5.B. WRITTEN POLICIES
5.B.2. Policies shall address all areas of services provided and facility practices regarding:
y. Staff orientation and in-service;

8.C. EMPLOYEES
8.C.3. In-Service Program
a. There shall be an orientation program for all new employees that includes review of all applicable facility policies, including resident rights, job description, and related responsibilities.
b. The facility must provide at least twelve (12) hours per year for CNA staff and periodic in-service education to all other employees.
c. The in-service program shall be planned and include at least one program per year relating to resident rights, disaster preparedness, workplace safety and the identified educational needs of the staff.
d. In-service education must include specific training for staff providing nursing and nursing related services to residents with cognitive impairments including but not limited to people with Alzheimer’s or dementia and for those conditions which may be applicable to the resident population of the facility. For facilities with units specific to residents with Alzheimer’s or dementia, refer to Chapter 23 of these Regulations.
e. Records shall be maintained which indicate the content of and staff participation in all such orientation and staff development programs.

8.D. PERSONNEL RECORDS
b. In-services Records shall be maintained of staff attendance at in-services and other educational programs.

9.A. MINIMUM NURSING STAFF REQUIREMENTS
Director of Nursing - Responsibilities The Director of Nursing shall be responsible and accountable to the Administrator for:
23.C.2. STAFFING AND STAFF TRAINING [ALZHEIMER’S/DEMENTIA CARE UNIT]

Every effort must be made to provide residents with familiar and consistent staff members in order to minimize resident confusion. All direct care staff assigned to the Alzheimer’s/Dementia Care Unit shall be specially trained to work with residents with Alzheimer’s Disease and other dementias.

a. Staffing

Only staff trained as specified in Subsections (2)(b) and (2)(c) of this rule shall be maintained and assigned to the unit. Staffing shall be sufficient to meet the needs of the residents and outcomes identified by the individual care plan and sufficient to implement the full day and evening care program. Staffing levels on the night shift will depend on the sleep patterns and needs of residents (without control of sleep by medications). Staffing shall be sufficient to enable each resident to maximize their functioning, self-care and independence.

b. Training

1. Pre-Service Training

The goals of training and education for staff of Alzheimer’s/Dementia Care Units are to enhance staff understanding and sensitivity toward the unit residents, to allow staff to master care techniques, to ensure better performance of duties and responsibilities and to prevent staff burnout. The trainer(s) shall be qualified individuals with experience and knowledge in the care of individuals with Alzheimer’s disease and other dementias. The facilities shall provide a minimum of eight (8) hours of classroom orientation and eight (8) hours of clinical orientation to all new employees assigned to the unit. In addition to the usual facility orientation, which would include such topics as basic resident rights, confidentiality, emergency procedures, infection control, facility philosophy related to Alzheimer’s dementia care, wandering/egress control, the eight (8) hours of classroom orientation should also include the following topics:

(a) A general overview of Alzheimer’s disease and related dementias;

(b) Communication basics;

(c) Creating a therapeutic environment;

(d) Activity focused care;

(e) Dealing with difficult behaviors; and

(f) Family issues.

2. Inservice Training

Ongoing inservice training shall be provided to all medical and non-medical staff who may be in direct contact with residents of the unit. Staff training shall be provided at least quarterly. The facility will keep records of all staff training provided and the qualifications of the trainer(s). Any
training provided under the Alzheimer’s/dementia curriculum may be credited toward the required twelve (12) hours of training/contact hours for CNAs. At least four (4) of the following topics shall be trained each quarter, so that after six months, staff will have been trained on all of the topics listed. Inservice training will be more comprehensive than what was provided during pre-service orientation.

(a) An overview of Alzheimer’s disease and related dementias, to include possible causes, general statistics, risk factors, diagnosis, stages and symptoms, and current treatments and research trends;

(b) Communication, to include communication losses that result from Alzheimer’s/dementia, nonverbal communication techniques (i.e. body language, facial expressions and touch), techniques to enhance communication, validation as an approach to communication and environmental factors that affect communication. Any training provided under the Alzheimer’s/dementia curriculum may be credited toward the required twelve (12) hours of training/contact hours for CNAs;

(c) Creating a therapeutic environment, to include safety issues, effective and ineffective strategies for providing care (do’s and don’ts), background noise, staff behavior, consistency, wayfinding and temperature;

(d) Activity-focused care, to include personal care (dressing, bathing and toileting), nutrition and dining, structured leisure (gross motor activities, social activities, crafts, sensory enhancement, outdoor activities, spiritual activities, normative activities, and music - see also Section 23.C.5. - Therapeutic Activities) and sexuality;

(e) Dealing with difficult behaviors, which should include strategies to deal with common behavioral issues such as wandering, sundowning, catastrophic reactions, combativeness, paranoia, ignoring self-care; and

(f) Family issues, such as grief, loss, education and support.