

Long-Term Care Worker Orientation Training



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



Table of Contents

- Language Access** 1
- A Note to Employers about Orientation** .. 2
- Introduction to Orientation** 4
 - Terminology: Clients and Caregivers 4
- The People You Support** 5
 - A Client’s Care Team 5
- Client and Resident Rights** 6
 - Choice & Freedom 6
 - Confidentiality 7
 - Privacy 8
 - Resident Rights 8
 - Your Role in Protecting Rights 9
- Ombuds and Advocacy Organizations** .. 10
- Care Settings** 11
 - In-Home Care 11
 - Residential Care 11
- Basic Job Responsibilities of a Long-Term Care Worker** 13
 - Job Performance 13
 - Understanding Your Job Duties 14
- Care Plans** 15
 - Talking about the Care Plan or Task List. 15
- Building Relationships** 17
 - Person-Centered Care 17
 - Ask Questions 18
 - Establish a Routine 19
 - Ask Again 19
- Communication** 20
 - Respectful Communication 20
 - Positive Communication 21
 - Meeting Each Client’s Communication Needs 21
 - First Impressions 22
 - Listening 23
 - Body Language 24
 - Professional Communication 25
 - Emergency Communication 26
 - Communicating with Care Team Members .26

- Documentation and Reporting** 27
 - Observe 27
 - Documenting 28
 - Reporting 29
- Mandatory Reporting** 30
 - Who is a Vulnerable Adult? 30
 - Definitions 30
 - Making a Report 34
 - Working with your Supervisor and Reporting 35
 - More to Know about Reporting 35
- Self-Care for Caregivers** 37
 - Signs of Stress 37
 - Practicing Self-Care 37
 - Problems in the Workplace 38
- Your Further Training and Certification Requirements** 39
 - Submitting and Application 39
 - Training Requirements 39
 - Need Help? 40
 - Home Care Aide Examination 40
 - Continuing Education and Certification Renewal 40
- In Conclusion** 41
- Appendix 1: Common Acronyms** 42
- Appendix 2: Long-Term Care Worker Orientation Checklist** 44
- Acknowledgments** 45
 - Curriculum Development 45
 - Contributors 45
- Pilot Instructor** 48
- Final Editing and Layouts** 48
- Document Accessibility** 48
- Image Credits** 48
- Contact Us** 48

Language Access

This document is available in multiple languages at: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

ይህ የመማሪያ መጽሐፍ በተለያዩ ቋንቋዎች ይገኛል በ:- dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available ላይ።

[.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available](https://dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available) هذا الدليل متاح بلغات متعددة عبر الرابط الإلكتروني:

សៀវភៅរុក្ខម្ភនេះ គឺអាចរកបានជាច្រើនភាសា៖ dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

此课本提供多种语言: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available。

本課本提供多種語言: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available。

본 교과서는 dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available에서 여러 언어로 이용하실 수 있습니다.

Этот учебник доступен на многих других языках здесь: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Buuggan akhriska waxaa lagu heli karaa luuqado badan waxaanna laga heli karaa bartan: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Este libro de texto está disponible en varios idiomas en: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Ang batayang aklat na ito ay makukuha sa maraming wika sa: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Цей посібник доступний кількома мовами за адресою: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Sách giáo khoa này hiện có trong nhiều ngôn ngữ khác nhau tại: dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

A Note to Employers about Orientation

Long-term care workers who have not yet become certified Home Care Aides and who are not exempt per [WAC 388-71-0839](#) or [RCW 18.88B.041](#) must complete 2 hours of long-term care worker orientation and 3 hours of safety training before they can provide care to clients ([WAC 388-112A](#) and [WAC 388-71](#)). In residential facilities, individuals who are exempt per [RCW 18.88B.041](#) and volunteers must complete facility orientation training before having routine interaction with clients ([WAC 388-112A-0200](#)).

This document introduces all the topics for a long-term care worker orientation as required by [WAC 388-112A-0210\(2\)](#) and [WAC 388-71-0846](#). Adult family homes, assisted living facilities, enhanced services facilities and home care agencies are encouraged to use the information in this document to deliver the required two-hour orientation training to long-term care workers who have not yet become certified Home Care Aides.

This is a generic orientation. Employers must include their own policies and procedures to make orientation relevant to their specific organization. This document includes space for the long-term care worker to take notes. If you need more space for notes, you can print extra copies of page 50. Employers can use the entire document as it is or restructure the information into their own format.

This orientation covers the topics that Washington Administrative Code requires. Each person has their own individual needs and preferences. Always be listening for what new skills and knowledge your staff needs to improve their care. Encourage your employees to learn about and value the people they support.

What is long-term care worker orientation?

Orientation is the first step to successfully onboarding a new long-term care worker. Orientation is not administrative or human resources paperwork. It is an introduction to the

job of caregiving and the role of a long-term care worker. It is also your opportunity to build relationships with new employees and bring them into the folds of your organization.

For more information about successful onboarding, see the Long-Term Care Worker Retention Toolkit at carelearnwa.com.

Why are orientation and safety training important?

The time you take for effective orientation and safety training is an investment in employee retention and safety for both employees and clients. It shows employees that they are important to you and your organization, and it sets the tone for your relationship. It is also an investment that pays for itself:

- A positive onboarding experience can increase retention by 82 percent.
- Many workers' compensation claims happen within the first two weeks of employment. Back injuries, slips and falls are often due to lack of training. These injuries affect the employee, staffing and may even include injury to a client.
- It can cost you 16-20 percent of each caregiver's annual wage to replace them (recruiting, interviewing, training).

How should employers teach orientation?

This orientation document is not intended for the long-term care worker to read through alone. DSHS does not approve self-study orientation.

Ideally, new long-term care workers should be guided through orientation by an instructor either in person or through a DSHS approved online course. It should be an engaging experience that encourages the caregiver to participate and ask questions. In a smaller home, orientation training

might happen around the kitchen table with the owner of the home talking with one long-term care worker, using this document as an outline for the conversation. In a larger facility, several new long-term care workers might learn together in a classroom, using this document as a textbook while the instructor makes a presentation.

Who needs to take this orientation?

Long-term care workers who have not yet become certified Home Care Aides must complete two hours of orientation and three hours of safety training before they can provide care to clients ([WAC 388-112A](#) and [WAC 388-71](#)).

Who can teach this orientation?

Adult family homes, enhanced services facilities and assisted living facilities are approved to teach Orientation and Safety training upon initial licensing or when there is a change of ownership.

Home care agencies must become approved community instructor training programs in order to train their own staff. For more information, visit dshs.wa.gov/altsa/training/home-care-agencies. Community instructors who wish to teach Orientation and Safety must be approved by the Department of Social and Health Services.

For more information about approval of curricula and instructors, visit dshs.wa.gov/altsa/home-and-community-services/training-requirements-and-classes.

Where can employers get the three-hour safety training?

Materials for the three-hour safety training for long-term care workers can be downloaded from dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available.

Do instructors issue certificates for orientation and safety training separately or together?

Orientation and safety training certificates are available as two separate certificates or together as one certificate. Contact the training unit for more information.

- Facility training programs: trainingapprovaltpc@dshs.wa.gov
- Community Instructor training programs: trainingapprovaltpc@dshs.wa.gov

Printing these Materials

This document is designed to be “printer-friendly.” Image backgrounds and colors are adjusted to save ink or toner. You can print in color or grayscale (black and white).

Thank You!

Most of us will need long-term care at some time in our lives. As an employer and trainer of long-term care workers, you are developing the skilled and compassionate workforce we rely on. Your businesses and organizations protect our independence, health and wellbeing and create safer, more rewarding jobs for caregivers.

Thank you for promoting choice, independence, and safety so we can all live with good health, independence, dignity and control over decisions that affect our lives.

Introduction to Orientation

Congratulations on your new job as a long-term care worker! You are starting a rewarding journey of professional caregiving. You must complete this orientation before providing care. It will give a basic introduction to the following topics:

- The people you support
- Client and resident rights
- Care settings
- Your basic job responsibilities
- A client's care plan
- Communication
- Observing, documenting and reporting
- Mandatory reporting
- Self-care for you, the caregiver
- Your further training and certification requirements

Your employer will give you more information about your job responsibilities. This document has space for you to take notes about your employer's policies and procedures.

Key points appear in boxes like this.

Terminology: Clients and Caregivers



Client: The Department of Social and Health Services uses the word client for people who receive support. Resident, service participant, and consumer are other labels you may hear. This orientation uses the word client for people who receive care. Many people do not like to be called a client. Get to know the people you support and use the term they prefer.

Long-Term Care Worker: There are also many names for a person who provides care. Examples include long-term care worker, home care aide*, or caregiver. In this orientation, we use long-term care worker.

**Home Care Aide means a long-term care worker who has completed their full 75 hours of training, passed the knowledge and skills examinations, and has obtained and maintained a home care aide credential with the Department of Health.*

The People You Support

Most of us will need care and support at some time in our lives. Today, there are more than 70,000 adults who receive long-term care services in Washington, and more of us need care every year. We have diverse life experiences, cultures, ethnicities, languages, gender identities and ableness. We may need assistance caring for ourselves because of functional, physical and/or mental challenges. Long-term care workers help us maintain our highest level of independence by providing the support we need.

Every person has unique needs. Injury, illness, disease and changes in ability can make activities of daily living difficult or impossible to do without help. Some common conditions for people who receive long-term care services include:

- Traumatic brain injury
- Injuries caused by falls
- Developmental disabilities
- Behavioral or mental health conditions
- Loss of memory, hearing or vision
- Declining physical health

A Client's Care Team

You are not alone in providing care and support to a client. There are many others who may be part of a client's care team. The client is always in charge of their care team.

Care team members can include the client's health care provider(s)/doctor, family and friends, a guardian, other long-term care workers, nurses or other skilled professionals and/or a case manager or social worker from the Washington State Department of Social and Health Services Home and Community Services division or an Area Agency on Aging. As a long-term care worker, you are an essential part of the client's care team. One of your most important duties is to communicate with the rest of the care team.



Client and Resident Rights

Our quality of life depends on the freedom to exercise our basic human rights. We do not lose any rights when we receive long-term care. Part of your responsibility as a long-term care worker is to know and protect the rights of the people you support.

Federal and state laws protect our rights. The federal rules are in [42 CFR 441.530](#). The state law about resident rights is in [RCW 70.129](#) (for people living in assisted living facilities, adult family homes and enhanced services facilities).



[Washington Administrative Code \(WAC\) 388-106-1300](#) describes rights for clients on the Medicaid program receiving services in their own homes, and [WAC 246-335-435](#) is the bill of rights for home care agencies.

Below are some of the rights that Federal and Washington state laws protect. This is not a complete list of all the rights people have. Remember that we do not lose any rights when we receive long-term care.

Choice & Freedom

Everyone has the right to...

-  Live free from abuse and neglect.
-  Refuse care, medication or treatment.
-  Join in social, religious and community activities.
-  Express a complaint or concern without fear of retaliation.
-  Request for communication access (sign language interpreters, assistive communication instruments).

-  Be active in making or changing their care plan
-  Be free from chemical or physical restraints.
-  Manage their finances.
-  Choose their activities, schedules (including mealtimes and when care is given), health care, clothing and hairstyle.
-  Be with people both inside and outside of their residence including family, friends, their doctor and an ombuds (advocates for people who receive long-term care).

Who has the right to tell you what you can and cannot do, who you can visit, and who you can invite into your home?

Confidentiality

Clients have the right to keep their clinical and personal records confidential. This includes information about living arrangements, medical treatment, finances and personal care. All care team members must follow confidentiality laws and professional ethics when discussing clients.

Protecting a Client's Confidentiality

Protect confidentiality whenever you are working with a client's records or communicating about a client.

- Do not leave client records unattended where others can see them.
- Do not leave electronic records up on computer screens where others might see them.
- Do not discuss a client's confidential information where other people can overhear you.
- Immediately re-file any client records in their proper location once you are done with them.
- Be aware of who is in the area when reviewing, discussing or updating a client's records.

- Share medical, financial or other personal information about a client only with appropriate care team members unless the client provides written consent.
- Ask the client permission before sharing their information.
- Do not discuss what you learn about a client with anyone outside of the care team unless the client provides written consent.
- A client can always see their own records. Do not keep a client's records secret from them.



Health Insurance Portability and Accountability Act

HIPAA is a federal law that regulates the use and sharing of health information. A major goal of HIPAA is to protect a person's health information while still allowing the care team to share necessary information to provide high quality health care. Your employer will review with you what you need to know to follow the HIPAA regulations as it applies to your job.

What steps should you take to follow HIPAA laws in your role?

Privacy

Physical and personal privacy helps keep us safe and independent. Without privacy, we are vulnerable and can experience shame or embarrassment. Protecting a client's privacy is essential to quality caregiving.

Protecting a Client's Privacy

Always think about how you will protect a client's privacy during physical care and personal moments.

- Knock before entering a room with a closed door and wait for permission to enter.
- Close windows, curtains, doors and screens before starting personal care tasks.
- Make sure the client is comfortable with anyone in the room before starting personal care, such as visitors or roommates.
- Keep the client's body covered as much as possible while performing personal care.
- Do not take pictures, videos or recordings of clients.
- Make sure the client has privacy during phone calls, video calling, virtual messaging, computer use, when they have visitors and while they are opening their mail or email.

Respect privacy.



Resident Rights

Laws protect the rights of people who live in adult family homes, assisted living facilities, and enhanced services facilities.

The residents must be informed of their rights in a language they understand. These rights include, but are not limited to, the following:

- The right to information about the facility such as inspection reports and how to make a complaint.
- The right to access their own records.
- The right to a safe, clean, comfortable and homelike environment.
- The right to have locks on their unit doors, with only appropriate staff having a key.
- The right to have visitors.
- The right to have their own personal property.
- The right to make formal complaints about the facility.

For more information on resident rights, see the following rules and codes:

- Resident rights: [RCW 70.129](#)
- Adult family homes: [WAC 388-76](#)
- Assisted living facilities: [WAC 388-78A](#)
- Enhanced services facilities: [WAC 388-107](#)

Your Role in Protecting Rights

As a long-term care worker, you must promote the quality of life for the people you support by protecting their rights. Knowing the client's rights is the first step. Protecting these rights each time you are working with a client is also part of your daily responsibility.

- Treat clients with respect.
- Support a client's choices and independence.
- Protect a client's privacy and confidential information.
- Keep clients safe.

As you start your new job, it may seem easy to commit to protecting a client's rights. However, there will be days when this will be more difficult to do. You may be tired, understaffed, behind in your schedule or frustrated by a client's choice.

Start asking about and honoring a client's choices from the very beginning of your new job. This will help make it a habit to do even during the more difficult days.



Always ask about and honor a client's choices.

What other policies and procedures does your employer have about protecting client and resident rights?

Ombuds and Advocacy Organizations

Ombuds investigate complaints and assist people in navigating systems such as long-term care. Ombuds offices and advocacy organizations in Washington share valuable information and resources on their websites. Learning about these ombuds and advocacy groups can help you protect the rights of the people you support.

Washington State Long-Term Care Ombuds Program

The Office of the Long-Term Care Ombuds addresses complaints and advocates for people receiving care in nursing homes, assisted living facilities, and boarding and adult family homes.

waombudsman.org
ltcop@mschelps.org
800-562-6028
253-815-8173

Office of Developmental Disabilities Ombuds

The Developmental Disabilities Ombuds reviews complaints on behalf of people with developmental disabilities who receive state services.

ddombuds.org
info@ddombuds.org
833-727-8900 (Complaint Line)
711 for Washington Relay Service (TTY)

Office of Behavioral Health Advocacy

The Office of Behavioral Health supports individuals and their families who are being served and supported in the Washington State behavioral health system.

obhadvocacy.org
info@obhadvocacy.org
360-292-5038

Disability Rights Washington

Disability Rights Washington provides free services to people with disabilities.

“We are a private non-profit organization that protects the rights of people with disabilities statewide. Our mission is to advance the dignity, equality, and self-determination of people with disabilities. We pursue justice on matters related to human and legal rights.”

disabilityrightswa.org
info@dr-wa.org
800-562-2702
206-324-1521
711 for Washington Relay Service (TTY)

Care Settings

Most of us would prefer to remain in our own homes and communities when we need care. Staying close to our families, friends and pets, and participating in meaningful activities improves our quality of life. The type of care setting that a client chooses depends on the services and support they need.

In-Home Care

A person living in their own house or apartment may hire a long-term care worker for support with activities of daily living. The client may also receive additional services such as nursing or other professional health care, community resources such as Meals on Wheels, hospice, respite care, home modifications, communication access using sign language interpreters, hearing assistive technology or alerting and assistive instruments.

Residential Care

Residential care is another option for a client who receives long-term care services. Adult family homes, assisted living facilities and enhanced services facilities are three examples of community-based residential care.

These residential settings provide a room, meals, laundry, supervision and help with care. In addition, some facilities provide occasional nursing care and/or specialized care for people with mental or behavioral health issues, developmental disabilities, hearing loss or dementia.

Adult family homes are neighborhood homes that can provide care for two to eight people. Assisted living facilities are generally larger facilities in the community that can have as few as seven and up to hundreds of residents. Enhanced services facilities are residential facilities for up to sixteen people with specialized staff and intensive services that focus on behavioral interventions.

Washington state licenses and regulates long-term care to help ensure consistent, quality care and services for all clients. You can find these regulations in [WAC 388-76](#) for adult family homes, [WAC 388-78A](#) for assisted living facilities, [WAC 388-107](#) for enhanced services facilities and [WAC 246-335](#) for home care agencies.



Each home, facility or agency has its own unique business philosophy and goals. Understanding your employer's vision helps you get a better understanding of your job and your employer's expectations.

All long-term care providers must meet minimum standards according to the regulations above. No home, facility, or agency can require that a person waive their rights.

Basic Job Responsibilities of a Long-Term Care Worker

Some of the basic job responsibilities you will have as a long-term care worker are:

1. **Safety first!** Be a safety champion for everyone in your workplace. Complete your safety training and learn your employer's policies. Think about each client's physical and emotional safety. Stop the spread of germs. Recognize hazards or problems and act to prevent accidents.
2. **Understand a client's care needs.** Perform tasks correctly and efficiently as documented in the client's care plan or negotiated service agreement.
3. **Respect and follow the client's choices.** Know how and when a client prefers to have these tasks completed.
4. **Monitor the client for change in condition.** This can include their medical condition, mental or emotional status and/or behavioral changes.
5. **Document and report any changes** you see following your employer's policies and procedures.
6. **Respond to emergencies** appropriately following your safety training and employer's policies.
7. **Come to work on time** or call your supervisor if you cannot come to work. Leaving a client without care and support endangers their health, safety, wellbeing and independence.
8. **Dress appropriately.** Ask your supervisor about dress codes or expectations about what to wear. Inappropriate work clothes can be a safety hazard.
9. **Complete and keep accurate time sheets** following your employer's policies and procedures.
10. **Notify your employer if you will be quitting your job.** Most employers appreciate two weeks written notice. Leaving a client suddenly without care is dangerous to their health and safety.

In addition, your employer has other expectations of you as an employee.

Job Performance

How you do your job as a long-term care worker directly affects the quality of life for the people you support. Every day, you have an opportunity to help clients live with dignity and independence. However, a caregiver who does their job poorly can cause physical harm, distress, anxiety and/or embarrassment to clients.

Take pride in your work and do your best. When you are at work, focus on your job. Learn how to do your assigned tasks correctly and efficiently. Know what to do and what to avoid. Be honest, clear and professional with clients and other care team members.



Understanding Your Job Duties

You need to understand how and when to do each of your assigned tasks. You will get this information from the client’s care plan, other care team members, and most importantly, the client.

Everyone is learning when they start a new job. Ask questions if you are unclear about expectations or do not know how to do something.

Start your job with a solid understanding of what is expected of you.

**What other expectations does your employer have of you?
Check your job description or ask your employer.**

Care Plans

When a person begins to receive long-term care services, they work with other members of their care team to complete an assessment and create a care plan. A client's care plan tells you what supports and services they want and need. The care plan helps everyone on the care team understand how to provide care for a client in the way the client prefers.

A client's care plan changes as their care needs and preferences change. One of your duties as a long-term care worker is report and discuss changes you see with the client and the rest of their care team. The client and their team can update the care plan and/or seek medical or other assistance.

Care plans have other names in different care settings. Depending on where you work, the client might have a person-centered service plan, negotiated care plan, negotiated service agreement or simply a plan.

You might have access to the entire care plan or only parts of it. In some care settings, you may only see a list of tasks to perform. Read these documents carefully for each client you support and check again at the beginning of each shift for any changes to the plan.



You are always responsible for following the care plan or task list.

The information in the care plan is confidential and sensitive. Keep everything you read or hear about a client private. You can help reduce a client's uneasiness or embarrassment by being professional and protecting their personal information. The client always has the right to see their own care plan and anything else written about them.

Talking about the Care Plan or Task List

Reading the care plan is only the first step in understanding how to support a client. It is also very important for you to communicate with the client about how they want you to provide care. When you talk to a client about their care, remember the following tips:

- Be patient if a client finds talking about these issues difficult.
- A client may not be used to talking about such personal matters.
- A client may find it hard to ask for or accept help.
- It may be hard for them to explain a routine they have had for years.
- The person may have had experience with care providers who do not treat them with respect.
- Try reading their care plan together. It is a professional way to discuss what might be sensitive topics.

Understand and respect a client's choices about how and when to provide care and services.

**What is the care plan called in your setting? Where can you find it?
What rules does your care setting have about accessing this information?**

Lined writing area for providing answers to the questions above.

Building Relationships

Building relationships with the clients you support helps you understand, respect and honor their preferences. Both you and the client should have a common understanding of the following points:

- Know what the client expects you to do and how they want you to do it.
- Understand how to effectively communicate with each other.
- Understand the limits of your work.
- Work together with the person to support them in the way they want.
- Remember that the client is the leader of their own care team and is in charge of their own care.

To avoid misunderstandings, discuss the care tasks with the person when you first begin working.

Person-Centered Care

Most of us will need care at some time in our lives. We all want our caregivers to be kind and compassionate and respect us as a whole person, rather than just seeing our disabilities or conditions. As you get to know the people you support, adjust how you provide care to meet their unique needs and preferences.

- What is important to the person?
- What do they enjoy?
- What makes them comfortable?
- What are their dislikes and fears?
- Who are the important people in their lives?
- What behaviors do they consider respectful and appropriate?
- What cultural or religious/spiritual practices are important to them?
- How have their life experiences made them who they are today?
- What wisdom do they have to share with you?



Honoring Differences

As you learn about the people you support, you may find they have different values, beliefs and views of the world. Try not to be judgmental. Show kindness and respect for the person even if you disagree with them.

Respecting Culture and Identity

Our backgrounds and life experiences shape our views of the world. Each of the aspects below affect our beliefs, behavior, values and attitudes.

- Age
- Disability and/or ability status
- Religion and spirituality
- Ethnic and racial identity
- Socio-economic status
- Sexual orientation
- Indigenous (Native) heritage
- National origin
- Gender identity and expression
- Social groups



Avoid judging or making assumptions about people based on aspects of their identity, and do not try to change people (their religion or sexual orientation, for example). Instead, get to know each client as a whole person. Learn what respect means to them and treat them as they want to be treated.

Ask Questions

Asking good questions is an art. Asking effective questions gets you more of the information you need.

?	Ask questions specific to the task.	“Do you prefer a bath or shower this morning?”
?	Ask questions that are open-ended rather than questions that can be answered with yes or no.*	“What would you like for breakfast?” will get you better information than asking “Do you want breakfast now?”
?	Ask questions that start with what, when, where, why and how.	For example, the care plan says you are to help with bathing. Ask questions like: “How hot do you like your bath water?” “What type of soap works well for you?”

*Yes or no questions may be easier or more accessible for people who live with dementia or other cognitive conditions.

Asking good questions helps you get the information you need to do your job correctly.

Establish a Routine

A routine or schedule can help you finish all your tasks and help the client feel comfortable knowing what to expect.

When you begin a new caregiving relationship with someone, work with them to develop a routine and then follow it when you provide care.

Routines help you and the client.



Ask Again

After working with a client for a while, talk with them again about how you are doing tasks in the care plan. Is there anything they would like you to do differently?

By asking again, you can make sure you understand a client's preferred routine and keep doing the tasks the way that works best for them.

Asking Again Helps You:

- Make sure you understand a client's routine.
- Assist with tasks in the way that works best for a client.
- Learn more about a client's preferences.
- Get feedback on how you are doing.

Ask again to know you have done your job well.

Communication

Good communication will help you provide quality care and make your job easier. Good communication builds trust and understanding between you, the people you support and everyone else you work with. Good communication also:

- Gets you the information you need to do your job.
- Makes things go smoothly with a client and other care team members.
- Helps everyone remain calm in stressful situations.
- Helps others view you as a professional.

Good communication means more than just talking. Consider the following tips:

- Watch the client's body language carefully to see what their actions and gestures may be telling you.
- Listen carefully to any comments from the client.
- Try to reduce distractions in the environment. Background noise and poor lighting could make communication more difficult.
- Communicate directly with the client themselves. Do not talk about the client as if they were not there.
- Be patient and repeat yourself as needed.

Good communication is essential to caregiving.

Respectful Communication

Communicating respectfully with a client helps build trust and makes them feel good about their relationship with you. When you are communicating with a client, remember the following guidelines:

- Treat adults like adults. Do not use baby talk or talk down to the people you support.
- Use your normal tone of voice.
- Speak at a normal volume at first and adjust it to their needs.
- Avoid nicknames like honey, sweetie or grandma. Ask the person what they would like you to call them.
- Pay attention to how the client prefers to communicate and adjust your style to what works for them.
- Be respectful with touch. Always ask the client for permission before touching them. Make sure you know the client's preferences and your employer's policy about touch. Never pat an adult on the head as you might do for a child.



Positive Communication

Positive communication shows a person you care about them and helps them feel supported. Try to stay positive even in situations that may be frustrating or difficult. Remind the person you want to help them and explain the challenges you are having. Ask them to work with you to solve any problems so that you can make sure they get the care they need.

Try to find one positive thing to celebrate with the client each day, even if it is very small. When a client shows improvement, accomplishes something or just makes a good try, take a moment to honor their strength and efforts.

Meeting Each Client's Communication Needs

Each of us communicates in our own way based on a variety of factors such as preference, culture, language differences or conditions that affect hearing, speaking or understanding. The client's care plan should include their communication

needs and preferences. Work with your employer and use available resources to meet each client's communication needs. Make sure you understand how each client communicates their preference.

Some examples of adjustments might include providing an interpreter for a client who uses a different language, or using communication aids such as a whiteboard, electronic or manual keypad or flashcards for clients who have experienced cognitive conditions such as stroke, traumatic brain injury or dementia.

Adjusting Your Expectations

Cognitive conditions and traumatic brain injuries often affect how a person expresses themselves. They may communicate in ways you do not expect or feel comfortable with. Be open to learning about the people you support and how they communicate. Remember to be patient, have compassion and try not to take things personally. You will learn more communication strategies in your basic training and population specific training.

Communication while Wearing a Mask

Face masks and respirators make communication more difficult, especially for people who have some form of hearing loss. Try the following strategies to make your communication more effective.

Do not...	Do...
✗ Yell or shout.	✓ Slow your speech and clearly pronounce each word, especially the first and last sounds.
✗ Repeat the same phrase again and again.	✓ Try rephrasing your statement or question in different words.
✗ Try to communicate while you are doing something else at the same time.	✓ Give your full attention to the other person. Make sure they can see your face and use your body language to help communicate.
✗ Say "huh?" or "what?" when you do not understand.	✓ Repeat what you did understand and ask for clarification.
✗ Take your mask off.	✓ Try wearing a mask with a transparent window so the other person can see your mouth.
✗ Lose your patience and give up.	✓ Remember that the challenges are real. The extra effort you make to communicate clearly, positively, and patiently can help to build a great caregiving relationship.

First Impressions

You only have a few moments to make a good first impression with clients, their family members, friends or guardians. First impressions are based on your:

- Spoken words
- Appearance
- Body language
- Behavior
- Clothing

Meeting a Client for the First Time

Before you meet a client for the first time, review their care plan to learn their communication needs and preferences. Plan to communicate in a way that works best for them. Make sure you introduce yourself and explain why you are there. Also ask the client what name they would prefer you use.



You never get a second chance to make a good first impression.

Listening

Listening is essential to good communication. Good listening skills:

- Help build trust with a client.
- Encourage honest sharing of thoughts and feelings.
- Make sure you understand what the other person says.
- Good listening takes effort.



Good listening means focusing on the other person while they are expressing themselves.

Patience

Some clients may need more time to express themselves. Good listening also gives a client as much time as they need to communicate. Follow these guidelines when listening to a client.

- Encourage the client to continue by saying "I see," "Tell me more," "Um-hmm," or by nodding your head.
- If you do not understand, ask questions to get more information. Do not pretend to understand.
- Do not interrupt with your own ideas or advice. Instead, focus on listening to understand. Give your own ideas when they ask you for your opinion.
- Be willing to listen to what a client has to say. Do not avoid a subject because it makes you uncomfortable.

Silence

Sometimes, it is best to be quiet and listen.

- If a client is sad or worried, sometimes just listening helps.
- Silence gives a person time to think and to choose words.
- Silence gives a person time to control anger or other strong emotions.

Give people time to think and feel.

Taking Notes

Taking notes may help you remember so you can meet all the client's needs. If you want to take notes when communicating with a client:



- Ask their permission before you take notes.
- Tell the person you are taking notes about them, and show or tell them what you are writing.
- Know and follow your employer's policies about taking notes.
- Remember to protect the notes as confidential information.
- Do not make notes in your private phone or device.
- Shred informal notes at the end of your shift to protect privacy and confidentiality.

Body Language

Your physical movements, how you hold your body and your facial expressions are all part of your body language or nonverbal communication. Your body language sends a lot of messages to the people around you. When you are with a client, think about what your body language is telling them.

- A cheerful expression and pleasant tone of voice show a positive attitude.
- Turning towards the person shows you are paying attention.
- Good posture with arms relaxed and legs uncrossed shows you are approachable and confident.
- Always make sure your body language matches what you are saying with your words.

Nonverbal communication is powerful.

A Client's Body Language

Also pay attention to a client's body language. Their gestures, tone of voice and facial expressions can tell you a lot about how they feel.

For example, here are some nonverbal signs that a person might be in pain:

- A tight or tense body.
- Rocking back and forth.
- Constantly touching or rubbing a place on their body that is painful.
- A facial grimace or troubled eyes.

By being observant of these nonverbal signs of pain, you can:

- Talk to a client about what you can do to make them more comfortable.
- Be extra careful when performing personal care tasks.
- Stay alert to the possibility of a worsening condition.

People are sometimes uncomfortable or unable to talk about their pain. If a person's body language tells you they have pain, ask them how they feel. If they tell you that they feel fine, explain what you see. If they insist that they feel fine, do not argue. Continue observing and report any concerns you have to the client and their care team.



Professional Communication

One of your responsibilities as an employee is to communicate professionally with your co-workers and supervisors. When you have concerns, questions or problems with a co-worker, conflicts with your schedule or other issues, you need to talk with your supervisor or other managers. Professional communication can help you resolve these issues effectively.



- **Don't delay or hide problems.** Give your supervisor time to help resolve the issue.
- **Be positive.** A positive attitude helps everyone who works with you, including your employer. Communicate with questions or suggestions instead of complaints.
- **Ask for what you need.** Complaining without action is not effective. Describe the situation or request clearly and objectively. Ask directly for what you want or need.
- **Don't react; respond instead.** If something has you angry or upset, wait until you have control over your emotions before approaching your employer.

Communicate professionally with your supervisor.

Talking on the Phone at Work

Answering the phone at work requires good business phone etiquette.

- Take a deep breath and focus on the call.
- Have pen and paper ready.
- Smile as you pick up the phone. Smiling while you talk makes your voice positive.
- Use a tone that is helpful, natural and respectful.
- If you are answering the phone in a facility, say the name of the facility/home and your full name. Ask, "How may I help you?"
- If the person asks you to answer their personal phone for them*, identify yourself and for whom you are answering the phone. For example, say "Hello, this is Fatima. I am answering the phone for Susan Cortez. How may I help you?"

*Do not answer the person's phone for them unless the person directs you to answer their phone.

Documentation and Reporting

Pay close attention to a client's health and wellbeing. You are responsible for communicating any changes or concerns to all necessary care team members. This is especially important when care team members work on different shifts or in different departments.



Observe

As a long-term care worker, you may be the first person to notice a change in a client's physical, mental or emotional condition. It is your responsibility to watch for these changes and report them to the care team.

Use your senses of touch, sight, smell and hearing to observe the client for changes as you care for them. Some examples include:

- Changes in mood, such as unusual quietness, tearfulness, nervousness, fear, grief, paranoia (saying someone is out to get them) or talking about harming themselves (suicide).
- The client tells you about feelings of pain.
- Changes in grooming, such as dirty clothing, dirty hair and/or body odor.

- Changes in cognition to include new or worsening confusion, forgetfulness, lack of cooperation or giving answers to questions that do not make sense.
- Any change in ability to walk, stand or do daily self-care.
- Physical changes that may mean illness or infection, such as swelling, skin rashes, sores, cough or difficulty breathing.
- Changes in eating, drinking or cooking habits, weight loss, loss of interest in food and eating or any sign of not having enough to eat or drink.
- Changes in toileting needs.
- Asking for help with a problem that is causing distress.

Look for signs of change as you give care.



Documenting

Remember: Client records contain very personal and confidential information. State and federal laws outline strict guidelines for how you must handle a client’s records, especially medical records.

Always follow your facility or company policy about handling or adding to a client’s records. This includes how, when and what to do when writing information.

Understand and follow the documentation policies and procedures where you work.

When you are documenting information about a client, include all the facts.

WHEN...	...date and time you observed the change, behavior or incident.	12:45 pm July 11th, 2023
WHAT...	...happened - write down the objective facts.	Mrs. Singh struggled to eat her lunch. She had trouble chewing bread. She complained her mouth hurt.
WHERE...	...you observed this happening.	The incident happened in the dining room.
HOW...	...long and often it happened.	This is the first time I have seen it.
WHO...	...was present, involved or notified about what was happening.	I reported it to my supervisor and asked for advice.
WHAT...	...action you took and the outcome.	We served Mrs. Singh oatmeal. She was able to eat it comfortably, but said she wished she could eat the sandwich. An appointment with the dentist was made.

General Documentation Tips

- Describe only what you see, hear, feel and/ or smell. These are objective facts. Do not include your personal opinions and interpretations of what you think happened.
- Avoid labeling or making judgments about people.
- Always protect a client’s right to confidentiality. Never leave notes or forms in places where others can see them.

- If documenting on paper, print clearly so others can easily read your writing. Use black or blue ink when documenting.
- Describe clearly what you observe so that someone who was not there will easily understand.
- Never make an entry into a client’s record for a co-worker or sign an entry for something that you did not do or see happen.
- Remember that what you write becomes a legal document.

Document the facts, not your opinions.

Mandatory Reporting

Unfortunately, people who receive long-term care are more at risk for abuse, neglect, abandonment and financial exploitation. If you observe signs or suspect that any vulnerable adult is being harmed, you must make a report to the Washington state authorities and possibly law enforcement. This is true even if you are not at work ([RCW 74.34.035](#)).

Washington state law also requires you, as a mandatory reporter, to report suspected child abuse and neglect ([RCW 26.44.030](#)).

Your employer will also have written rules and training about protecting vulnerable adults from harm and reporting abuse, neglect, abandonment and financial exploitation.

As a long-term care worker in Washington state, you are legally required to report suspected abuse, neglect, abandonment and financial exploitation of vulnerable adults to the department.

Who is a Vulnerable Adult?

As a long-term care worker, every client you care for is a vulnerable adult. [RCW 73.34.020](#) defines a vulnerable adult as a person who:

- Is over the age of 60 and unable to care for themselves, or
- Lives in a nursing home, assisted living facility, adult family home, enhanced services facility or other setting licensed or certified by the Department of Social and Health Services, or
- Receives services from home health, hospice, home care agency or an individual provider, or
- Has a developmental disability, or
- Has a legal guardian or conservator, or
- Self-directs their own care and receives services from a personal aide under [chapter 74.39 RCW](#).

Definitions

These are legal definitions. For the most current definitions, see [RCW 74.34.020](#). If you have any questions about these definitions, ask your supervisor.

- **Abandonment** means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter or health care.
- **Abuse** means the intentional, willful or reckless action or inaction that inflicts injury, unreasonable confinement, intimidation or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain or mental anguish, the abuse is presumed to cause physical harm, pain or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, personal exploitation of a vulnerable adult and improper use of restraint against a vulnerable adult.

- **Sexual abuse** means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, molestation, indecent liberties, sexual coercion, sexually explicit photographing or recording, voyeurism, indecent exposure and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.
- **Physical abuse** means the intentional, willful or reckless action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving or prodding.
- **Mental abuse** means an intentional, willful or reckless verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling or swearing.
- **Personal Exploitation** means an act of forcing, compelling or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior or causing the vulnerable adult to perform services for the benefit of another.
- **Improper use of restraint** means the inappropriate use of chemical, physical or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.
- **Financial exploitation** means the illegal or improper use, control over or withholding of the property, income, resources or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage.
- **Neglect** means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

Ask your trainer, employer, or supervisor if you have any questions about these definitions.

More on Mental Abuse

Calling someone names, or accusing them of being obsessive, attention seeking, or over-reactive can result in harm. Threats include ultimatums such as "If you don't do what I say, I will not provide you care."

Remember that your goal is to support the person in a way that works for them. Respect their self-advocacy, interests, and unique preferences. Communicate and work together as a team to avoid conflict and solve problems.

Self-Neglect

There are some situations where a vulnerable adult not living in a facility may neglect their own needs, and it may be impairing or threatening their physical and/or mental health. Examples of self-neglect may include an inability to manage finances, having no food in the home or poor hygiene resulting in physical sores or body odors.

The law does not require mandatory reporters, such as long-term care workers, to report self-neglect. If you have concerns about someone experiencing self-neglect, you may make a report. For more information about mandatory reporting and self-neglect, visit dshs.wa.gov/altsa/home-and-community-services/mandatory-and-permissive-reporters.

If a person you support shows signs of self-neglect, they may have unmet care needs. Communicate with them about your concerns. Document what they tell you and report it to your supervisor or the client's case manager.

If the person is not a client you support, it may be unclear whether it is self-neglect or if someone else is neglecting them. However, it is not your responsibility to judge the situation. If you have any reason to believe that a vulnerable adult is experiencing abuse, neglect, abandonment or financial exploitation, you must make a report.

The Use of Restraints

Restraints do **NOT** keep a client safe. Restraints are dangerous and cause physical and emotional harm. In almost all cases, restraints cannot be used. Restraints can never be used to discipline a client or for staff convenience. There are three types of restraints (for their legal definitions, (see [RCW 74.34.020](#)):



Physical restraint means using physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. Examples of a physical restraint include holding a person down or grabbing them to restrict their movements.



Mechanical restraints include any device attached to or adjacent to a client's body that cannot easily be removed by the client and that restricts freedom of movement or normal access to their body. Mechanical restraints might include belts, ties, clothing that prevents a client from accessing body parts, bed rails or a chair the person cannot get out of.



Chemical restraint is the inappropriate use of drugs to control mood, mental state or behavior which does not treat medical conditions. Any medication or substance can become a chemical restraint if it is used for the convenience of staff or without appropriate or enough monitoring.



Involuntary seclusion is not legally a type of restraint, but also prevents a person from moving freely. Locked doors or barriers that confine a person to a specific space against their will (such as a locked room or in bed) are examples of mental abuse.

Restraints cause emotional and physical harm and even death.

Making a Report

You **must immediately report** to the Department of Social and Health Services if you have reason to believe a client or any vulnerable adult is being abused, neglected, abandoned or exploited. You do not need permission from your supervisor or employer to make a report. No one can stop you from making a report.

If you suspect physical or sexual assault, you must also make a report to law enforcement. You must also make a report to the coroner or medical examiner and law enforcement if you suspect a death was caused by abuse, neglect or abandonment.

**Take steps to protect the client from additional harm.
If the client is in immediate danger, call 911.**

How to Report

How to report depends on where the person lives. You can make a report online or over the telephone.

If the person lives in a residential facility (such as a nursing home, adult family home, assisted living facility, enhanced services facility, intermediate care for individuals with intellectual disabilities) or is receiving supported living services:

Complaint Resolution Unit (CRU): 1-800-562-6078
(RTT: 1-800-737-7931)

Online: dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting

If the person does not live in a residential facility:

DSHS's ENDHARM hotline: 1-866-ENDHARM (1-866-363-4276)
(RTT: 1-800-624-6186)

Adult Protective Services: 1-877-734-6277
(RTT: 1-833-866-5595)

Online: dshs.wa.gov/altsa/reportadultabuse

Failure to report as a mandated reporter is a gross misdemeanor with a sentence of up to 364 days of imprisonment and a \$5,000 penalty.

Facility investigation and inspection reports are publicly available at fortress.wa.gov/dshs/adsaapps/lookup/AFHPubLookup.aspx.

Working with your Supervisor and Reporting

The law requires your employer to make sure you report suspected abandonment, abuse, exploitation, financial exploitation or neglect:

- Adult Family Homes: [WAC 388-76-10673](#)
- Assisted Living Facilities: [WAC 388-78A-2630](#)
- Enhanced Services Facilities: [WAC 388-107-0590](#)
- Home Care Agencies: [WAC 246-335-425](#)

You do not need permission from your supervisor to make an official report to the Department of Social and Health Services or law enforcement.

Remember, alerting your supervisor does not release you from your responsibilities as a mandated reporter. You must personally make an official report.

Your employer may have additional policies and procedures. Learn and follow your employer's policies in addition to following the law.

Incident Logs

Adult family homes must keep an incident log to document the following:

- Alleged or suspected incidents of abuse, abandonment, neglect, or exploitation.
- Accidents, injuries or incidents affecting a client's welfare.

It is your responsibility to know where the incident log is and how to fill it out.

Investigations

In assisted living facilities, incident logs are not required. However, assisted living facilities must document investigations of any alleged or suspected abuse, abandonment, neglect, exploitation, accident or incident jeopardizing or affecting a client's health or life. It is your responsibility to know what you must do and document if you work in an assisted living facility.

More to Know about Reporting

You may feel nervous or unsure about reporting. These are normal feelings. Do not let these feelings stop you from reporting. You must report. It is your duty as a mandated reporter in Washington state.

I am not 100% certain abuse is happening.	You do not need proof to call.
My supervisor or the client asked me not to call.	You do not need the client's or supervisor's permission to call. You must report!
Someone else reported it already.	You still need to report even if someone else will also report.
I am worried I will get in trouble.	If you report in good faith and it turns out there was no abuse, you cannot be blamed or get in trouble.
I do not want anyone to know I called.	Your name will be kept confidential unless there is a legal proceeding.

Self-Care for Caregivers

Caregiving is rewarding work, but it can also be physically and emotionally challenging. A caregiver who does not take care of themselves can experience fatigue and burnout from the stresses of caregiving. This can lead to less job satisfaction and a lower quality of care for the client.

Signs of Stress

Signs of stress can be both physical and emotional. Some of the physical symptoms can feel like illness, such as difficulty sleeping, stomach aches, headaches or frequent colds or infections. Other common signs of stress include fatigue, anxiety, irritability, anger, depression and sadness. These symptoms can affect your quality of life as well as your professional and personal relationships. If you notice these feelings in yourself, think about what you are doing to take care of yourself.

Practicing Self-Care

Good self-care includes:

- **Getting enough sleep.** Most adults need about eight hours of sleep each night.
- **Drinking enough water.** Most healthy people need between nine and 13 cups of water each day.
- **Making healthy eating choices.** Eating more fruits and vegetables and less sugar, salt, processed foods and unhealthy fats can help keep your body strong and able to better respond to stressful situations.
- **Staying physically active.** 150 minutes a week of moderate intensity activity such as brisk walking has many positive effects on your health and wellbeing.
- **Promoting a work/home life balance.** It can be hard to separate from work, daily tasks, chores and managing life. Try not to take on more responsibilities beyond your own limits at both work and home. Take regular breaks when you can throughout your workday.

- **Enjoying hobbies and other activities.** Spending time doing enjoyable activities can promote positive emotions and reduce stress. Even simple things like listening to music can help.
- **Talking with others.** Talking can help you work through difficult situations and emotions. Find safe and supportive people to connect with when you are feeling stress or burnout. Your supervisor, other caregivers, a friend or loved one or a counselor or therapist may all be able to listen and help support you.
- **Relaxing.** Intentional relaxation techniques such as deep breathing, meditation and stretching can also help reduce stress.
- **Playing.** Find ways daily to engage in joyful, creative and spontaneous play. Play releases positive chemicals in the body that relieve stress and support personal health and wellbeing.
- **Taking pride in your work.** You make a profound positive difference in the lives of the people you care for. It is great work, and you should feel great about it.



Problems in the Workplace

You have the right to be free of discrimination, harassment and abuse at work.

Handling Mistreatment while Providing Care in a Residential Facility

If a client or coworker makes you feel discriminated against, harassed or abused, speak to your supervisor or employer.

Handling Mistreatment while Providing Care in a Person's Home

Try the following if you are feeling uncomfortable or unsafe, or are experiencing harassment, abuse or discrimination while working with a client in their own house or apartment.

Level 1

You **feel uncomfortable** with behavior or conduct of the client or somebody else in the household, but **do not feel that your safety is at risk**.

- If you feel comfortable to do so, ask the client to stop the behavior and explain that you are feeling uncomfortable.
- Re-read the client's service plan to see if there are notes, communication strategies, or interventions to help support you. Remember that most behavior communicates a need. Contact your supervisor or employer about any updates the service plan needs.
- Contact your supervisor or employer for suggestions or to report new behavior or conduct that makes you feel uncomfortable.

Level 2

You **feel unsafe** with behavior or conduct of the client or somebody else in the household, **but do not want or need to immediately leave the situation**.

- Contact your supervisor or employer and report the behaviors causing you to feel unsafe. Provide details to help them understand the situation.
- Consider accessing specialized training to help you better understand the client's behavioral needs. To learn more about training options, contact your supervisor or employer.
- Contact your supervisor or employer if you no longer wish to provide care to the client.

Level 3

You **feel unsafe** with the behavior or conduct of the client or somebody else in the household and **want or need to immediately leave the situation**.

- Leave the home, then immediately call your supervisor or employer to let them know that you left and explain your concerns about the situation. If there are concerns about the client being alone and you are unable to contact your supervisor or employer, attempt to contact another supervisor or other DSHS/Area Agency on Aging staff member. If leaving the client alone will put them in immediate danger, call 911.
 - Review all the interventions listed in levels 1 and 2.
 - Contact your supervisor or your employer if you no longer wish to provide care to the client.
-

Your Further Training and Certification Requirements



Long-term care workers who work for adult family homes, assisted living facilities, enhanced services facilities and home care agencies must become certified Home Care Aides through the Washington State Department of Health. Your employer should help you through this process.

For a more detailed description of the process, visit dshs.wa.gov/altsa/training/training-requirements-classes-quick-links.

Submitting and Application

Within 14 days of hire, submit a Home Care Aide application to the Department of Health. You can complete an application on paper or online at doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/home-care-aide/licensing-information.

The application process includes fees and a fingerprint-based background check.

Training Requirements

This orientation training is the first two hours of your required training. You must also complete a three-hour safety training before you can work with clients. You must finish the entire 75 hours of Home Care Aide training within 120 days from your date of hire. The completed 75 hours includes:

1. Orientation (this training) – two hours
2. Safety training – three hours
3. Core basic training – 38 hours
4. Hands-on skills practice (or on-the-job training) – 16 hours
5. Population specific topics (Any 8 hours specialty course such as Dementia, Mental Health, Traumatic Brain Injury, Diabetes, Substance Use Disorder or Nurse Delegation) – 16 hours

Your employer will also require other training specific to your work setting.

Home Care Aide Examination

Once you complete your training, you will need to pass the Home Care Aide examination. This examination includes both a multiple-choice knowledge test and a skills demonstration test. You must pass the examination within 200 days from your date of hire or 260 days if you have limited English proficiency.

Continuing Education and Certification Renewal

You must complete 12 hours of DSHS-approved continuing education training by your birthday each year. If your birthday following your initial certification as a Home Care Aide is less than a full

year from the date of certification, no continuing education will be due for the first renewal period.

The home care aide certification expires every year on your birthday. If your next birthday is within three months of the initial certification, your first renewal date will be on the second birthday after initial certification. A renewal fee is required for renewal.

For more information about continuing education and renewal, see doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/home-care-aide/frequently-asked-questions.

To find continuing education classes, visit dshs.wa.gov/altsa/training/continuing-education-ce.

It is your responsibility to keep your certificates and proof of continuing education hours.

For more information about Home Care Aide certification, see doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/home-care-aide/frequently-asked-questions.

Need Help?

Long-Term Care Workforce Navigators can guide you through the process of becoming a paid and certified Home Care Aide. For assistance, send a message to your local Navigator:

caregivercareerswa.com

caregivercareerswa@dshs.wa.gov

In Conclusion...

There is a lot to learn when starting a new job as a caregiver. This orientation gave you an overview of some of the most important things to know and where to go to get more information in the weeks ahead.

We all have our own unique needs and preferences. Communicate with the people you support and learn about them. Find out what is important to them and value what they tell you. Once you get to know a person as an individual, you can give them the support they need.

As a long-term care worker, you make a difference in people's lives every day. What you do has great meaning for the people you support. Be proud of what you do!

It is hard to find a profession where people who give of themselves feel valued for what they do. This can also be the case with long-term care workers.

Most days, a heartfelt thanks and appreciation from a client, their family and friends, supervisor or another care team member helps you remember why this job can be very satisfying work. Make sure to show that kindness to yourself and others.



Appendix 1: Common Acronyms

There are many acronyms in the world of long-term care. This training does not use acronyms so that it is easier to understand. However, you may hear or see these common acronyms in your role as a long-term care worker.

AFH	Adult family home	Residential, neighborhood home licensed to care for two to eight people.
ALF	Assisted living facility	A larger residential facility licensed to care for seven or more people.
AL TSA	Aging and Long-Term Support Administration	The administration within DSHS that provides services and support to seniors and people with disabilities: dshs.wa.gov/altsa .
APS	Adult Protective Services	The unit within DSHS that investigates suspected abuse of vulnerable adults: dshs.wa.gov/altsa/adult-protective-services-aps .
CM	Case manager	A person who assists the client to develop a plan of care, enables them to live in the setting of their choice, monitors that plan and coordinates assistance and access to needed services.
CRU	Complaint Resolution Unit	The unit within DSHS that receives calls and collects information about abuse and neglect in an adult family home, assisted living facility, enhanced service facility or nursing home.
DDA	Developmental Disabilities Administration	The administration within DSHS that assists individuals with developmental disabilities and their families: dshs.wa.gov/dda .
DOH	Department of Health	The state department that regulates professional standards and licensing as part of their mission to protect and improves the health of all people in Washington state: doh.wa.gov .
DSHS	Department of Social and Health Services	The state agency that provides programs and services to help children, adults, and families in Washington state: dshs.wa.gov .
ESF	Enhanced services facility	Residential facilities for up to 16 people with specialized staff and intensive services that focus on behavioral interventions.

HCA	Home Care Agency	A provider that employs long-term care workers to visit clients and provide care services in their homes.
HCA	Home Care Aide	A long-term care worker who has completed their full 75 hours of training, passed the knowledge and skills examinations, and has obtained and maintained a home care aide credential with the Department of Health.
IP	Individual Provider	A qualified long-term care worker who is contracted by the consumer directed employer (consumerdirectwa.com) to provide in-home caregiving to clients who are eligible for Medicaid in-home care services.
LTCW	Long-term care worker	A person who provides paid, personal care services for older people or people with disabilities. LTCWs include Certified Home Care Aides (HCA), Nursing Assistants – Certified (NAC), and Nursing Assistants – Registered (NAR).
RCW	Revised Code of Washington	The permanent laws of Washington state: apps.leg.wa.gov/rcw .
WAC	Washington Administrative Code	Regulations (rules) of executive state agencies: apps.leg.wa.gov/wac .

Appendix 2: Long-Term Care Worker Orientation Checklist

This checklist is a tool you may use during training. It is not an official document of completion or a required form for Long-Term Care Worker Orientation Training. Your certificate of completion is the official document of completion.

[WAC 388-112A-0210](#) and [WAC 388-71-0846](#) require the following topics for long-term care worker orientation. See [WAC 388-112A-0210](#) for additional facility orientation requirements.

Topic	Pages
The care setting and the characteristics and special needs of the population served.	11-12
Basic job responsibilities and performance expectations.	13-14
The care plan or negotiated service agreement, including what it is and how to use it.	15-16
The care team.	6
Process, policies, and procedures for observation, documentation, and reporting.	27-29
Resident rights protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights.	7-11
Mandatory reporter law and worker responsibilities as required under chapter 74.34 RCW.	30-34
Communication methods and techniques that may be used while working with a resident or guardian and other care team members.	20-26

Date Orientation Training Completed	
Signature of Long-Term Care Worker	
Signature of Instructor	

Acknowledgments

This curriculum was developed with feedback and input gathered from subject matter experts, stakeholders, instructors, Tribal Partners, client advocates, and service participants across the state.

Curriculum Development

Samuel Cooke, Training and Curriculum Specialist
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Contributors

Jessica Baker, Curriculum Developer
Home and Community Services
DSHS Aging and Long-Term Support Administration

Sherise Baltazar, Adult Family Home Consultant
Proactive Solutions LLC

Ashley Beckley, CRSB Learning Solutions
Program Manager
DSHS Developmental Disabilities Administration

Julie Boghokian, Training Program Manager
Catholic Community Services of Western
Washington

Melissa Brunton, Regulatory QA Training
Program Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Adora Brouillard, Training Unit Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Frank Buchanan, Service Experience Team
Member

Mary M Campbell, Hard of Hearing Consultation
and Resource Program Manager Office of Deaf
and Hard of Hearing
DSHS Aging and Long-Term Support
Administration

Brenda Carlstrom, Service Experience Team
Member

Stephany Castilleja, Regulatory QA Program
Manager – Community
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Earnest Covington III, Director
Office of the Deaf and Hard of Hearing
DSHS Aging and Long-Term Support
Administration

Kenny Davis, Residential Training Unit Manager
DSHS Developmental Disabilities Administration

Tina Edson, Program Director
Introduction to Patient Care - Everett High School

Lia Edwards, Curriculum & Instruction
Home Care Aide Training
Spokane Falls Community College

Arielle Finney, Assisted Living Facility Policy
Program Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Jackie Fry, Training Unit Program Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Robin Gibson, Service Director
Long Term Care Catholic Community Services of
Western Washington

Stacy Graff, Workforce Development Unit Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Barbara Hannemann, Office Chief, Home and
Community Programs
DSHS Aging and Long-Term Support
Administration

Sondra Haas, LTC Policy Program Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Tereasa Hernandez
Rosewood Cottage at Lake Chelan

Huy Ho, Regulatory QA Training Program Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Colleen Jensen, Adult Family Home Policy
Program Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Saira Khan, Training Unit Program Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Christine Kubiak, Regulatory QA Nurse Program
Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Allison Lally, Operations Specialist
Brookdale Senior Living

Gregory LaVielle, Training Program Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Larissa Lewis, Occupational Health Nurse
Consultant, Infectious Disease
Washington State Labor & Industries

Elena Madrid, Executive Vice President for
Education and Regulatory Affairs
Washington Health Care Association

Suzanne Mannella, Program Manager
Office of Deaf and Hard of Hearing
DSHS Aging and Long-Term Support
Administration

Stephanie Marko, Workforce Development &
Retention Program Specialist
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Kristine Mazulo, CRSB Training and Transition
Specialist
DSHS Developmental Disabilities Administration

Marian McGunagle, Intake Coordinator/Caregiver
Trainer
Visiting Angels Living Assistance Services

Molly McIsaac, Training Program Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Vicki McNealley, Director of Assisted Living
Washington Health Care Association

Rebecca Mead, Senior Policy Advisor
Adult Protective Services
DSHS Aging and Long-Term Support
Administration

Cheryl Miller, Director
Children & Family Services
Port Gamble S'Klallam Tribe

David Minor, TBI Council and Funds Coordinator
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Christine Morris, Office Chief
Training, Communication & Workforce
Development unit
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Marlo Moss, RN Infection Preventionist
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Faduma Mursal, Director of Training
Washington Care Academy

Angela Nottage, NPI Unit Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Julie Peters, Quality Assurance Training Program
Manager,
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Isaac Peterson, Service Experience Team Member

Kerry Reetz, Regulatory QA Training Program
Manager
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Angela Regensburg, Program Manager, Training
Unit Specialty Curriculum & Quality Assurance
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Lisa J. Robbe, Legal Counsel to the DD Ombuds
Regional Developmental Disabilities Ombuds,
Spokane Office

AJ Roberts, Regulatory QA Manager – CCRSS/ICF
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Manny Santiago, Executive Director,
Washington State LGBTQ Commission

Betty Schwieterman, State Developmental
Disabilities Ombuds

James (JD) Selby, Residential Waiver Support
Program Manager
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Jim Sherman, Regulatory QA Training PM
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Crissy Smith, eLearning Developer
Home and Community Services
DSHS Aging and Long-Term Support
Administration

Barbara Thomas, Regulatory QA Program
Manager – Community
Residential Care Services
DSHS Aging and Long-Term Support
Administration

Derek Trubia, Accessibility and ADA Coordination
Manager
DSHS

Robin VanHying, Founder, Owner, Director of
Training
Cornerstone Healthcare Training Company, LLC

Meagan Williams, Contracts/Fiscal Specialist
Aging & Adult Care of Central Washington

Zya Williams, Service Experience Team Member

Pilot Instructor

Dave Foltz, Home Care Aide Instructor
Rythm Senior Living Consultants

Final Editing and Layouts

Cheri Huber, Visual Communications Manager
Office of Innovation, Strategy, and Visual
Communications
Office of the Secretary
DSHS

Jessica Nelson, Media Relations Manager
Office of Communications and Government Affairs
Office of the Secretary
DSHS

Document Accessibility

Crissy Smith, eLearning Developer
Home and Community Services
DSHS Aging and Long-Term Support Administration

Image Credits

All images are used under standard licenses or contracts from Microsoft 365, Adobe Stock, Getty Images or DSHS. Images of Washington state clients and caregivers are used with their permission. The images in this training may not be reused for any other purpose.

Contact Us

For questions, concerns or suggestions about this textbook, please contact us at TCDUTrngDev4@dshs.wa.gov.

Long-Term Care Workforce Navigators can provide you with information and guidance through the process of becoming a paid and certified HCA. For assistance, send a message to your local Navigator through the website: caregivercareerswa.com or email caregivercareerswa@dshs.wa.gov.

