A note to employers about:

Orientation Training

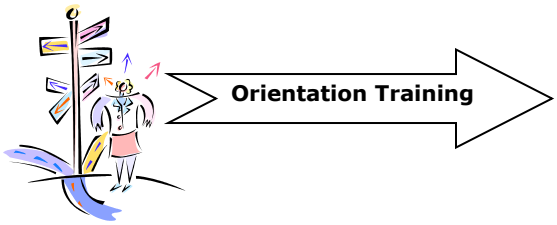
There are several ways adult family homes, assisted living facilities, and home care agencies can use this document to help meet the two hour orientation required for Long-Term Care (LTC) workers. The training included in this document currently includes information on **all department required orientation topics**. Required topics can be found in WAC 388-112A-0210.

You can use:

- The entire training and add in your own policies and procedures to meet your unique needs.
- Sections of this training to supplement existing orientation materials if you are missing any required topic areas for example.

Places where you would most likely want to include your own forms, policies, and procedures have been noted in the training where you see this Insert Icon. It is not a requirement that you add something at every location. It has been included as an aide only.

The department must approve curriculum and instructors for Orientation. Instructions on how to do this are available at https://www.dshs.wa.gov/altsa/home-and-community-services/training-requirements-and-classes.



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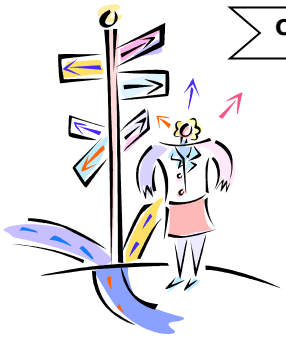


Orientation

Introduction

You are taking this orientation training because you have recently been hired by an adult family home (AFH), assisted living facility (ALF), or a home care agency (HCA) as a long term care (LTC) worker.

This orientation training gives you an overview of what you need to know and do in your new job.

Your role as a LTC worker is to provide quality care and support services to the people (clients) who live where you work. These services are essential to the health, continued independence, and well-being of the clients in your care. To provide quality care, you must:

- Understand your role as a LTC worker.
- Complete all of your assigned tasks to the best of your ability each day.
- Respect client choices in how and when they would like these tasks done.
- Keep clients safe.
- Learn and follow the policies and procedures of your employer.

Clients

A person requiring care is referred to by many different names. Examples you may hear include client, resident, consumer, or participant.

In this orientation, we have used client to represent any of these.

As you go through the training, this icon points out the key points.

Clients and Where They Live

When clients need help with care for an extended period of time, it is referred to as long term care.

A client may be:

- Elderly and frail.
- Have a disease or condition making it hard or impossible to do certain tasks without help.
- Have fallen or had another type of accident.
- Have a developmental disability.

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.

Care team members can include the client's health care provider(s), family and friends, a guardian, other LTC workers, nurses or other skilled professionals, and/or a case manager or social worker from Home and Community Services (HCS) or an Area Agency on Aging (AAA).

Client Rights

A client receiving care has certain rights protected by federal and state laws. It is a part of your job to understand and protect a client's rights. The state law regarding client rights can be found in RCW 70.129 and in Washington Administrative Code (WAC) 388-106-1300.

You must:

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

Below are **some** of the client rights protected by law in our state.

Choice & Freedom

Clients have the right to:

- Take an active role in making or changing their care plan.
- Refuse care, medications, or treatment.
- Choose their activities, schedules (including meal times and when care is given), health care, clothing, and hairstyle.
- Join in social, religious, and community activities.
- Manage his or her finances.
- Be free from chemical or physical restraints.
- Express a complaint or concern without fear of retaliation.
- Be with people both inside and outside of their residence including family, friends, his or her doctor and an Ombudsman (if in an AFH or ALF).

A client needs and has the right to privacy

- When performing personal care:
  - Screen or cover a client.
  - Make sure doors and window curtains are closed.
- Only share medical, financial or other personal information about a client with appropriate care team members.
- Give the client privacy for phone calls and visits.
- Let a client open mail in private.

Respect privacy.

Confidentiality and Privacy

Clients have the right to:

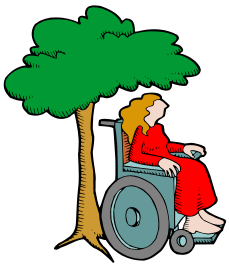
- Have all medical, financial, and personal matters kept private.
- Have privacy in his or her own personal space and during personal care.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law that adds additional requirements for the use and disclosure of health information.

A major goal of HIPAA is to make sure a person's health information is properly protected while still allowing the flow of health information needed 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.



Your role in protecting client rights
Knowing that a client has rights and what they are is only one step. Protecting these rights each time you are working with a client is part of your daily responsibility. Protecting client rights means you do the following things **every** time you interact with a client:

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

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

Start from the beginning of your job to always ask about and honor a client's choices. This will help make it second nature during the more difficult days.

Ask about and honor a client's choices.

Care Settings

Below are the care settings that hire LTC workers.

In-home care
Most adults who need care get services and support to remain at home. One of the services can be hiring a LTC worker to help with care. Additional services and supports that may be offered depending on that client's care needs include nursing or other professional health care, community resources such as Meals on Wheels, hospice or respite care or home modifications and assistive devices to help with independence.

LTC workers working in a client's home are either hired directly by the person needing care or through a home care agency.

Residential care
Residential care is another option for a client who needs help with care. Adult family homes (AFHs) and assisted living facilities (ALFs) are two examples of residential care.

Both AFHs/ALFs provide a room, meals, laundry, supervision, and help with care. In addition, some AFHs/ALFs provide occasional nursing care and/or specialized care for people with mental health issues, developmental disabilities, or dementia.

AFHs are regular neighborhood homes that can provide care for anywhere between two to six clients. ALFs are large homes/ facilities in the community that have seven or more clients.

AFHs and ALFs are licensed by the state. Regulations set by the state help ensure consistent, quality care and services for all clients living in AFHs or ALFs. These regulations can be found in WAC 388-76 for AFHs and WAC 388-78a for ALFs.

Each home, facility, or agency has its own unique business philosophy and goals. Understanding your employer's vision helps you get a better feel for your job and what will be expected of you.

Basic Job Responsibilities of a LTC worker

Below are some of the basic job responsibilities you will have as a LTC worker.

For the health and safety of a client, complete all of the tasks assigned to you.

- Understand a client's care needs and perform your assigned tasks correctly and efficiently as documented in the client's care plan or negotiated service agreement.
- Know how and when a client prefers to have these tasks completed. Respect and follow the client's choices.
- Observe the client for change(s) in health and well-being.
- Document and report any changes you see using the policies and procedures outlined in this orientation.
- Respond to emergencies appropriately.
- Come to work on time, call your supervisor if you can't make a shift, and dress appropriately. If you do not understand what it means to dress appropriately, ask your supervisor.
- Complete and keep accurate time sheets.
- Give two weeks written notice if you will be quitting your job.

Job performance

How well you do your job impacts a client's life every day. Do your job well, and clients continue to live with dignity and independence. Do your job poorly and you risk causing physical harm, distress, anxiety, and/or embarrassment to the clients you are being paid to provide care and support.

Do your best and take pride in your work. 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 in your dealings with clients and other care team members.

In addition, your employer has other expectations of you as a worker.

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

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.

Care Plans
Each client has a written care plan. A care plan is a document developed after a thorough assessment (evaluation) was completed for that client.
The assessment results in a clear understanding of what services and support the client needs and how and when he or she would like these services completed. These tasks and client preferences are documented in the care plan.

A written care plan helps make sure the client receives consistent, quality care that meets his or her needs. A client's care plan changes as his or her care needs change.

In an assisted living facility or adult family home, the care plan you will see is called the negotiated service agreement or plan.

What part of the client's care plan you will see depends on where you work. Some LTC workers will have access and read the entire care plan. Others will get a task list. If you are allowed, read through the care plan for each of the clients you are assigned to.

You are always responsible for following the client's care plan.

The information in the care plan is confidential and sensitive. Respect the client's need and right to have everything you read or hear kept private. Your professionalism goes a long way in reducing a client's uneasiness or embarrassment having such personal information available to others.

Getting the Information You Need

Respect a client's preferences by making sure you get the information you need to honor them. You and the client need to:

- Know what you are expected to do.
- Understand the limits of your work.
- Feel like part of the same team.
- Avoid misunderstandings later by discussing the care tasks carefully when you first begin.

Even with information from a care plan and other care team members, you still need to talk directly with a client and ask them about his or her preferences.

Asking good questions is an art. **The way** you ask questions of a client gets you more of the information you need.

Ask questions **specific** to the task.
For example: "Do you prefer a bath or shower this morning?"

Ask questions that are **open-ended** rather than questions that can be answered "yes" or "no".
For example, asking: "What would you like for breakfast?" will get you better information than asking "Do you want breakfast now?"

Talk about the care plan or task list

- 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 admit that he or she needs help.
- It may be hard to explain a routine he or she has had for years.

Respect and understand a client's choices of how and when care services are to be provided.

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?"

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

Establish a Routine

When you begin a new assignment, agree with a client on a routine and then stick with it.

A routine (or schedule) helps you to finish all your tasks. A routine means you and a client will know what to expect each shift.

Routines help you and a client.

Ask Again

After working for a client for awhile, it is a good practice to talk with him or her again about tasks in the care plan. Is there anything he or she would like to be done differently?

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

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

Good Communication

Good communication means more than talking to a client. Communicating well helps you provide quality care and makes your job easier. Good communication means:

- Watching the client's body language carefully to see what his or her actions and gestures may be telling you.
- Listening carefully to any comments from the client.

Good communication helps:

- Get you the information you need to do your job.
- Things go smoothly with a client and other care team members.
- Keep things calmer in stressful situations.
- Others view you as a professional.

First impressions

You only have a few seconds to make a good first impression on clients, and the client's family members, friends or

guardian. First impressions are based on your:

- Appearance.
- Body language.
- Behavior.
- Clothing.

When meeting a client or his or her family, friends or guardian for the first time, pay attention to the following areas.

- Stop what you are doing and give the other person your full attention.
- A warm and genuine smile makes you and the other person more comfortable and at ease.
- Stand tall, make eye contact, turn your body towards the person and greet with a firm handshake (if appropriate for the other person's culture).
- Introduce yourself and what you do. For example, "Good morning. My name is Sandy Cove and I am one of your father's caregivers."
- Use the person's name several times in the conversation. This will show you paid attention from the start.

Meeting a client for the first time

- Review the client's care plan before you meet if possible. Does the client have any communication challenges such as difficulty hearing or speaking? Plan ahead on how best to work with any challenges.
- Introduce yourself and explain why you are there.
- Ask the client what name he or she would prefer you use.

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

Listen

Another part of good communication is to listen! Good listening:

- Helps build trust with a client.
- Encourages honest sharing of thoughts and feelings.
- Makes sure you accurately hear what the other person says.

Good listening also gives a client time to find the right words.

- Encourage the client to continue by saying "I see," "Tell me more," "Um-hmm," or by nodding your head.
- Ask questions and get more information when you are unclear.
- Do not jump in with your ideas or advice - wait until you're asked.
- Be willing to listen to things a client needs to say - don't avoid a subject because you're not comfortable with it.

Good listening takes effort

- Give a client 100% of your attention.
- Don't try to listen while doing something else.
- Face a client and lean forward slightly. This gives good eye contact and shows interest.

Good listening means...
focus on a client
while listening.

Body Language

Your actions, how you hold your body, and your facial expressions are all nonverbal communication - or body language.

Be aware of what your body language is telling a client.

- A cheerful expression and pleasant tone of voice show a positive attitude.
- Standing still and making direct eye contact shows you are paying attention.
- Good posture with arms relaxed 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
A client's body language may tell you more about how he or she feels than what he or she says. Watch for non-verbal signs that help you better understand what is happening with a client.

For example, here are some non-verbal signs of a client being in pain:

- A tight or tense body.
- Rocking back and forth.
- Constantly touching a place on his or her body that is in pain.
- A facial grimace or troubled eyes.

By being observant of these non-verbal signs of pain, you can:

- Talk to a client about things you can do to make him or her more comfortable.
- Be more careful when performing personal care tasks.
- Stay alert to the possibility of a growing problem.

Silence allows time for listening and brings people together

- If a client is sad or worried, 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.

Watch for words and body language that do not match. In most cases, the body will tell you what is really happening.

For example, if a client says "I'm fine" but her body language tells you she is in pain, the chances are she is not "fine" but is unable or uncomfortable talking about what she is feeling.

Business Communication
There are times when you need to talk with your supervisor or other managers when you have concerns, questions, problems with a co-worker, or your schedule, etc. It is your responsibility to act professionally and resolve issues before things gets out of hand.

Don't delay or hide problems: Give your supervisor time to help or plan for what is needed.

Be positive. A positive attitude helps everyone who works with you, including your boss. Communicate with questions or suggestions, rather than complaints.

Ask for what you need. It's easy to complain without taking action. Describe the situation or request objectively and clearly ask for what you want.

Stay calm. If something has you angry or upset, wait until you have some control over your emotions before approaching your boss.

Be professional when talking 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 handy.
- Smile as you pick up the phone. Smiling while you talk comes across in your voice.
- Use a tone that is helpful, natural, and respectful.
- Say the name of the facility and your full name. Ask, "How may I help you?"
- If you are answering the phone for a client, identify yourself and for whom you are answering the phone. For example say, "Hello. This is Mary. I am answering the phone for Susan Smith. May I help you?"

Emergency Communication

It is your responsibility to know to whom and how you are to communicate with others in the building/home during an emergency and where the policies and procedures are documented.

See the safety training for more information on disaster planning.

Communicating with care team members

LTC workers often spend more time with a client than other care team members. You are a valuable source of information regarding a client's day-to-day health and well being.

Communicating well with other care team members is an essential part of your job.

Documentation and Reporting

You are providing care to people whose health and well-being need to be monitored closely. You have a responsibility to observe clients and communicate any changes or concerns efficiently and quickly to all necessary care team members. This is especially important when people work on different shifts or in different departments.

Observe

As a LTC 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.

- Use your senses of touch, sight, smell, and hearing to observe as you care for a client.
- Watch for changes in mood.
- Listen when a client tells you about feelings or pain.
- Change in grooming - dirty clothing, dirty hair, body odor.
- Change in mood unusually quiet or teary, anxious, fearful, showing extreme grief, or paranoia (saying that someone is out to get them or is taking their money), or is talking

of suicide.

- Confusion, forgetfulness, lack of cooperation, giving answers to questions that don't make sense.
- Any change in ability to walk, stand, or do daily self-care.
- Physical changes that may mean illness, such as swelling, skin rashes, cough, difficulty breathing.
- Change in eating or cooking habits, loss of weight, loss of interest in food and eating, any sign of not having enough to eat.
- Talk of financial problems or asking for help with a problem.

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 a client's records, especially medical records, must be handled.

Your facility or company will have written policies and procedures to ensure you maintain the highest integrity when handling or adding to a client's records. This includes how, when, and what you do when information needs to be in writing.

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

General documentation tips.

- Always protect a client's right to privacy. Never leave notes or forms in places where others can see them.
- Print clearly so others aren't struggling to read your writing. Use black ink when documenting.
- Describe what you observe clearly so that someone who was not there will easily understand.
- Describe only what you see. These are called "observable facts". Leave out your personal opinions and interpretations of what you think happened.
- Never make an entry into a client's record for someone else or sign an entry for something that you did not do or see done.
- Remember that what you write becomes a legal document.

Look for signs of change as you give care.

Reporting

The home or facility where you work will have clear rules about when to report your concerns to other care team members. These are often situations where a more immediate action is needed or the client must be more closely monitored.

Cover all the facts when documenting and reporting!

WHEN...date and time you observed the change, behavior, or incident.

WHAT... happened - write down the objective facts.

WHERE...you observed this happening.

HOW...long and often it happened.

WHO... was present, involved, or notified about what was happening.

WHAT... action you took and the outcome.

Tips for keeping a client records confidential

- Do not leave client records lying out unattended.
- Re-file any client records immediately in their proper location once you are done with them.
- Be aware of who is in the area when reviewing or updating a client's records.
- Do not discuss what you learn from a client's records with anyone outside of the care team.

It is your responsibility to make sure you follow these rules and have a thorough understanding of when you are required to report and to whom.

If a client refuses care

Any client always has the right to refuse care. Sometimes a client may not want you to do one or all of your assigned tasks. Take the time to figure out why and if there is anything you can do to help. It may be that the client does not feel up to it that day but will the next time you are there.

Do you need to document or report the client's refusal to get care? It often depends on the task(s) that didn't get done and if there are safety concerns for the client. If you are not sure, ask your supervisor.

Know what does and does not need to be documented or reported and when.

Your role as a mandated reporter

Unfortunately, there may be times when what you observe or suspect leads you to believe a vulnerable adult is being harmed.

We all share a moral responsibility to help protect others who are:

- Less likely to be able to protect themselves.
- At risk of getting harmed physically, mentally, and/or emotionally.

By Washington State law, your responsibility as a LTC worker goes beyond a moral obligation. It is also the law. You are a **mandated reporter** if you suspect (meaning you have reasonable cause to believe) any vulnerable adult is being abused, abandoned, neglected or exploited. This is true whether you are on or off your job. (RCW 74.34)

Who is considered a vulnerable adult?

A vulnerable adult is anyone:

- Over the age of 60 unable to care for him or herself.
- Living in a nursing home, assisted living facility, or adult family home.
- Receiving services from home health, hospice, home care agency or an individual provider.
- With a developmental disability.
- With a legal guardian.

Washington State Law also requires ***all*** mandatory reporters to report suspected child abuse and neglect (RCW 26.44).

To make sure these state and federal laws are followed, the facility or company where you work has written rules and policies to protect each client from harm. These rules and policies are covered here and again during basic training.

Understand your role as a mandated reporter.

Some helpful definitions

- **Abandonment** is when someone responsible for the care of a vulnerable adult leaves the person without the means or ability to get necessary food, clothing, shelter, or health care.
- **Abuse** is willfully inflicting injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult.

- **Sexual abuse** means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, 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 willful 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 a willful 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.
- **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.

Reporting abuse to DSHS

You **MUST** report immediately to the Department of Social and Health Services (DSHS) if you have reasonable cause to believe a client or any vulnerable adult is being abused, neglected, abandoned, or exploited.

In addition, you must report to DSHS and:

- Law enforcement if you suspect physical or sexual assault.
- The coroner or medical examiner and law enforcement if you suspect a death was caused by abuse, neglect or abandonment.

Failure to report as a mandated reporter is a gross misdemeanor.

Who to Call

Where you report abuse depends on where the person lives.

Where to report abuse

To report suspected abuse to DSHS for a vulnerable adult living in:

- **An adult family home or assisted living facility**: **call 1-800-562-6078**
- **His or her own home**, call **1-866-363-4276 or 1-866-End Harm.**

If the person lives in:

- **An assisted living facility or adult family home:**
  Call the DSHS Complaint Resolution Unit (CRU) at **1-800-562-6078**.

- **His or her own home:**
  Call the DSHS End Harm hotline number at **1-866-363-4276**.

You may feel nervous or unsure about reporting. These are normal feelings. Don't let them keep you from reporting. You must report. You are a mandated reporter in Washington State.

- You do not need proof to call. You need reasonable cause to believe a vulnerable adult is being harmed.
- You do not need the client's or supervisor's permission to call.
- If you report in good faith and it turns out there was no abuse, you cannot be held liable.
- Your name will be kept confidential unless there is a legal proceeding.

If you think a client may be in immediate danger or needs urgent help, call 911.

Self Neglect

There are some situations where a vulnerable adult living in his or her home is not providing for his or her own physical and/or mental well-being to the point of harm.

Although you are not a mandated reporter of self neglect, you are encouraged to report it to DSHS if you have reason to believe a vulnerable adult is neglecting his or her needs to the point of harm. Call **1-866-363-4276**.

Working with your supervisor and reporting

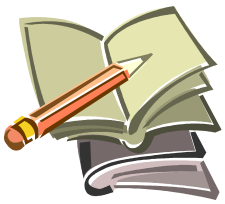
If you have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, alert your supervisor immediately.

There are documented policies and procedures for how your facility or company wants you to handle this situation so that the law is followed and the client is protected. It is your responsibility to know what they are, where these policies are documented, and to follow them.

Keep in mind that alerting your supervisor does **not** release you from your responsibilities as a mandated reporter. If you have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, you are mandated to report it.

Incident Log

All AFHs are required to keep an incident log of any alleged or suspected incidents of abuse, abandonment, neglect of exploitation. This incident log is also required to document any:



- Accidents or incidents affecting a client's welfare.
- Injury to a client.

Although an incident log is not required in ALFs, ALFs must document what was done to investigate any alleged of suspected abuse, abandonment, neglect of 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 ALF.

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

The use of restraints

Three types of restraints were used in the past before it was widely known that most restraints **do not keep a client safe**. In almost all cases, the following types of restraints cannot be used. Restraints can NEVER be used to discipline a client or for staff convenience.

Physical restraints - anything used to prevent or limit movement or access to one's body. This could be a belt, bed rails, or a chair a person cannot get out of.

Chemical restraints - drugs **not** required to treat medical symptoms that are used for the convenience of staff or without appropriate or enough monitoring.

Environmental restraints - locked rooms or barriers confining a person to a specific space.

Restraints put a client at risk.

There are very specific situations where a restraint may be used with an individual client **in an AFH only.** In an AFH, restraints may never be used for discipline or convenience and must be applied and supervised on-site by a licensed nurse or physician. These and other important guidelines must be followed. See WAC 388-76-10655 and WAC 388-76-10660. Talk with your supervisor and know exactly what you can and can't do in these individual cases if you work in an AFH**.**

Restraints may never be used at any time in an ALF or an in-home setting.

In Conclusion…

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

As a LTC worker, you make a difference in the lives of others every day. What you do has great meaning for the clients in your care. 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 LTC workers.

Most days, a heartfelt thanks and appreciation from a client, his or her 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.