risk factors of skin breakdown;
 - (c) Observe skin at pressure point locations and report any concerns;
 - (d) Describe what a pressure ulcer is, what it looks like, and what actions to take if a client appears to be developing or develops a pressure ulcer;
 - (e) Describe current best practices that protect and maintain a client's skin integrity including position changes when sitting or lying for extended periods, and proper positioning and transfer techniques;
 - (f) Implement current best practices that promote healthy skin including hygiene, nutrition, hydration, and mobility; and
 - (g) Identify when to report skin changes and who to report them to((†)).
- (11) Regarding the competency on long-term care worker roles and boundaries, adhere to basic job standards, expectations, and requirements and maintain professional boundaries:
- (a) Identify when, how, and why to obtain information from appropriate sources about a client's condition or disease for which they are receiving services, and describe how to use this information to provide appropriate, individualized care;
 - (b) Describe a client's baseline based on information provided in the care plan and explain why it is important to know a client's baseline;
 - (c) Identify changes in a client's physical, mental, and emotional state through observation;
 - (d) Report changes from baseline and concerns to the appropriate care team member(s);
 - (e) Identify basic job standards and requirements (such as coming to work on time) and describe how maintaining these standards are critical to a client's safety and well-being;
 - (f) Explain the purpose of a care plan and describe how it is created, used, and modified;
 - (g) Use a client's care plan to direct a long-term care worker's job tasks and any client directed care tasks;
 - (h) Identify what is required of a long-term care worker, as described in WAC 388-71-0946, prior to performing a nurse-delegated task;
 - (i) Describe the role of a care team and a long-term care worker's role in the care team;
 - (j) Describe professional boundaries and the importance of maintaining them; and
 - (k) Identify signs of unhealthy professional boundaries, barriers to keeping clear professional boundaries, and ways to avoid or eliminate them((†)).
- (12) Regarding the competency on supporting activities of daily living, perform required personal care tasks to the level of assis-

tance needed and according to current best practices and evidence-based guidelines:

(a) Demonstrate, in the presence of a qualified instructor, all critical steps required for personal care tasks including but not limited to:

- (i) Helping an individual walk;
- (ii) Transferring an individual from bed to wheelchair;
- (iii) Turning and repositioning an individual in bed;
- (iv) Providing oral care;
- (v) Cleaning and storing dentures;
- (vi) Shaving a face;
- (vii) Providing fingernail care;
- (viii) Providing foot care;
- (ix) Providing a bed bath;
- (x) Assisting an individual with a weak arm to dress;
- (xi) Putting knee-high elastic stockings on an individual;
- (xii) Providing passive range of motion for one shoulder;
- (xiii) Providing passive range of motion for one knee and ankle;
- (xiv) Assisting an individual to eat;
- (xv) Assisting with peri-care;
- (xvi) Assisting with the use of a bedpan;
- (xvii) Assisting with catheter care;
- (xviii) Assisting with condom catheter care; and
- (xix) Providing medication assistance;

(b) In the process of performing the personal care tasks, use proper body mechanics, listen attentively, speak clearly and respectfully while explaining what the long-term care worker is doing, incorporate client preferences, maintain privacy and dignity, support the client's level of ability, and assure the client's comfort and safety;

(c) Appropriately utilize assistive device(s) specified in the care plan;

(d) Describe any safety concerns related to each task and how to address the concerns;

(e) Demonstrate an understanding of bowel and bladder functioning, including factors that promote healthy bowel and bladder functioning, and the signs, symptoms, and common causes of abnormal bowel and bladder function; and

(f) Identify the importance of knowing a client's bowel and bladder functioning baseline and when to report changes((+)).

(13) Regarding the competency on food preparation and handling, plan and prepare meals using a basic knowledge of nutrition and hydration, incorporating any diet restrictions or modifications, and prevent food borne illness by preparing and handling food in a safe manner:

(a) Describe how nutrition and hydration can impact a client's health;

(b) Plan, shop, and prepare meals for a client according to the guidelines of good nutrition and hydration, incorporating any dietary requirements and restrictions from the care plan and client preferences;

(c) Describe common signs of poor nutrition and hydration, and when to report concerns and who to report concerns to;

(d) Understand that diet modification is required for certain health conditions, including dysphagia, and describe how to identify diet modifications required for a client;

(e) Recognize when a client's food choices vary from specifications on the care plan, describe when to report concerns and who to report them to;

(f) Describe what causes food borne illness, the risks associated with food borne illness and examples of potentially hazardous foods;

(g) Describe appropriate food handling practices, including:

(i) Avoiding cross contamination from one food to another;

(ii) Safe storage requirements for cooling of leftover foods, including:

(A) Depth;

(B) Types of containers and temperatures;

(C) The need to maintain food at proper temperatures to limit bacterial growth; and

(D) Safe food storage and holding temperatures for both cold and hot foods;

(iii) Best practices for thawing and re-heating food; and

(iv) Using clean gloves (if possible), and clean utensils when preparing food;

(h) Describe the importance and correct procedure for cleaning and disinfecting food contact surfaces; and

(i) Describe why a long-term care worker with certain types of illnesses, symptoms, or both must not prepare food((+)).

(14) Regarding the competency of medication assistance, appropriately assist with medications:

(a) Identify what a long-term care worker is allowed and not allowed to do when assisting with medications ((~~as described in chapter 246-888 WAC~~));

(b) Define terms related to medication assistance including prescription drugs, over the counter medications, and as needed (PRN) medications, medication side effects, and drug interactions;

(c) Identify common symptoms of medication side effects and when and to whom to report concerns;

(d) Store medications according to safe practices and the label instructions;

(e) Describe, in the proper sequence, each of the five rights of medication assistance; and

(f) Identify what to do for medication-related concerns, including describing ways to work with a client who refuses to take medications, identifying when and to whom to report when a client refuses medication or there are other medication-related concerns, and identifying what is considered a medication error, when to report a medication error, and who to report it to((+)).

(15) Regarding the competency of infection control and blood((-))borne pathogens ((~~including HIV/AIDS~~)), implement best practices to prevent and control the spread of infections:

(a) Identify commonly occurring infections, ways that infections are spread, and symptoms of infections;

(b) Describe the purpose, benefit, and proper implementation of standard precautions in infection control;

(c) Implement current best practices for controlling the spread of infection, including the use of hand washing and gloves;

(d) Demonstrate proper hand washing and putting on and taking off gloves;

(e) Identify immunizations that are recommended for adults to reduce the spread of virus and bacteria;

(f) Describe laundry and housekeeping measures that help in controlling the spread of infection;

- (g) Describe proper use of cleaning agents that destroy micro-organisms on surfaces;
- (h) Describe what blood((-))borne (BB) pathogens are and how they are transmitted;
- (i) Identify the major BB pathogens, diseases, and high-risk behaviors for BB diseases;
- (j) Identify measures to take to prevent BB diseases;
- (k) Describe what to do if exposed to BB pathogens and how to report an exposure; and
- ~~(l) ((Describe how HIV works in the body);~~
- ~~(m) Explain that testing and counseling for HIV/AIDS is available;~~
- ~~(n) Describe the common symptoms of HIV/AIDS;~~
- ~~(o) Explain the legal and ethical issues related to HIV including required reporting, confidentiality, and nondiscrimination; and~~
- ~~(p)) Explain the importance of emotional issues and support for clients and long-term care workers((+)).~~
- (16) Regarding the competency on grief and loss, support yourself and the client in the grieving process:
 - (a) Define grief and loss;
 - (b) Describe common losses a client and long-term care worker may experience;
 - (c) Identify common symptoms associated with grief and loss;
 - (d) Describe why self-care is important during the grieving process; and
 - (e) Identify beneficial ways and resources to work through feelings of grief and loss((+)).
- (17) Long-term care workers who complete DSHS approved basic training meet the training requirements for adult family homes in RCW 70.128.250((+)).
- (18) Regarding the competency on identifying indicators of hearing loss, which may be part of the basic training or population specific hours:
 - (a) Identify common symptoms associated with hearing loss; and
 - (b) Identify what to do for hearing loss related concerns, including describing ways to communicate with a client who is experiencing hearing loss and identifying when and to whom to report when a client's hearing ability changes.

AMENDATORY SECTION (Amending WSR 23-01-022, filed 12/9/22, effective 1/9/23)

WAC 388-112A-0310 What topics must be taught in the core competencies of the 70-hour home care aide basic training? The 70-hour home care aide basic training for long-term care workers must include all of the competencies described in WAC 388-112A-0320 and the following topics:

- (1) Communication skills;
- (2) Long-term care worker self-care;
- (3) Problem solving;
- (4) Resident rights and maintaining dignity;
- (5) Abuse, abandonment, neglect, financial exploitation, and mandatory reporting;
- (6) Resident directed care;

- (7) Cultural sensitivity;
- (8) Body mechanics;
- (9) Fall prevention;
- (10) Skin and body care;
- (11) Long-term care worker roles and boundaries;
- (12) Supporting activities of daily living;
- (13) Food preparation and handling;
- (14) Medication assistance;
- (15) Infection control((~~r~~)) and bloodborne pathogens(~~(, —HIV/~~
AIDS)); and
- (16) Grief and loss.

AMENDATORY SECTION (Amending WSR 23-01-022, filed 12/9/22, effective 1/9/23)

WAC 388-112A-0320 What are the core competencies and learning objectives for the 70-hour home care aide training? The 70-hour home care aide basic training includes core competencies that describe the behavior and skills that a long-term care worker must exhibit when working with residents and the learning objectives associated with each competency as follows:

- (1) Communicate effectively and in a respectful and appropriate manner with residents, family members, and care team members:
 - (a) Recognize how verbal and nonverbal cues impact communication with the resident and care team;
 - (b) Engage and respect the resident through verbal and nonverbal communication;
 - (c) Listen attentively and determine that the resident, when able, understands what has been communicated;
 - (d) Recognize and acknowledge the resident's communication including indicators of pain, confusion, or misunderstanding;
 - (e) Utilize communication strategies to deal with difficult situations; and
 - (f) Recognize common barriers to effective communication and identify how to eliminate them.
- (2) Regarding long-term care worker self-care:
 - (a) Identify behaviors, practices, and resources to reduce stress and avoid burnout;
 - (b) Recognize common barriers to self-care and ways to overcome them; and
 - (c) Recognize aspects of a long-term care worker's job that can lead to stress and burnout, common signs and symptoms of stress and burnout, and the importance of taking action to practice self-care to avoid burnout.
- (3) Regarding the competency of effective problem solving, use effective problem solving skills:
 - (a) Explain why it is necessary to understand and utilize a problem solving method;
 - (b) Implement a problem solving process/method; and
 - (c) Identify obstacles to effective problem solving and ways to overcome them.
- (4) Regarding the competency of resident rights and dignity, take appropriate action to promote and protect a resident's legal and human rights as protected by federal and Washington state laws, including:

(a) Protect a resident's confidentiality including what is considered confidential information, who a long-term care worker is allowed or not allowed to give confidential information to, and how to respond if a non-care team member asks for confidential information;

(b) Promote a resident's dignity and privacy and encourage and support a resident's maximum independence when providing care;

(c) Maintain a restraint-free environment, including physical, chemical, and environmental restraints and use common, safe alternatives to restraint use; and

(d) Protect and promote the resident's right to live free of abuse, neglect, abandonment, and financial exploitation.

(5) Regarding the competency of recognizing indicators of abuse and understanding the mandatory reporting requirements, recognize the signs of abuse and report suspected abuse, abandonment, neglect, and financial exploitation:

(a) Describe long-term care workers' responsibilities as a mandatory reporter as described in RCW 74.34.020 through 74.34.053; and

(b) Identify common indications of abuse, abandonment, neglect, and financial exploitation.

(6) Regarding the competency of resident directed care, take appropriate action when following a resident's direction regarding care:

(a) Describe a worker's role in resident directed care including determining, understanding, and supporting a resident's choices;

(b) Describe the importance and impact of resident directed care on a resident's independence, self-determination, and quality of life;

(c) Identify effective problem solving strategies that help balance a resident's choice with personal safety; and

(d) Report concerns when a resident refuses care or makes choices that present a possible safety concern.

(7) Regarding the competency of cultural sensitivity, provide culturally appropriate care:

(a) Describe how cultural background, lifestyle practices, and traditions can impact care; and

(b) Use methods to determine and ensure that these are respected and considered when providing care.

(8) Regarding the competency of body mechanics, utilize current best practices and evidence-based methods of proper body mechanics while performing tasks as outlined in the care plan.

(9) Regarding the competency of fall prevention:

(a) Identify fall risk factors and take action to reduce fall risks for a resident; and

(b) Take proper steps to assist a resident who is falling or has fallen.

(10) Regarding the competency of skin and body care, use of personal care practices that promote and maintain skin integrity:

(a) Explain the importance of observing a resident's skin, when to observe it, and what to look for, including common signs and symptoms of skin breakdown;

(b) Identify risk factors of skin breakdown;

(c) Observe skin at pressure point locations and report any concerns;

(d) Describe what a pressure ulcer is, what it looks like, and what action to take if a resident appears to be developing or develops a pressure ulcer;

(e) Describe current best practices that protect and maintain a resident's skin integrity including position changes when sitting or

lying for extended periods, and proper positioning and transfer techniques;

(f) Implement current best practices that promote healthy skin including hygiene, nutrition, hydration, and mobility; and

(g) Identify when to report skin changes and who to report them to.

(11) Regarding the competency on long-term care worker roles and boundaries, adhere to basic job standards, expectations, and requirements and maintain professional boundaries:

(a) Identify when, how, and why to obtain information from appropriate sources about a resident's condition or disease for which they are receiving services and describe how to use this information to provide appropriate, individualized care;

(b) Describe a resident's baseline functioning level using information provided in the service plan and explain why it is important to know a resident's baseline;

(c) Identify changes in a resident's physical, mental, and emotional state through observation;

(d) Report changes from baseline and concerns to the appropriate care team member(s);

(e) Identify basic job standards and requirements (such as coming to work on time) and describe how maintaining these standards are critical to a resident's safety and well-being;

(f) Explain the purpose of a service plan and describe how it is created, used, and modified;

(g) Use a resident's service plan to direct a long-term care worker's job tasks and any resident directed care tasks;

(h) Identify what is required of a long-term care worker, as described in WAC 388-112A-0550, prior to performing a nurse-delegated task;

(i) Describe the role of a care team and a long-term care worker's role in the care team;

(j) Describe professional boundaries and the importance of maintaining them; and

(k) Identify signs of unhealthy professional boundaries, barriers to keeping clear professional boundaries, and ways to avoid or eliminate them.

(12) Regarding the competency on supporting activities of daily living, perform required personal care tasks to the level of assistance needed and according to current best practices and evidence-based guidelines:

(a) Demonstrate, in the presence of a qualified instructor, all critical steps required for personal care tasks including but not limited to:

(i) Helping a resident walk;

(ii) Transferring a resident from a bed to a wheelchair;

(iii) Turning and repositioning a resident in bed;

(iv) Providing oral care;

(v) Cleaning and storing dentures;

(vi) Shaving a face;

(vii) Providing fingernail care;

(viii) Providing foot care;

(ix) Providing a bed bath;

(x) Assisting a resident with a weak arm to dress;

(xi) Putting knee-high elastic stockings on a resident;

(xii) Providing passive range of motion for one shoulder;

(xiii) Providing passive range of motion for one knee and ankle;

- (xiv) Assisting a resident to eat;
- (xv) Assisting with peri-care;
- (xvi) Assisting with the use of a bedpan;
- (xvii) Assisting with catheter care;
- (xviii) Assisting with condom catheter care; and
- (xix) Providing medication assistance;

(b) In the process of performing the personal care tasks, use proper body mechanics, listen attentively, speak clearly and respectfully while explaining what the long-term care worker is doing, incorporate resident preferences, maintain privacy and dignity, support the resident's level of ability, and assure the resident's comfort and safety;

(c) Appropriately utilize assistive device(s) specified on the service plan;

(d) Describe any safety concerns related to each task and how to address the concerns;

(e) Demonstrate an understanding of bowel and bladder functioning, including factors that promote healthy bowel and bladder functioning, and the signs, symptoms, and common causes of abnormal bowel and bladder function; and

(f) Identify the importance of knowing a resident's bowel and bladder functioning baseline and when to report changes.

(13) Regarding the core competency on food preparation and handling, plan and prepare meals using a basic knowledge of nutrition and hydration, incorporating any diet restrictions or modifications, and prevent food borne illness by preparing and handling food in a safe manner:

(a) Describe how nutrition and hydration can impact a resident's health;

(b) Plan, shop, and prepare meals for a resident according to the guidelines of good nutrition and hydration, incorporating any dietary requirements and restrictions per the service plan and resident preferences;

(c) Describe common signs of poor nutrition and hydration, when to report concerns, and who to report concerns to;

(d) Understand that diet modification is required for certain health conditions, including dysphagia, and describe how to identify diet modifications required for a resident;

(e) Recognize when a resident's food choices vary from specifications on the care plan and describe when to report concerns and who to report them to;

(f) Describe what causes food borne illness, the risks associated with food borne illness, and examples of potentially hazardous foods;

(g) Describe appropriate food handling practices, including:

(i) Avoiding cross contamination from one food to another;

(ii) Safe storage requirements for cooling of leftover foods, including:

(A) Depth;

(B) Types of containers and temperatures;

(C) The need to maintain food at proper temperatures to limit bacterial growth; and

(D) What are the safe food storage and holding temperatures for both cold and hot foods;

(iii) Best practices for thawing and reheating food; and

(iv) Using clean gloves (if possible) and clean utensils when preparing food;

- (h) Describe the importance and correct procedure for cleaning and disinfecting food contact surfaces; and
- (i) Describe why a long-term care worker with certain types of illnesses and symptoms must not prepare food.
- (14) Regarding the competency of medication assistance, appropriately assist with medications:
 - (a) Identify what a long-term care worker is allowed and not allowed to do when assisting with medications (~~as described in chapter 246-888 WAC~~);
 - (b) Define terms related to medication assistance including prescription drugs, over the counter medications, and as needed (PRN) medications, medication side effects, and drug interactions;
 - (c) Identify common symptoms of medication side effects, when to report concerns, and who to report them to;
 - (d) Store medications according to safe practices and the label instructions;
 - (e) Describe, in the proper sequence, each of the five rights of medication assistance; and
 - (f) Identify what to do for medication-related concerns, including describing ways to work with a resident who refuses to take medications, identifying when to report when a resident refuses medication, or there are other medication-related concerns, who to report these concerns to, and identifying what is considered a medication error, when to report a medication error, and who to report it to.
- (15) Regarding the competency of infection control and bloodborne pathogens (~~including HIV/AIDS~~), implement best practices to prevent and control the spread of infections:
 - (a) Identify commonly occurring infections, ways that infections are spread, and symptoms of infections;
 - (b) Describe the purpose, benefit, and proper implementation of standard precautions in infection control;
 - (c) Implement current best practices for controlling the spread of infection, including the use of hand washing and gloves;
 - (d) Demonstrate proper hand washing and putting on and taking off gloves;
 - (e) Identify immunizations that are recommended for adults to reduce the spread of virus and bacteria;
 - (f) Describe laundry and housekeeping measures that help in controlling the spread of infection;
 - (g) Describe proper use of cleaning agents that destroy microorganisms on surfaces;
 - (h) Describe what bloodborne (BB) pathogens are and how they are transmitted;
 - (i) Identify the major BB pathogens, diseases, and high-risk behaviors for BB diseases;
 - (j) Identify measures to take to prevent BB diseases;
 - (k) Describe what to do if exposed to BB pathogens and how to report an exposure; and
 - ~~(l) ((Describe how HIV works in the body;~~
 - ~~(m) Explain that testing and counseling for HIV/AIDS is available;~~
 - ~~(n) Describe the common symptoms of HIV/AIDS;~~
 - ~~(o) Explain the legal and ethical issues related to HIV including required reporting, confidentiality, and nondiscrimination; and~~
 - ~~(p)) Explain the importance of emotional issues and support for residents and long-term care workers.~~

(16) Regarding the competency on grief and loss, support yourself and the resident in the grieving process:

(a) Define grief and loss;

(b) Describe common losses a resident and long-term care worker may experience;

(c) Identify common symptoms associated with grief and loss;

(d) Describe why self-care is important during the grieving process; and

(e) Identify beneficial ways and resources to work through feelings of grief and loss.

(17) Long-term care workers who complete a DSHS approved basic training meet the training requirements for adult family homes in RCW 70.128.250.

(18) Regarding the competency on identifying indicators of hearing loss, which may be part of the basic training or population specific hours:

(a) Identify common symptoms associated with hearing loss; and

(b) Identify what to do for hearing loss related concerns, including describing ways to communicate with a resident who is experiencing hearing loss and identifying when and to whom to report when a resident's hearing ability changes.