STAFF TRAINING

(1) Restraints, safety devices or postural supports may only be applied by staff who have received training in their use, as specified below and appropriate to the services provided by the facility.

(2) Staff training shall include, at a minimum, information and demonstration in:

(a) the proper techniques for applying and monitoring restraints, safety devices or postural supports;

(b) skin care appropriate to prevent redness, breakdown and decubiti;

(c) active and passive assisted range of motion to prevent joint contractures;

(d) assessment of blood circulation to prevent obstruction of blood flow and promote adequate circulation to all extremities;

(e) turning and positioning to prevent skin breakdown and keep the lungs clear;

(f) potential risk for residents to become injured or asphyxiated because the resident is entangled in a bed rail or caught between the bed rail and mattress if the mattress or mattress pad is ill-fitted or is out of position;

(g) provision of sufficient bed clothing and covering to maintain a normal body temperature;

(h) provision of additional attention to meet the physical, mental, emotional and social needs of the resident; and

(i) techniques to identify behavioral symptoms that may trigger a resident’s need for a restraint or safety device and to determine possible alternatives to their use. These include:

(i) observing the intensity, duration and frequency of the resident’s behavior;

(ii) identifying patterns over a period of time and factors that may trigger the behavior; and

(iii) determining if the resident’s behavior is:

(A) new or if there is a prior history of the behavior;

(B) the result of mental, emotional, or physical illness;

(C) or a radical departure from the resident’s normal personality.

(3) Training described in (2) must meet the following criteria:
(a) training must be provided by a licensed health care professional or a social worker with experience in a health care facility; and

(b) a written description of the content of this training, a notation of the person, agency, organization or institution providing the training, the names of staff receiving the training, and the date of training must be maintained by the facility for two years.

(4) Refresher training for all direct care staff caring for restrained residents and applying restraints, safety devices or postural supports must be provided at least annually or more often as needed. The facility must:

(a) ensure that the refresher training encompasses the techniques described in (2) of this rule; and

(b) for two years after each training session, maintain a record of the refresher training and a description of the content of the training.

STATE GUIDELINES

...(e) Required training of nurse aides.

...(B) Regular in-service education. Performance review. The annual performance review is to be completed no later than 12 months from the date of hire and at least every 12 months thereafter. The review should include ongoing observations during the individual's daily routine. The evaluation is not an additional competency test. The purpose of the review is to determine if the individual continues to competently practice nursing and nursing related skills and behaviors. Skills and behaviors that should be included in the evaluation are: communication and interaction skills, basic nursing procedures, infection control, safety, and other procedures the individual may practice. The performance areas reviewed are to be documented and include a statement noting whether or not the individual satisfactorily performed each area reviewed. If performance is not satisfactory, the documentation should include any remedy taken. Facilities may use any format they choose to document this information. It is permissible to use the MNASCC or other skills checklist, if desired.

In-service training. Facility responsibility: (i) The facility must provide each nurse aide with the opportunity to accumulate a minimum of 12 hours of appropriate continuing education (in-service training) each year.(Note: staff meetings and care plan meetings will not be accepted for continuing education credit, unless they meet Parts (ii) and (iii) of this paragraph.)

(ii) and (iii) Continuing education may be provided in any appropriate educational format. Video and audio tape presentations and reading or research assignments are acceptable. Appropriate subjects for continuing education are any that enhance nurse aides' job related knowledge and skills. These include, but are not limited to the following:

1) remedial training in skills not performed satisfactorily as a result of the annual reevaluation.

2) nursing and nursing related information to improve knowledge and/or skills, including skills working with individuals with cognitive impairments.
3) meeting mental, physical and psychological needs of residents.

4) recertification in CPR (4-hour limit).

5) self-growth (management of stress, time management, interpersonal skills etc.)

6) written/oral communication, observation and documentation.

7) promotion of resident rights and dignity, including the prohibition of mistreatment, abuse, neglect and misappropriation of resident property. Each facility/agency is to maintain an individual inservice record for each nurse aide that contains the following information:

1. Date of in-service

2. Title of in-service

3. Length (time) of inservice

4. Signature of instructor(s)

A copy of this record is to be filed in each nurse aide's personnel or training file to insure the information is easily retrievable.