

State Regulations Pertaining to In-Service Education

Note: This document is arranged alphabetically by State. To move easily from State to State, click the "Bookmark" tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

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420-5-10-.03 Administrative Management.

...(15) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must:

(a) Be sufficient to ensure that continuing competence of nurse aides, but must be no less than 12 hours per year;

(b) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and

(c) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

420-5-10-.04 Personnel.

...(2) Personnel Records. Each nursing facility shall maintain a personnel record for each employee. As a minimum, the record shall include:

...(c) General administrative and job related orientation.

...(4) Personnel Qualifications, Requirements and Training.

...(b) Staff Development. Each employee shall receive appropriate orientation to the facility and its policies and to his/her position and job duties, to ensure competency in the job placement. All employees shall participate in in-service educational programs planned and conducted for the development and improvement of their skills.

ALASKA

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7 AAC 12.660 PERSONNEL.

(a) A facility must plan and retain records of employee orientation, in-service training programs, and employee supervision.

(b) If required by AS 08, patient care personnel must be currently licensed, certified, authorized, or registered in the state for the practice of their particular profession.

(c) Physicians, licensed nurses, pharmacists, physical therapists, dietitians, and social workers must be involved in the orientation and in-service education program for patient care personnel.

(d) The facility shall document in personnel files that each employee has completed all required orientation, education, and training.

7 AAC 12.700. Social work service

(a) A facility that provides social work services must retain a social worker licensed under AS 08.95 as an employee or consultant of the facility. The social worker shall

...(5) participate in in-service training.

(c) A social services specialist shall act as an assistant to the social worker and shall

...(4) participate in in-service training.

7 AAC 12.720. Dietetic service

(a) A facility that provides dietetic services, with the exception of frontier extended stay clinics, must comply with the provisions of this section.

...(2) the facility shall ensure that the dietitian

...(D) develops and implements continuing education programs for dietary services and nursing personnel.

7 AAC 12.860 RISK MANAGEMENT

A facility, with the exception of home health agencies and birth centers, must have a risk management program that includes

...(4) a job-specific orientation program and an in-service training program for each employee that provides annual instruction in

(A) policies and procedures for that service;

(B) the employee's job responsibilities and the skills necessary to meet those responsibilities;

(C) safety, fire, and disaster plans; and

(D) principles and techniques of infection control;

...(6) quarterly fire drills for each work shift, a record showing when each drill was held, and coordination with community or area mass casualty drills;

(7) an annual review of written policies and procedures approved, signed, and dated by the administrator or the administrator's designee;

(8) a training program by an instructor certified in cardiopulmonary resuscitation (CPR) for all personnel who are engaged in patient care; the training program must include certification of employees by an approved organization; and

(9) a method of ensuring safe storage and transportation of gas cylinder tanks.

ARIZONA

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R9-10-904. Administration

E. An administrator shall ensure that:

1. Nursing care institution policies and procedures are established, documented, and implemented that cover:

...c. Job descriptions, qualifications, duties, orientation, and in-service education for each staff member;

d. Orientation and duties of volunteers.

R9-10-905. Staff and Volunteers

A. An administrator shall ensure that:

...4. A staff member who provides direct care attends at least 12 hours of in-service education every 12 months from the starting date of employment.

5. A nursing care institution policy and procedure is established to provide criteria for in-service education;

6. Documentation of in-service education required in subsection (A)(4) includes:

a. The date of the in-service education,

b. The subject matter of the in-service education,

c. The number of clock hours of the in-service education,

d. The instructor's name, and

e. The signature of the staff member participating in the in-service education.

7. Orientation for a staff member or a volunteer begins in the first week of employment or volunteer service and covers:

- a. Nursing care institution policies and procedures;
- b. Resident rights;
- c. Infection control including:
 - i. Hand washing,
 - ii. Linen handling, and
 - iii. Prevention of communicable diseases, and
- d. Disaster plans;

...11. A staff member or volunteer record required under subsection (A)(10) and in-service education documentation required under subsection (A)(6) are provided to the Department for review:

- a. For a current staff member or volunteer, as soon as possible but not more than two hours from the time of the Department's request; and
- b. For a staff member or volunteer who is not currently working or providing volunteer services in the nursing care institution, within two hours from the Department's request; and

12. A staff member or volunteer record and in-service education documentation are maintained by the nursing care institution for at least two years after the last date of volunteer service or work.

ARKANSAS

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304 STAFF DEVELOPMENT

304.1 Job orientation shall be provided for all personnel to acquaint them with the needs of the residents, the physical facility, disaster plan, and the employee's specific duties and responsibilities. There should be written documentation maintained to verify that orientation and in-service training are planned and conducted. A continuing in-service training program is planned and conducted. Attendance at such training shall be verified by each employee by signing their names on the attendance record. Records of orientation shall include the signature of the employee as well as topic of instruction and date of successful completion.

304.2 A reasonable supply of textbooks of basic practices shall be available in the nursing home for the specific job needs of all employees.

304.3 At least ninety percent (90%) of personnel on each shift shall be trained at least on a quarterly basis in the proper use of all fire-fighting equipment, in the procedures for evacuation of patients, and in the procedures to follow in case of fire or explosion. Disaster drills, including tornado drills, should be

conducted semi-annually for each shift. A record of the drills held shall be maintained, and this record shall include the time and date the drill was held, along with the signature of all staff participating. Facility policies and procedures regarding reporting, as addressed in these regulations, must be included in orientation training for all new employees, and must be addressed at least annually during in-service training for all facility staff.

300 REPORTING SUSPECTED ABUSE, NEGLECT, EXPLOITATION, INCIDENTS, ACCIDENTS, DEATHS FROM VIOLENCE AND MISAPPROPRIATION OF RESIDENT PROPERTY

Pursuant to federal regulation 42 CFR 483.13 (Resident Behavior and Facility Practices) and state law Ark. Code Ann. § 5-28-101 *et seq.* (Abuse of Adults) and 12-12-501 *et seq.* (Child Maltreatment Act), the facility must develop and implement written policies and procedures to ensure incidents, including:

- alleged or suspected abuse or neglect of residents;
- accidents, including accidents resulting in death;
- unusual deaths or deaths from violence;
- unusual occurrences; and,
- exploitation of residents or any misappropriation of resident property, are prohibited, reported, investigated and documented as required by these regulations. A facility is not required under this regulation to report death by natural causes. However, nothing in this regulation negates, waives or alters the reporting requirements of a facility under other regulations or statutes.

Facility policies and procedures regarding reporting, as addressed in these regulations, must be included in orientation training for all new employees, and must be addressed at least annually during in-service training for all facility staff.

306 REPORTING SUSPECTED ABUSE OR NEGLECT.

306.5 The requirement that all facility personnel receive annual, in-service training in identifying, reporting and preventing suspected abuse/neglect, and that the facility develops and maintains policies and procedures for the prevention of abuse and neglect, and accidents. The policy shall also require that documentation of training must be maintained by the facility.

518 REHABILITATIVE NURSING

518.1 Nursing personnel shall be trained in rehabilitative nursing measures. This shall be documented in the orientation program, and in-service on this subject shall be conducted at least annually.

561 STAFFING

Certified Dietary Managers and food service supervisors shall complete fifteen (15) hours per year of continuing education courses approved by the Office of Long Term Care. For purposes of these regulations, the term continuing education courses approved by the Office of Long Term Care means continuing education courses offered by the Dietary Managers Association or comparable body, and approved by the Office of Long Term Care.

905 STAFFING

Alzheimer's Special Care Units shall staff according to the Rules and Regulations for

Nursing Facilities. Furthermore, the following staffing requirements are established for Alzheimer's Special Care Units.

b. Staff and Training

In addition to any training requirements for any certification or licensure of the employee, training shall consist of, at a minimum:

B. On-going, in-service training consisting of at least two (2) hours every quarter. The topics to be addressed in the in-service training shall include the following, and each topic shall be addressed at least once per year:

i. The nature of Alzheimer's disease and other dementia, including:

a. The definition of dementia;

b. The harm to individuals without a correct diagnosis; and,

c. The stages of Alzheimer's disease.

ii. Common behavior problems resulting from Alzheimer's or related dementia, and recommended behavior management for the problems;

iii. Communication skills to facilitate improved staff relations with residents;

iv. Positive therapeutic interventions and activities, such as:

a. Exercise;

b. Sensory stimulation; and,

c. Activities of daily living.

v. The benefits of family interaction with the resident, and the need for family interaction;

vi. Developments and new trends in the fields of Alzheimer's or related dementia, and treatments for same;

vii. Environmental modifications to minimize the effects and problems associated with Alzheimer's or related dementia; and,

viii. Development of ISPs, including but not limited to instruction on the method of updating and implementing ISPs across shifts.

Rules and Regulations for the Arkansas Long Term Care Facility Nursing Assistant Training Program

Section IV NURSING ASSISTANT TRAINING

E. Orientation Program

1. All nursing assistants must receive an orientation program that includes, but is not limited to, an explanation of:

- The organizational structure of the facility;
- Policies and procedures (including fire/disaster plans, etc.)
- The philosophy of care of the facility;
- The description of the resident population; and
- Employee rules.

2. This facility orientation training program is not included in the required 90 hours of nursing assistant training.

F. Ongoing InService Training

1. All facilities will continue to provide ongoing inservice training on a routine basis both in groups and as necessary in specific situations on a onetoone basis. Each nursing assistant must receive one (1) hour of inservice training per month.

2. The facility must complete a performance review of each nursing assistant at least once per year and provide regular inservice training based on the outcome of these reviews. The inservice training should address areas of weakness and be sufficient to ensure the continuing competence of the nursing assistants.

3. In addition to training needs identified by performance reviews, inservice training should also address the special needs of residents as determined by each

facility. Training can be received on the unit as long as it is directed toward skills improvement, provided by appropriately trained staff and documented (for example, skills demonstration with return demonstration recorded on a check list).

4. Effective July 1, 2006, facilities are strongly encouraged to offer inservice training for nursing home employed CNAs who were certified in Arkansas prior to July 1, 2006 that covers the Barbara Broyles Alzheimer and Dementia Training that is included in Arkansas LTCF Nursing Assistant Training Curriculum. Facilities should maintain records that verify each employed CNA, who was certified in Arkansas prior to July 1, 2006, has received this training. After July 1, 2006 and ongoing, the new Alzheimer's training is strongly encouraged for CNAs registered in Arkansas through

reciprocity from other states and test candidates that are allowed to challenge the State competency test based on exemptions found in Section VII (D) (3 through 6).

CALIFORNIA

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72381. Activity Program -Requirements.

...(d) The activity leader, at a minimum, shall:

...(2) Plan and conduct in-service training of the staff of the facility at least annually.

§72433. Social Work Service Unit--Services.

...(b) Social work services unit shall include but not be limited to the following:

...(6) Orientation and in-service education of other staff members on all shifts shall be conducted at least monthly by the social worker in charge of the social work service.

s 72451. Special Treatment Program Service Unit -Program Requirements.

...(f) Orientation and in-service training of staff members by a qualified person to assist them in the recognition and understanding of the emotional problems and social needs of patients and the means of taking appropriate action. Available community resources and services should be included in the orientation.

s 72465. Special Treatment Program Service Unit -Staff.

(b) Nursing service charge personnel on all shifts shall have at least one year of experience or training related to the special treatment program services, or shall participate in in-service provided by the facility.

s 72467. Special Treatment Program Service Unit -Program Director.

...(c) The program director shall ensure that the in-service education program is provided.

§72469. Special Treatment Program Service Unit--In-Service Education.

(a) The facility shall provide to all program staff an average of at least one hour per week of ongoing, planned academic and on-the-job in-service education. The education shall include, but not be limited to the following:

(1) Specific program techniques for the mentally disordered.

(2) Setting behavioral program objectives for patients.

(3) Evaluation and assessment procedures and criteria.

(4) Noting and documenting patient progress in the program.

(b) The facility shall maintain a record of the in-service education. This record shall include the signature of staff in attendance, the number of hours, the date and the subjects covered.

§72517. Staff Development.

(a) Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include, but not be limited to:

(1) Problems and needs of the aged, chronically ill, acutely ill and disabled patients.

(2) Prevention and control of infections.

(3) Interpersonal relationship and communication skills.

(4) Fire prevention and safety.

(5) Accident prevention and safety measures.

(6) Confidentiality of patient information.

(7) Preservation of patient dignity, including provision for privacy.

(8) Patient rights and civil rights.

(9) Signs and symptoms of cardiopulmonary distress.

(10) Choking prevention and intervention.

(b) In addition to (a) above, all licensed nurses shall have training in cardiopulmonary resuscitation.

(c) Records of each staff development program shall be maintained. The records shall include name and title of presenter, date of presentation, title of subject presented, description of content and the signatures of those attending.

(d) Each facility shall have a written orientation program for all newly hired employees.

Each employee shall receive orientation to the facility, the employee's job description and duties, the patient population, the pertinent policies and procedures and the facility staff.

(e) Consultants employed by the facility shall participate in the staff development program.

COLORADO

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Part 4 - Personnel

4.1 POLICIES

4.1.1 The facility shall provide job-specific orientation to all new employees within 90 days of employment.

4.2 DEPARTMENTS.

4.2.2 All persons assigned to direct resident care shall be prepared through formal education or on-the-job training in the principles, policies, procedures, and appropriate techniques of resident care. The facility shall provide educational programs for employees to be informed of new methods and techniques.

4.3 STAFF DEVELOPMENT COORDINATOR. The long-term care facility shall employ a staff development coordinator who shall be responsible for coordinating orientation, inservice, on-the-job training, and continuing education programs and for determining that staff have been properly trained and are implementing results of their training. The objective of this standard is that staff be appropriately trained in necessary aspects of resident care to carry out their job responsibilities.

4.3.1 The coordinator shall have experience in and ability to prepare and coordinate inservice education and training programs for adult learners in the area of geriatrics.

4.3.2 The facility shall employ a staff development coordinator for a sufficient amount of time to meet inservice, orientation, training and supervision needs of staff. The facility shall provide for appropriate staff follow-up.

4.3.3 The facility shall provide annual inservice education for staff in at least the following areas: infection control, fire prevention and safety, accident prevention, confidentiality of resident information, rehabilitative nursing, resident rights, dietary, pharmacy, dental,

behavior management, disaster preparedness, and, if it has developmentally disabled residents, developmental disabilities, residents with Alzheimer's conditions, those conditions, or mentally ill residents, mental illness.

4.3.4 The facility shall maintain attendance records with original signatures on inservice programs and course materials or outlines that staff who are unable to attend the program may review.

4.5 REFERENCE MATERIALS. The facility shall provide current reference material related to the care that is provided in the facility for use by all personnel.

Part 10. DENTAL SERVICES

10.4 DENTAL HYGIENE.

10.4.1 Direct care staff from each facility shall have at least annual inservice training course in preventive dentistry and oral hygiene, conducted by a dentist, dental hygienist, or preventive dental aide.

Part 16. PHARMACEUTICAL SERVICES

16.4 CONSULTING PHARMACIST. The facility shall contract in writing with a licensed pharmacist to be responsible for all pharmaceutical matters in the facility. The contract shall set forth the fees to be paid for services and the pharmacist's responsibilities, including at least the following:

...(6) Regularly scheduled visits and consultations and at least annual in-service training to staff.

Part 20. HOUSEKEEPING SERVICES

20.8 TRAINING AND SUPERVISION. Housekeeping personnel shall receive adequate supervision. Frequent in-service training programs shall be provided for housekeeping personnel.

Part 22. INFECTION CONTROL

22.1 INFECTION CONTROL PROGRAM. The facility shall have an infection control program that provides in-service training on infection control and shall have current infection control policies and procedures available to all staff members.

CONNECTICUT

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19-13-D8t. Chronic and convalescent nursing homes and rest homes with nursing supervision

...(f) Administrator.

...(3) The administrator shall be responsible for the overall management of the facility and shall have the following powers and responsibilities:

...(J) Together with the medical director and director of nurses, development of a coordinated program for orientation to the facility, in-service training, and continuing education for all categories of staff in order to develop skills and increase knowledge so as to improve patient care;

...(h) Medical director.

...(2) The medical director shall have the following powers and responsibilities:

...(L) Assist in the development of and participate in a staff orientation and training program in cooperation with the administrator and the director of nurses, as required by subsection (f) (3) (J) of these regulations.

...(j) Director of nurses.

...(2) The director of nurses shall be responsible for the supervision, provision, and quality of nursing care in the facility. The director of nurses' powers and duties shall include, but not necessarily be limited to, the following:

...(J) assistance in the development of and participation in a staff orientation and training program, in cooperation with the administrator and medical director, as required by subsection (f) (3) (J) of section 19-13-D8t of the Regulations of Connecticut State Agencies;

...(s) Social Work.

...(8) All staff of the facility shall receive inservice training by or under the direction of a qualified social worker or social work designee each year concerning patients' personal and property rights pursuant to Section 19a-550 of the Connecticut General Statutes.

(9) All staff of the facility shall receive inservice training by a qualified social worker or qualified social work consultant each year in an area specific to the needs of the facility's patient population.

...(u) Emergency preparedness plan.

...(5) All personnel shall receive training in emergency preparedness as part of their employment orientation. Staff shall be required to read and acknowledge by signature understanding of the emergency preparedness plan as part of the orientation. The content and participants of the training orientation shall be documented in writing.

19-13-D8u. Intravenous therapy programs in chronic and convalescent nursing homes and rest homes with nursing supervision

...(c) IV Therapy Programs in Chronic and Convalescent Nursing Homes. IV Therapy may be administered in a chronic and convalescent nursing home in accordance with the following requirements:

(1) The IV therapy program shall be developed and implemented in a manner which ensures safe care for all patients receiving IV therapy which shall include at least the following:

...(C) Written policies and procedures concerning:

(i) Establishment of the standards of education, training, ongoing supervision, in-service education and evaluation of all personnel in the program including the IV therapy nurses, licensed nursing personnel and supportive nursing personnel...

DELAWARE

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5.0 Personnel/Administrative

5.5 The facility shall have written personnel policies and procedures. Personnel records shall be kept current and available for each employee, and include the following:

5.5.6 Titles and hours of in-service training

6.3 Nursing Administration

6.3.1 The facility's director of nursing shall:

...6.3.1.4 Coordinate orientation programs for new nursing services direct caregivers (including temporary staff) and in-service education, as appropriate, for such staff. Written records of the content of each in-service program and the attendance records shall be maintained for two years...

6.9 Communicable Diseases

6.9.4 Employee Health

6.9.4.1 All employees shall receive education and training on standard precautions, use of personal protective equipment, the importance of hand hygiene, the facility's infection control policies and reporting of exposures to blood or other potentially infectious materials.

3220 Training and Qualifications for Nursing Assistants and Certified Nursing Assistants

4.0 Mandatory Orientation Period

4.1 Skilled And Intermediate Care Facilities

4.1.1 General Requirements

4.1.1.1 All Nursing Assistants hired to work in a skilled or intermediate care facility, after completing 150 hours of training, shall undergo a minimum of 80 hours of orientation at least 40 of which shall be clinical. An exception to this requirement is that any Nursing Assistant who has undergone 150 hours of training, sponsored by the facility where the Nursing Assistant will be employed immediately thereafter, shall only be required to complete additional facility specific orientation of 40 hours in the same facility.

4.1.1.2 All Certified Nursing Assistants hired to work in a skilled or intermediate care facility shall undergo a minimum of 80 hours of orientation; at least 40 of which shall be clinical.

4.1.1.3 While undergoing orientation, Nursing Assistants shall have direct physical contact with residents only while under the visual observation of a Certified Nursing Assistant or licensed nurse employed by the facility.

4.1.1.4 Any Certified Nursing Assistant or Nursing Assistant undergoing orientation may be considered a facility employee for purposes of satisfying the minimum facility staffing requirements.

4.1.2 Orientation Program Requirements

4.1.2.1 The mandatory orientation program shall include but is not limited to a review and written instruction on the following material by a licensed nurse:

4.1.2.1.1 Tour of the facility and assigned residents' rooms

4.1.2.1.2 Fire and disaster plans

4.1.2.1.3 Emergency equipment and supplies

4.1.2.1.4 Communication (including the facility chain of command) and documentation requirements

4.1.2.1.5 Process for reporting emergencies, change of condition and shift report

4.1.2.1.6 Operation of facility equipment and supplies, including scales, lifts, special beds and tubs.

4.1.2.1.7 Review of the plan of care for each assigned resident including:

4.1.2.1.7.1 ADL/personal care needs

4.1.2.1.7.2 Nutrition, hydration and feeding techniques and time schedules

4.1.2.1.7.3 Bowel and bladder training programs

4.1.2.1.7.4 Infection control procedures

4.1.2.1.7.5 Safety needs

4.1.2.1.7.5.1 Role and function of the CNA/NA

- 4.1.2.1.7.5.2 Resident rights/abuse reporting
- 4.1.2.1.7.5.3 Safety and body mechanics: transfer techniques
- 4.1.2.1.7.5.4 Vital signs
- 4.1.2.1.7.5.5 Psychosocial needs
- 4.1.2.1.7.5.6 Facility policies and procedures
- 4.1.1.2 Nursing Assistants shall satisfactorily demonstrate competency in clinical skills including:
 - 4.1.1.2.1 Taking and recording vital signs
 - 4.1.1.2.2 Measuring and recording height and weight
 - 4.1.1.2.3 Handwashing and infection control techniques
 - 4.1.1.2.4 Caring for the resident's environment
 - 4.1.1.2.5 Bathing and skin care, including foot and nail care
 - 4.1.1.2.6 Grooming and mouth care, including denture care
 - 4.1.1.2.7 Dressing
 - 4.1.1.2.8 Toileting, perineal and catheter care
 - 4.1.1.2.9 Assisting with eating and hydration
 - 4.1.1.2.10 Proper feeding techniques
 - 4.1.1.2.11 Positioning, turning and transfers
 - 4.1.1.2.12 Range of motion
 - 4.1.1.2.13 Bowel and bladder training
 - 4.1.1.2.14 Care and use of prosthetic and orthotic devices
 - 4.1.1.2.15 Assisting with ambulation
 - 4.1.1.2.16 Measuring intake and output
 - 4.1.1.2.17 Use of elastic stockings, heel and ankle protectors
 - 4.1.1.2.18 Bedmaking skills

3208 NURSING SERVICES

3208.4 Each Director of Nursing shall participate annually in a minimum of twelve (12) hours of continuing education programs relating to geriatric, administration, or related areas of care.

3208.5 The Director of Nursing shall provide for, at a minimum, the following:

...(4) Orientation;

(5) In-service education...

3211 NURSING PERSONNEL

3211.11 The facility shall provide regular performance review and regular in-service education to ensure that individuals employed as nurse aides, including certified nurse aides, are competent to perform services as nurse aides.

3213. RESTORATIVE NURSING CARE PROGRAM

3213.3 Each nursing employee who provides restorative nursing services shall attend educational programs in restorative nursing that includes practical experience.

3214 IN-SERVICE EDUCATION FOR NURSING PERSONNEL

3214.1 A comprehensive on-going in-service education program shall be provided by the facility and shall include training on the provision of resident care.

3214.2 Each nursing employee shall be trained in emergency procedures, disaster plans and fire evacuation plans.

3214.3 Each area of in-service training shall be conducted by a registered nurse, qualified and experienced in the area of instruction.

3214.4 A facility shall designate an In-Service Education Director who shall maintain records of training and orientation activities, which include the agenda, instructions, and participants. Records of each in-service education program shall be kept on file and available for inspection.

3214.5 Each nursing employee shall be encouraged to attend education and training programs conducted in the community that relate to nursing practice.

3214.6 Each facility shall have space for conducting in-service programs.

3217. INFECTION CONTROL

...3217.7 The Infection Control Committee shall ensure that in-service training on infection control policies and procedures is provided at least annually to each employee of each service represented on the Committee.

3219 DIETARY SERVICES

...3219.3 A regularly scheduled program of in-service education shall be conducted for all food service employees hired after the effective date of these regulations. Records should be maintained on in-service programs and shall be available for review.

3219.4 The curriculum for regularly scheduled in-service education programs for food service employees may include, but not be limited to, the following:

- (a) Disaster and emergency procedures;
- (b) Infection control;
- (c) Safety and accident prevention;
- (d) Therapeutic diets;
- (e) Food handling;
- (f) Personal hygiene;
- (g) Residents' rights; and
- (h) Psychological aspects of aging.

3223 REHABILITATIVE SERVICES

...3223.2 There shall be a regularly scheduled program of in-service education programs for the rehabilitative services staff.

3224. SUPERVISION OF PHARMACEUTICAL SERVICES

...3224.3 The supervising pharmacist shall do the following:

...(c) Provide a minimum of two (2) in-service sessions per year to all nursing employees, including one (1) session that includes indications, contraindications and possible side effects of commonly used medications.

3228. PODIATRY SERVICES PROGRAM

3228.1 Each facility shall have a written agreement for obtaining regular podiatry services with a podiatrist licensed in the District of Columbia.

3228.2 Podiatry services shall include direct services to residents, as well as consultation and in-service training for nursing employees.

3229. SOCIAL SERVICES

...3229.4 In conjunction with the resident's admission, stay, and discharge, the functions of the social services program shall include the following:

... (g) Annual in-service training to other staff of the facility on subjects including, but not limited to, resident's rights, psychosocial aspects of aging and confidentiality.

3230. RESIDENT ACTIVITIES

...3230.5 The responsibilities of the director of the activities program or his or her designee shall include, but not be limited to, the following:

...(e) To assist in the development of and participate in staff orientation and annual education programs for all staff in the facility...

3231. MEDICAL RECORDS

...3231.4 The facility shall provide in-service training on medical records policies and procedures on reporting, recording, and legal aspects of documentation annually to each employee who writes in the medical records.

3256. HOUSEKEEPING AND MAINTENANCE SERVICES

...3256.14 A regularly scheduled in-service training program shall be provided for housekeeping and maintenance staff.

FLORIDA

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59A-4.106 Facility Policies.

...(4) Each facility shall maintain policies and procedures in the following areas:

...(f) Staff education, including HIV/AIDS training;

(5) Staff Education.

(a) Each nursing home shall develop, implement, and maintain a written staff education plan which ensures a coordinated program for staff education for all facility employees. The staff education plan shall be reviewed at least annually by the quality assurance committee and revised as needed.

(b) The staff education plan shall include both pre-service and in-service programs.

(c) The staff education plan shall ensure that education is conducted annually for all facility employees, at a minimum, in the following areas:

1. Prevention and control of infection;

2. Fire prevention, life safety, and disaster preparedness;

3. Accident prevention and safety awareness program;

4. Resident's rights'

5. Federal law, 42 CFR 483, Requirements for Long Term Care Facilities, September 26, 1991, which is incorporated by reference, and state rules and regulations, Chapter 400, Part II, F.S., and this rule;

6. The Florida "Right to Know" Hazardous Materials, Chapter 442, F.S.;

(d) The staff education plan shall ensure that all non-licensed employees of the nursing home complete an initial educational course on HIV/AIDS. If the employee does not have a certificate of completion at the time they are hired, they must have two hours within six months of employment or before the staff provides care for an HIV/AIDS diagnosed resident. All employees shall have a minimum of one hour biennially.

STATUTES:

400.1755 Care for persons with Alzheimer's disease or related disorders.

...(2) All employees who are expected to, or whose responsibilities require them to, have direct contact with residents with Alzheimer's disease or a related disorder must, in addition to being provided the information required in subsection (1), also have an initial training of at least 1 hour completed in the first 3 months after beginning employment. This training must include, but is not limited to, an overview of dementias and must provide basic skills in communicating with persons with dementia.

(3) An individual who provides direct care shall be considered a direct caregiver and must complete the required initial training and an additional 3 hours of training within 9 months after beginning employment. This training shall include, but is not limited to, managing problem

behaviors, promoting the resident's independence in activities of daily living, and skills in working with families and caregivers.

(a) The required 4 hours of training for certified nursing assistants are part of the total hours of training required annually.

(b) For a health care practitioner as defined in s. 456.001, continuing education hours taken as required by that practitioner's licensing board shall be counted toward this total of 4 hours.

(4) For an employee who is a licensed health care practitioner as defined in s. 456.001, training that is sanctioned by that practitioner's licensing board shall be considered to be approved by the Department of Elderly Affairs.

(5) The Department of Elderly Affairs or its designee must approve the initial and continuing training provided in the facilities. The department must approve training offered in a variety of formats, including, but not limited to, Internet-based training, videos, teleconferencing, and classroom instruction. The department shall keep a list of current providers who are approved to provide initial and continuing training. The department shall adopt rules to establish standards for the trainers and the training required in this section.

(6) Upon completing any training listed in this section, the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility or to an assisted living facility, home health agency, adult day care center, or adult family-care home. The direct caregiver must comply with other applicable continuing education requirements.

400.211 Persons employed as nursing assistants; certification requirement.

...(4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must:

(a) Be sufficient to ensure the continuing competence of nursing assistants and must meet the standard specified in s. 464.203(7);

(b) Include, at a minimum:

1. Techniques for assisting with eating and proper feeding;
2. Principles of adequate nutrition and hydration;
3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
4. Techniques for caring for the resident at the end-of-life; and

Recognizing changes that place a resident at risk for pressure ulcers and falls; and

(c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

Costs associated with this training may not be reimbursed from additional Medicaid funding through interim rate adjustments.

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290-5-8-.04 Nursing Service.

...(9) An active in-service nursing education program shall be in effect for all nursing personnel. This program shall be developed and conducted by a registered nurse who may be employed part-time and under the direction of the director of nursing services.

(10) The in-service nursing educational program shall be in writing and shall show the frequency of training. Attendance and progress records shall be kept for each person receiving instruction.

290-5-8-.07 Social Service.

...(3) All nursing personnel and employees having contact with patients shall receive social service orientation and in-service training toward understanding emotional problems and social needs of patients.

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§11-94-9 Dental services.

...(d) Nursing staff shall receive inservice training in oral hygiene and denture care at least annually.

§11-94-11 Dietetic services.

...(f) Food services, planning and storage.

...(4) Food service.

...(H) If the food service is directed by a person other than a qualified dietitian, there shall be frequent and regularly scheduled consultation by a dietitian or public health nutritionist. This consultation shall be given in the facility at the rate of four hours per every twenty-five patients per

month and shall not be less than six hours per month. Consultation, training, and inservice education shall be appropriate to staff and patient needs and shall be documented.

§11-94-18 Inservice education.

(a) There shall be a staff inservice education program that includes:

(1) Orientation for all new employees to acquaint them with the philosophy, organization, program, policies, and procedures, practices, and goals of the facility.

(2) Inservice training for employees who have not achieved the desired level of competence, and continuing inservice education to update and improve the skills and competencies of all employees.

(3) Inservice training which shall include annually: prevention and control of infections, fire prevention and safety, accident prevention, patient's rights, and problems and needs of the aged, ill, and disabled. Provision shall be made for training appropriate personnel in cardiopulmonary resuscitation and appropriate first aid techniques.

(b) Records shall be maintained for all orientation and staff development programs.

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105.PERSONNEL.

01. Personnel Policies. Personnel policies shall be developed and implemented and shall include:

...(1-1-88) b. Orientation of all new employees; and

(1-1-88) c. Continuing in-service training for all employees which is consistent with patients'/residents' needs and services offered. A minimum of twenty-four (24) hours of training per year shall be provided to nursing staff...

...10. Personnel Files. Personnel files shall be kept for each employee and each shall contain

...(1-1-88) i. Orientation and training documentation reflecting what the employee received when, and the amount of time for each program.

11. Orientation and Continuing Education. The facility shall provide a formalized, on-going educational program for all personnel which shall commence upon employment and shall include: (1-1-88)

a. A structured orientation program written and designed to meet the training needs of new employees in relation to an employee's responsibilities in the facility. The program shall include, but is not limited to: (1-1-88)

i. All facility policies and procedures relevant to an employee's responsibilities; (1-1-88)

ii. Basic procedures relative to patient/resident care; (1-1-88)

iii. Patient's/resident's rights and responsibilities; (1-1-88)

iv. Confidentiality; (1-1-88)

v. Ethics; (1-1-88)

vi. Use of mechanical/electrical equipment utilized by the employee; (1-1-88)

vii. Fire safety and emergency evacuation; (1-1-88)

viii. Emergency procedures; (1-1-88)

ix. Organizational structure; (1-1-88)

x. Measures to prevent cross infection, including aseptic and isolation techniques; (1-1-88)

xi. Special needs of the population served; and (1-1-88)

xii. Restorative care. (1-1-88)

b. An ongoing, planned continuing educational program which maintains and upgrades the knowledge, skills and abilities of the staff in relation to services provided and employee responsibilities. (1-1-88)

c. Opportunity to attend outside educational programs. (1-1-88)

d. At least twenty-four (24) hours of continuing education annually for all nursing personnel. (1-1-88).

106.FIRE AND LIFE SAFETY.

05. Orientation, Training and Drills. All employees shall be instructed in basic fire and life safety procedures. (1-1-88)

a. All new employees shall be instructed in basic facility fire and life safety procedures during their orientation period. Documentation that such orientation has been completed shall be maintained on file in the facility. (1-1-88)

b. Fire and/or safety classes shall be made available on a quarterly basis. The facility shall make an effort to encourage all staff to attend the classes. Classes shall not be conducted in

lieu of drills. (1-1-88)

107.DIETARY SERVICE.

01. Dietary Supervision. A qualified food service supervisor shall be designated by the administrator to be in charge of the dietary department. This person shall: (1-1-88)

...e. Consult on a regularly scheduled basis with a registered dietitian (or a person with at least a bachelor's degree in foods and nutrition if no dietitian is available). The dietitian shall: (1-1-88) ... (1-1-88) iii. Provide in-service training for all food service employees...

200.NURSING SERVICES.

01. Director of Nursing Services. A registered nurse currently licensed by the state of Idaho and qualified by training and experience shall be designated Director of Nursing Services in each SNF and ICF and shall be responsible and accountable for:

...(1-1-88) g. Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing

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Section 300.510 Administrator

...c. The administrator shall arrange for facility supervisory personnel to annually attend appropriate educational programs on supervision, nutrition, and other pertinent subjects.

Section 300.650 Personnel Policies

...f) Orientation and In-Service Training

1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall

complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.

2) All employees, except student interns shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall include information on the effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and of personnel attending each session shall be kept.

Section 300.660 Nursing Assistants

...e) During inspections of the facility, the Department may require nursing assistants to demonstrate competency in the principles, techniques, and procedures covered by the basic nursing assistant training program curriculum described in 77 Ill. Adm. Code 395, when possible problems in the care provided by aides or other evidences of inadequate training are observed. The State approved manual skills evaluation testing format and forms will be used to determine competency of a nursing assistant when appropriate. Failure to demonstrate competency of the principles, techniques and procedures shall result in the provision of in-service training to the individual by the facility. The in-service training shall address the basic nursing assistant training principles and techniques relative to the procedures in which the nursing assistants are found to be deficient during inspection (see 77 Ill. Adm. Code 395).

Section 300.1050 Dental Standards

a) Each long-term care facility shall have a dental program which will provide for in-service education to residents and staff under direction of dental personnel including at a minimum the following:

1) Information regarding nutrition and diet control measures which are dental health oriented.

2) Instruction in proper oral hygiene methods.

3) Instruction concerning the importance of maintenance of proper oral hygiene and where appropriate including family members (as in the case of residents leaving the long-term care facility).

b) The direct care staff shall receive in-service education annually. This will be provided by a dentist or a dental hygienist.

1) Direct care staff shall be educated in ultrasonic or manual denture and partial denture cleaning techniques.

- 2) Direct care staff shall be educated in proper brushing and oral health care for residents who are unable to care for their own health.
- 3) Direct care staff shall be educated in examining the mouth in order to recognize abnormal conditions for necessary referral.
- 4) Direct care staff shall be educated regarding nutrition and diet control measures and the effect on dental health.
- 5) Supplemental dental training films shall be included with any other health training films seen on a rotating basis.

Section 300.1220 Supervision of Nursing Services

...b) The DON shall supervise and oversee the nursing services of the facility, including:

...8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.

Section 300.1410 Activity Program

...2) Activity personnel working under the direction of the activity director shall have a minimum of 10 hours of in-service training per calendar or employment year, directly related to recreation/activities. In-service training may be provided by qualified facility staff and/or consultants, or may be obtained from college or university courses, seminars and/or workshops, educational offerings through professional organizations, similar educational offerings or any combination thereof.

...5) The activity director shall have a minimum of ten hours of continuing education per year pertaining to activities programming.

Section 300.1440 Volunteer Program

...b) Volunteers shall complete a standard orientation program, in accordance with their facility responsibilities and with the facility's policies and procedures governing the volunteer program. The orientation shall include, but not be limited to:

- 1) Residents' rights;
- 2) Confidentiality;
- 3) Disaster preparedness (i.e., fire, tornado);

- 4) Emergency response procedures;
- 5) Safety procedures/precautions;
- 6) Infection control; and
- 7) Body mechanics.

Section 300.1610 Medication Policies and Procedures

...e) The staff pharmacist or consultant pharmacist shall participate in the planned in-service education program of the facility on topics related to pharmaceutical service.

Section 300.7050 Staffing [Alzheimer's Special Care]

...c) All staff who ever work on the unit (e.g., nurses, CNAs, housekeepers, social services and activities staff, and food service staff) shall receive at least four hours of dementia-specific orientation within the first 7 days of working on the unit. This orientation shall include:

- 1) Basic information about the nature, progression, and management of Alzheimer's disease and other dementia;
- 2) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's disease and other dementia;
- 3) Methods of identifying and minimizing safety risks to residents with Alzheimer's disease and other dementia; and
- 4) Techniques for successful communication with individuals with Alzheimer's disease and other dementia.

d) Nurses, CNAs, and social service and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall participate in a minimum of 12 additional hours of orientation within the first 45 days after employment, specifically related to the care of persons with Alzheimer's disease and other dementia. This orientation shall be defined in facility policies and procedures; shall be in a form of classroom, return demonstration, and mentoring; and shall define to new staff the elements contained in Section 300.7050(e)(1)-(10).

e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and other dementia.

(Completion of the 12 hours of orientation in accordance with subsection

(d) of this Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:

- 1) Promoting the philosophy of an ability-centered care framework;

- 2) Promoting resident dignity, independence, individuality, privacy and choice;
 - 3) Resident rights and principles of self-determination;
 - 4) Medical and social needs of residents with Alzheimer's disease and other dementia;
 - 5) Assessing resident capabilities and developing and implementing services plans;
 - 6) Planning and facilitating activities appropriate for a resident with Alzheimer's disease and other dementia;
 - 7) Communicating with families and others interested in the resident;
 - 8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities;
 - 9) Common psychotropics and their side effects; and
 - 10) Local community resources.
- f) Within 6 months after January 1, 2005, or within 6 months after hire, the facility administrator and director of nursing shall attend the orientation for staff who work on the unit at least 50 percent of the time in accordance with subsection (d).
- g) For each training requirement in this Section, staff shall be evaluated to determine if they have met or exceeded stated learning objectives. Results shall be documented.
- h) Training requirements of this Section are in addition to requirements for nurse aide training. Orientation requirements of this Section are in addition to regular staff orientation.

INDIANA

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410 IAC 16.2-3.1-4 Notice of rights and services.

Sec. 4

...(f) The facility must do the following:

...(8) Provide for education for staff on issues concerning advance directives.

(9) Provide for community education regarding advance directives either directly or in concert with other facilities or health care providers or other organizations.

410 IAC 16.2-3.1-13 Administration and management

Sec. 13.

...(b) The licensee shall provide the number of staff as required to carry out all the functions of the facility, including:

(1) initial orientation of all employees; and

(2) a continuing in-service education and training program for all employees.

...(x) The director of the Alzheimer's and dementia special care unit shall do the following:

...(2) Ensure that personnel assigned to the unit receive required in-service training.

(3) Ensure that care provided to Alzheimer's and dementia care unit residents is consistent with in-service training, current Alzheimer's and dementia care practices, and regulatory standards.

410 IAC 16.2-3.1-14 Personnel Authority

Sec. 14.

...(h) The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular in-service education based on the outcome of these reviews. The in-service training must be as follows:

(1) Sufficient to ensure the continuing competence of nurse aides but must be no less than twelve (12) hours per year.

(2) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff.

(3) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

...(k) There shall be an organized ongoing in-service education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:

(1) Residents' rights.

(2) Prevention and control of infection.

(3) Fire prevention.

(4) Safety and accident prevention.

(5) Needs of specialized populations served.

(6) Care of cognitively impaired residents.

(l) The frequency and content of in-service education and training programs shall be in accordance with the skills and knowledge of the facility personnel as follows. For nursing personnel, this shall include at least twelve (12) hours of in-service per calendar year and six (6) hours of in-service per calendar year for nonnursing personnel.

(m) In-service programs for items required under subsection (k) shall contain a means to assess learning by participants.

(n) The administrator may approve attendance at outside workshops and continuing education programs related to that individual's responsibilities in the facility. Documented attendance at these workshops and programs meets the requirements for in-service training.

(o) In-service records shall be maintained and shall indicate the following:

(1) The time, date, and location.

(2) The name of the instructor.

(3) The title of the instructor.

(4) The names of the participants.

(5) The program content of in-service. The employee will acknowledge attendance by written signature.

(p) Initial orientation of all staff must be conducted and documented and shall include the following:

(1) Instructions on the needs of the specialized population or populations served in the facility, for example:

(A) aged;

(B) developmentally disabled;

(C) mentally ill;

(D) children; or

(E) care of cognitively impaired residents.

(2) A review of residents' rights and other pertinent portions of the facility's policy manual.

(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures and universal precautions.

(4) A detailed review of the appropriate job description, including a demonstration of

equipment and procedures required of the specific position to which the employee will be assigned.

(5) Review of ethical considerations and confidentiality in resident care and records.

(6) For direct care staff, instruction in the particular needs of each resident to whom the employee will be providing care.

(u) In addition to the required in-service hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.

410 IAC 16.2-3.1-18 Infection control program

Sec. 18

...(b) The facility must establish an infection control program under which it does the following:

...(4) Provides orientation and in-service education on infection prevention and control, including universal precautions.

410 IAC 16.2-3.1-20 Dietary services

...(d) A qualified dietitian is one who is certified under IC 25-14.5. However, a person employed by a health facility as of July 1, 1984, must:

...(3) participate annually in continuing dietetic education.

IOWA

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481—58.9(135C) Administration.

...58.9(2) The administrator shall:

...b. Be responsible for the arrangement for all department heads to annually attend a minimum of ten contact hours of educational programs to increase skills and knowledge needed for the position; (III)

c. Be responsible for a monthly in-service educational program for all employees and to maintain records of programs and participants; (III)

481—58.10(135C) General policies.

...58.10(1) There shall be written personnel policies in facilities of more than 15 beds to include hours of work, and attendance at educational programs. (III)

481—58.11(135C) Personnel. 58.11(1)

General qualifications.

...f. Persons employed in all departments, except the nursing department of a nursing facility shall be qualified through formal training or through prior experience to perform the type of work for which they have been employed. Prior experience means at least 240 hours of full-time employment in a field related to their duties. Persons may be hired in laundry, housekeeping, activities and dietary without experience or training if the facility institutes a formal in-service training program to fit the job description in question and documents such as having taken place within 30 days after the initial hiring of such untrained employees. (II)

...j. There shall be an organized ongoing in-service educational and training program planned in advance for all personnel in all departments. (II, III)

481—58.20(135C) Duties of health service supervisor. Every nursing facility shall have a health service supervisor who shall:

...58.20(7) Plan and conduct nursing staff orientation and in-service programs and provide for training of nurse's aides; (III)

481—58.22(135C) Rehabilitative services.

...c. The licensed physical therapist shall:

...(4) Present programs in the facility's in-service education programs. (III)

481—58.23(135C) Dental, diagnostic, and other services.

58.23(1) Dental services.

...f. Dentists shall be asked to participate in the in-service program of the facility. (III)

58.24(2) Dietary staffing.

...b. The supervisor shall have overall supervisory responsibility for dietetic services and shall be employed for a sufficient number of hours to complete management responsibilities that include:

...(4) Participating in selection, orientation, and in-service training of dietary personnel;(II,III)

...f. Consultants' visits shall be scheduled to be of sufficient duration and at a time convenient to:

...(6) Present planned in-service training and staff development for food service employees and others. Documentation of consultation shall be available for review in the facility by the department.

481—58.26 (135C) Resident activities program.

...58.26(2) Coordination of activities program.

...d. The activity coordinator shall attend workshops or educational programs which relate to activity programming. These shall total a minimum of ten contact hours per year. These programs shall be approved by the department. (III)

58.26(3) Duties of activity coordinator. The activity coordinator shall:

...e. Participate in the in-service training program in the facility. This shall include attending as well as presenting sessions. (III)

481—58.28(135C) Safety.

...58.28(2) Safety duties of administrator

...b. In-service shall be provided to ensure that all employees are knowledgeable of the emergency plan. (III)

481—58.39 (135C) Residents' rights in general.

...58.39(2) Policies and procedures shall address the admission and retention of persons with histories of dangerous or disturbing behavior...policies and procedures shall provide for:

...c. Ongoing and documented staff training on individualized health care planning for persons with mental illness

481—58.43(135C) Resident abuse prohibited.

...58.43(7) Each facility shall implement written policies and procedures governing the use of restraints which clearly delineate at least the following:

...m. The facility shall provide orientation and ongoing education programs in the proper use of restraints.

481—58.54 (73GA,ch 1016) Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness (CCDI unit or facility).

...58.54(6) All staff working in a CCDI unit or facility shall have training appropriate to the needs of the residents. (II, III)

...b. Licensed nurses, certified aides, certified medication aides, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of CCDI residents. The six-hour training shall count toward the required annual in-service training. (II, III)

KANSAS

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28-39-160. Other resident services.

(a) Special care section. A nursing facility may develop a special care section within the nursing facility to serve the needs of a specific group of residents.

...(7) The facility shall provide in-service training specific to the needs of the residents in the special care section to staff at regular intervals.

28-39-161. Infection control

(a) Each facility shall establish an infection control program under which the facility meets the following requirements:

...(6) includes in the orientation of new employees and periodic employees in-service information on exposure control and infection control in a health care setting...

...(c) Linens and resident clothing.

...(5) The facility may choose to wash linens and soiled resident clothing in water at less than 160° F if the following conditions are met:

...(E) The facility ensures that laundry staff receives in-service training by the chemical supplier on a routine basis, regarding chemical usage and monitoring of wash operations.

29-39-163. Administration

Each nursing facility shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident

...(g) Staff development and personnel policies. The facility shall provide regular performance review and inservice education of all employees to ensure that the services and procedures assist residents to attain and maintain their highest practicable level of physical, mental, and psychosocial functioning.

(1) The facility shall regularly conduct and document an orientation program for all new employees.

(2) Orientation of direct care staff shall include review of the facility's policies and procedures and evaluation of the competency of the direct care staff to perform assigned procedures safely and competently.

(3) the facility shall provide regular, planned in-service education for all staff.

(A) The in-service program shall provide all employees with training in fire prevention and safety, disaster procedures, accident prevention, resident rights, psychosocial needs of residents, and infection control.

(B) The facility shall provide direct care staff with in-service education in techniques that assist resident to function at their highest practicable physical, mental, and psychosocial level.

(C) Direct care staff shall participate in at least 12 hours of in-service education each year. All other staff shall participate in at least eight hours of in-services education each year.

(D) The facility shall maintain documentation of in-services education offerings. Documentation shall include a content outline, resume of the presenter, and record of staff in attendance.

(E) The facility shall record attendance at in-service education in the employee record of each staff member.

KENTUCKY

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Section 6. Quality of Life. [nursing facilities]

...7) Environment.

...(b) Infection control and communicable diseases.

... 3. The facility shall provide in-service education programs on the cause, effect, transmission, prevention and elimination of infections for all personnel responsible for direct patient care.

Section 15. Administration. [nursing facilities]

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

...(c) Regular in-service education. The facility shall provide regular performance review and regular in-service education to ensure that individuals used as nurse aides are competent to perform services as nurse aides. In-service education must include training for individuals providing nursing and nursing related services to residents with cognitive impairments.

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§9727. Staff Orientation, Training and Education

A. New employees shall have an orientation program of sufficient scope and duration to inform the individual about his/her responsibilities and how to fulfill them.

B. The orientation program shall include at least a review of policies and procedures, job description, and performance expectations prior to the employee performing his/her responsibilities.

C. A staff development program shall be conducted by competent staff and/or consultants and planned based upon employee performance appraisals, resident population served by the nursing home, and as determined by facility staff. All employees shall participate in in-service education programs which are planned and conducted for the development and improvement of their skills.

D. The in-service training shall include at least problems and needs common to the age of those being served; prevention and control of infections; fire prevention and safety; emergency preparedness; accident prevention; confidentiality of resident information; and preservation of resident dignity and respect, including protection of privacy and personal and property rights.

E. The facility's in-service training shall be sufficient to ensure the continuing competence of the staff but must be provided no less than 12 hours per year.

F. Records of in-service training shall be maintained indicating the content, time, names of employees in attendance, and the name of the presenter.

G. Dementia Training

1. All employees shall be trained in the care of persons diagnosed with dementia and dementia-related practices that include or that are informed by evidence-based care practices.

2. Nursing facility staff who provide care on a regular basis to residents in Alzheimer's special care units shall meet the following training requirements:

a. Staff who provide nursing and nursing assistant care to residents shall be required to obtain at least eight hours of dementia-specific training within 90 days of employment and five hours of dementia-specific training annually. The training shall include the following topics:

i. an overview of Alzheimer's disease and related dementias;

ii. communicating with persons with dementia;

- iii. behavior management;
- iv. promoting independence in activities of daily living; and
- v. understanding and dealing with family issues.

NOTE: For purposes of this Section, "regular basis" shall mean more than 10 full shifts in any one calendar year.

b. Staff who have regular communicative contact with residents, but who do not provide nursing and nursing assistant care, shall be required to obtain at least four hours of dementia-specific training within 90 days of employment and one hour of dementia training annually. This training shall include the following topics:

- i. an overview of dementias; and
- ii. communicating with persons with dementia.

c. Staff who have only incidental contact with residents shall receive general written information provided by the facility on interacting with residents with dementia.

3. Nursing facility staff who do not provide care to residents in an Alzheimer's special care unit shall meet the following training requirements.

a. Staff who provide nursing assistant care shall be required to obtain four hours of dementia-specific training within 90 days of employment and two hours of dementia training annually.

b. Staff who are not licensed and who have regular communicative contact with residents but do not provide nursing assistant care shall be required to obtain four hours of dementia-specific training within 90 days of employment and one hour of dementia training annually. The training shall include the following topics:

- i. an overview of dementias; and
- ii. communicating with persons with dementia.

c. Staff who have only incidental contact with residents shall receive general written information provided by the facility on interacting with residents with dementia.

4. Staff delivering approved training will be considered as having received that portion of the training that they have delivered.

5. Nothing herein shall be construed to increase the number of training hours already required by regulations promulgated by the department.

6. Any dementia-specific training received in a nursing assistant program approved by the Department of Health and Hospitals or the Department of Social Services may be used to fulfill the training hours required pursuant to this Section.

7. Nursing facility providers may offer an approved complete training curriculum themselves or may contract with another organization, entity, or individual to provide the training.

8. The dementia-specific training curriculum must be approved by the department or its designee. To obtain training curriculum approval, the organization, entity, or individual must submit the following information to the department or its designee:

- a. a copy of the curriculum;
- b. qualifications of the person(s) or entity that developed the training; and
- c. information on how the training will be delivered (i.e., web-based, classroom, etc.)

9. A provider, organization, entity, or individual must submit any significant content changes to an approved training curriculum to the department, or its designee, for review and approval.

a. A significant change occurs when there is:

- i. any change of 50 percent or more to the training content;
- ii. a change to the content regarding three or more required topic areas; or
- iii. a change in the delivery method of the training (e.g., from classroom-based to web-based).

b. Continuing education undertaken by the provider does not require the department's approval.

10. If a provider, organization, entity or individual with an approved curriculum ceases to provide training, the department must be notified in writing within 30 days of cessation of training. Prior to resuming the training program, the provider, organization, entity or individual must reapply to the department for approval to resume the program.

11. An approved training curriculum remains effective for seven years from the date the approval is obtained from the department or its designee.

12. Disqualification of Training Programs and Sanctions.

a. The department may disqualify a training curriculum offered by a provider, organization, entity or individual that has demonstrated substantial noncompliance with training requirements, including, but not limited to the:

- i. qualifications of the person(s) or entity that developed the training;
- ii. the minimum qualifications of the person(s) or entity delivering the training; or
- iii. training curriculum requirements.

13. Compliance with Training Requirements.

a. The review of compliance with training requirements will include, at a minimum, a review of:

- i. the documented use of an approved training curriculum; and
- ii. the provider's adherence to established training requirements.

b. The department may impose applicable sanctions for failure to adhere to the training requirements outlined in this Section.

14. Training Exclusions and Timelines

a. Persons who are employed on a contractual basis are excluded from the dementia training requirements.

b. Nursing facilities must comply with these dementia training requirements by January 1, 2011.

- i. Existing staff must be trained in accordance with these provisions by January 1, 2011.
- ii. New staff must be trained in accordance with these provisions within 90 days from the date of hire.

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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:

...Assuring the delivery of orientation programs and staff development...

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.

MARYLAND

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10.07.02.07 Administration and Resident Care.

...H. Educational Program. An ongoing educational program shall be planned and conducted for the development and improvement of skills of all the facility's personnel,

including training related to problems and needs of the aged, ill, and disabled. Records shall be maintained reflecting attendance, by name and title, and training content. Inservice training shall include at least:

- (1) Prevention and control of infections;
- (2) Fire prevention programs and patient related safety procedures in emergency situations or conditions;
- (3) Accident prevention;
- (4) Confidentiality of patient information;
- (5) Preservation of patient dignity, including protection of the patient's privacy and personal and property rights;
- (6) Psychophysical and psychosocial needs of the aged ill;
- (7) Receipt by each employee of appropriate orientation to the facility and its policies, and to the employee's position and duties;
- (8) Approval by the Department of the orientation and training programs.

10.07.02.07-1 Employee Training on Cognitive Impairment and Mental Illness.

A. The following employees shall receive a minimum of 8 hours of training on cognitive impairment and mental illness within the first 90 days of employment:

- (1) Any employee who is licensed, certified, or registered under the Health Occupations Article, Annotated Code of Maryland; and
- (2) Any employee whose job duties include assisting residents with activities of daily living.

B. The training on cognitive impairment and mental illness shall be designed to meet the specific needs of the facility's population as determined by the staff trainer, including the following as appropriate:

- (1) An overview of the following:
 - (a) A description of normal aging and conditions causing cognitive impairment;
 - (b) A description of normal aging and conditions causing mental illness;
 - (c) Risk factors for cognitive impairment;
 - (d) Risk factors for mental illness;
 - (e) Health conditions that affect cognitive impairment;
 - (f) Health conditions that affect mental illness;

- (g) Early identification and intervention for cognitive impairment;
- (h) Early identification and intervention for mental illness; and
- (i) Procedures for reporting cognitive, behavioral, and mood changes;
- (2) Effective communication including:
 - (a) The effect of cognitive impairment on expressive and receptive communication;
 - (b) The effect of mental illness on expressive and receptive communication;
 - (c) Effective verbal, non-verbal, tone and volume of voice, and word choice techniques; and
 - (d) Environmental stimuli and influences on communication;
- (3) Behavioral intervention including:
 - (a) Identifying and interpreting behavioral symptoms;
 - (b) Problemsolving for appropriate intervention;
 - (c) Risk factors and safety precautions to protect the individual and other residents; and
 - (d) De-escalation techniques;
- (4) Making activities meaningful including:
 - (a) Understanding the therapeutic role of activities;
 - (b) Creating opportunities for productive, leisure, and self-care activities; and
 - (c) Structuring the day;
- (5) Staff and family interaction including:
 - (a) Building a partnership for goal-directed care;
 - (b) Understanding families needs; and
 - (c) Effective communication between family and staff;
- (6) End-of-life care including:
 - (a) Pain management;
 - (b) Providing comfort and dignity; and
 - (c) Supporting the family; and
- (7) Managing staff stress including:
 - (a) Understanding the impact of stress on job performance, staff relations, and overall facility environment;

- (b) Identification of stress triggers;
- (c) Self-care skills;
- (d) De-escalation techniques; and
- (e) Devising support systems and action plans.

C. Employees who are not licensed, certified, or registered or who do not assist residents with activities of daily living shall receive a minimum of 2 hours of training on cognitive impairment and mental illness within the first 90 days of employment. The training shall include:

- (1) An overview of the following:
 - (a) A description of normal aging and conditions causing cognitive impairment;
 - (b) A description of normal aging and conditions causing mental illness;
 - (c) Risk factors for cognitive impairment;
 - (d) Risk factors for mental illness;
 - (e) Health conditions that affect cognitive impairment;
 - (f) Health conditions that affect mental illness;
 - (g) Early identification and intervention for cognitive impairment;
 - (h) Early identification and intervention for mental illness; and
 - (i) Procedures for reporting cognitive, behavioral, and mood changes;
- (2) Effective communication including:
 - (a) The effect of cognitive impairment on expressive and receptive communication;
 - (b) The effect of mental illness on expressive and receptive communication;
 - (c) Effective verbal, non-verbal, tone and volume of voice, and word choice techniques; and
 - (d) Environmental stimuli and influences on communication; and
- (3) Behavioral intervention including risk factors and safety precautions to protect the individual and other residents.

D. Ongoing training in cognitive impairment and mental illness shall be provided annually and consist of, at a minimum:

- (1) 2 hours for employees who are licensed, certified, or registered under the Health Occupations Article, Annotated Code of Maryland, or who assist residents with activities of daily living; and
- (2) 1 hour for all other employees.

E. The training that is described in this chapter may be provided through various means including:

- (1) Classroom instruction;
- (2) In-service training;
- (3) Internet courses;
- (4) Correspondence courses;
- (5) Pre-recorded training; or
- (6) Other training methods.

F. When the training method does not involve direct interaction between faculty and the participant, the facility shall make available to the participant during the training a trained individual to answer questions and respond to issues raised by the training.

10.07.02.12 Nursing Services.

...U. Inservice Educational Program. There shall be a continuing inservice educational program in effect for all nursing personnel in addition to a thorough job orientation for new personnel. There shall be documentation of content of programs and names and titles of participants. The program which shall be the responsibility of the director of nursing shall be approved by the Department.

V. Director of Nursing's Continuing Education. The director of nursing shall assume responsibility for maintaining his own professional competence through participation in programs of continuing education.

10.07.02.15 Pharmaceutical Services.

...E. Pharmacist Supervises Services....The pharmaceutical services shall be under the general supervision of a qualified pharmacist who shall:

- (1) Be responsible, with the advice of the pharmaceutical services committee, to develop, coordinate, and supervise the pharmaceutical services and provide in-service at least twice yearly.

10.07.02.17 Dental Services.

A. Provision for Dental Care. Patients shall be assisted to obtain routine and emergency dental care.

B. Advisory Dentist. There shall be an advisory dentist, licensed to practice in the State, who shall:

- ...(3) Provide direction for in-service training to give the nursing staff an understanding of patients' dental problems.

10.07.02.21 Infection Control Program.

...C. Effective January 1, 2005, the facility's infection control coordinator shall attend a basic infection control training course that is approved by the Office of Health Care Quality and the Office of Epidemiology and Disease Control Program for the Department.

MASSACHUSETTS

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150.003: Admissions, Transfers and Discharges

...(D) Admission of Mental Health Patients or Residents(1) Level II and III facilities admitting or otherwise caring for individuals discharged from mental institutions, including institutions under the control of or affiliated with the Department of Mental Health, shall meet the following conditions for care and supervision.

...(f) The staff of long-term care facilities accepting such individuals has had special training or experience in the field of mental health or the facility provides regular in-service training programs on subjects of mental health for the staff.

150.007: Nursing Services

...(I) Educational Programs. Facilities that provide Level I, II or III care shall provide a continuing inservice educational program appropriate to the level of care provided in the facility for all nursing personnel. Such a program shall be in addition to a thorough job orientation for new personnel. In addition, facilities that admit residents with MR or DD/ORC shall include, as part of the new personnel job orientation and continuing in-service education, content addressing the theory, skills and techniques required to provide care and services to such residents.

150.011: Social Services

...(G) Social Services

...(6) Social services shall include provision of educational programs for the facility staff in order to promote the development of a therapeutic community, a congenial atmosphere and healthy interpersonal relationships in all facilities.

150.012: Activities and Recreation

...(C) Functions of the Activity Director.

(1) The activity director ...participates in...inservice educational programs.

105 CMR 155.000: PATIENT AND RESIDENT ABUSE PREVENTION

155.010: Responsibilities of the Facility

...(F) Provision of Training. Each facility, home health agency, homemaker agency and hospice program shall provide orientation and annual inservice training programs for all staff on patient and resident abuse, neglect, mistreatment, and misappropriation of patient or resident property.

(1) All new employees shall receive orientation before they begin an assignment to care for a patient or resident. Such orientation shall include:

(a) provision of information about the requirements of M.G.L. c. 111, §§ 72F through 72L, and 105 CMR 155.000;

(b) instruction on the obligation to report suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, and the reporting procedures as set forth in 105 CMR 155.000; and

(c) close observation of new employees.

(2) Immediately after beginning employment and at least once a year thereafter, all personnel of facilities, and those personnel of home health agencies, homemaker agencies and hospice programs who provide services to patients, shall receive inservice training which shall include, but not be limited to, the following:

(a) provision of information about the requirements of M.G.L. c. 111, §§ 72F through 72L and 105 CMR 155.000;

(b) instruction on the obligation to report suspected patient or resident abuse, neglect, mistreatment or misappropriation of patient or resident property, and the reporting procedures as set forth in 105 CMR 155.000;

(c) instruction in techniques for the management of patients or residents with difficult behavior problems;

(d) identification of factors which contribute to or escalate patient or resident behavior which is threatening or assaultive;

(e) assessment of personal responses to patient or resident behavior which is aggressive, threatening or assaultive;

(f) identification and reinforcement of positive and adaptive employee and patient or resident coping behavior;

(g) training in the use of intervention techniques, including verbal responses and safe, non-

injurious physical control techniques, as therapeutic tools for threatening or assaultive patients or residents; and

(h) interdisciplinary program and treatment planning for patients and residents, as appropriate.

MICHIGAN

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PART 1. GENERAL PROVISIONS

R 325.20112 Policy on patient rights and responsibilities.

...(9)... Inservice training provided by the home to its staff shall include instruction in the patient's rights and responsibilities adopted by the home and the manner in which such rights and responsibilities are respected and violations avoided.

R 325.20708 Rehabilitative nursing care.

Rule 708.

...(6) Rehabilitative nursing policies, procedures, and techniques shall be an integral part of inservice education for nursing personnel in the home.

PART 8. DIETARY SERVICES

R 325.20801 Supervisor of dietary or food services; qualifications.

Rule 801.

...(2) When the dietary or food services supervisor is other than a registered dietitian, the supervisor shall receive routine consultation and technical assistance from a registered dietitian (R.D.). Consultation time shall not be less than 4 hours every 60 days. Additional consultation time may be needed based on the total number of patients, incidence of nutrition-related health problems, and food service management needs of the facility.

R 325.20802 Policies and procedures.

Rule 802. There shall be ... in-service training for dietary personnel.

MINNESOTA

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4658.0060 RESPONSIBILITIES OF ADMINISTRATOR.

The administrator is responsible for the:

G. orientation for new employees and volunteers and provision of a continuing in-service education program for all employees and volunteers to give assurance that they understand the proper method of carrying out all procedures...

4658.0065 RESIDENT SAFETY AND DISASTER PLANNING.

Subpart 1. Safety program. A nursing home must develop and implement an organized safety program in accordance with a written safety plan. The written plan must be included in the orientation and in-service training programs of all employees and volunteers to ensure safety of residents at all times.

4658.0100 EMPLOYEE ORIENTATION AND IN-SERVICE EDUCATION.

Subpart 1. Orientation and initial training. All personnel must be instructed in the requirements of the law and the rules pertaining to their respective duties and the instruction must be documented. All personnel must be informed of the policies of the nursing home, and procedure manuals must be readily available to guide them in the performance of their duties.

Subp. 2. In-service education. A nursing home must provide in-service education. The in-service education must be sufficient to ensure the continuing competence of employees, must address areas identified by the quality assessment and assurance committee, and must address the special needs of residents as determined by the nursing home staff. A nursing home must provide an in-service training program in rehabilitation for all nursing personnel to promote ambulation; aid in activities of daily living; assist in activities, self-help, maintenance of range of motion, and proper chair and bed positioning; and in the prevention or reduction of incontinence.

Subp. 3. Reference materials. Textbooks, periodicals, dictionaries, and other reference materials must be available and kept current. A nursing home must review the currency of these reference materials at least annually.

Subp. 4. Coordination of in-service education programs. In a nursing home with over 90 beds, one person must be designated as responsible for coordination of all in-service education programs.

4658.0505 RESPONSIBILITIES; DIRECTOR OF NURSING SERVICES.

The written job description for the director of nursing services must include responsibility for:

...C. planning and conducting orientation programs for new nursing personnel, volunteers, and temporary staff, and continuing in-service education for all nursing home staff in nursing homes under 90 beds, if no one is designated as responsible for all in-service education...

4658.0800 INFECTION CONTROL.

Subp. 4. Policies and procedures. The infection control program must include policies and procedures which provide for the following:

...D. in-service education in infection prevention and control...

MISSISSIPPI

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116 RESIDENTS RIGHTS

116.01 General... In-service on residents' rights and responsibilities shall be conducted annually.

117 STAFF DEVELOPMENT

117.01 Orientation. Each employee shall receive thorough orientation to the position, the facility, and its policies.

117.02 In-service Training. Appropriate in-service education programs shall be provided to all employees on an on-going basis.

117.03 Training Records. A written record shall be maintained of all orientation and in-service training sessions

117.04 Administrator Mentoring. Administrators shall be scheduled to spend two (2) concurrent days with the licensing agency for the purpose of training and mentoring. Placement of an administrator with the licensing agency may include, but not be limited to, assignments within the licensing agency's central offices or placement with a survey team. Any costs associated with placements for the purposes of this section shall be borne by the licensed facility at which the administrator is employed. The administrator shall keep confidential and not disclose to any other persons any identifying information about any person or entity that he/she learned while observing operations as required by this section, except as otherwise mandated by law. This section shall apply to administrators who: 1. received their license from the Mississippi Board of Nursing Home Administrators on or after January 1, 2002; and

2. have been employed by a licensed facility for less than six (6) months, during which time the placement must be completed. This section shall not apply to administrators who: 1. received a license from the Mississippi Board of Nursing Home Administrators on or prior to December 31, 2001; or 2. who were previously employed by the licensing agency in a surveyor capacity. Failure to

successfully complete the placement required under this section shall disqualify the administrator from serving in such capacity for a licensed facility until a placement is completed.

This section shall go into effect January 1, 2002 and thereafter.

PART VI SOCIAL SERVICES AND RESIDENT ACTIVITIES

125 SOCIAL SERVICES

...125.03 Training. All nursing personnel and employees having contact with resident shall receive social service orientation and in-service training toward understanding emotional problems and social needs of residents.

CHAPTER 50 MINIMUM STANDARDS OF OPERATION FOR ALZHEIMER'S DISEASE/DEMENTIA CARE UNIT

101 STAFFING

101.02 Staff Orientation. The goals of training and education for A/D Units are to enhance staff understanding and sensitivity toward the A/D 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 forms of dementia. The licensed facility shall provide an orientation program to all new employees assigned to the A/D Unit. The orientation program shall be outlined in an orientation manual and shall include, but not be limited to:

1. The licensed facility's philosophy related to the care of residents with Alzheimer's Disease and other forms of dementia in the A/D Unit;
2. A description of Alzheimer's Disease and other forms of dementia;
3. The licensed facility's policies and procedures regarding the general approach to care provided in the A/D Unit, including therapies provided; treatment modalities; admission, discharge, and transfer criteria; basic services provided within the A/D Unit; policies regarding restraints, wandering and egress control, and medication management; nutrition management techniques; staff training; and family activities; and
4. Common behavior problems and recommended behavior management.

101.03 In-Service Training. Ongoing in-service training shall be provided to all staff who may be in direct contact with residents of the A/D Unit. Staff training shall be provided at least quarterly. The licensed facility will keep records of all staff training provided and the qualifications of the trainer(s). The licensed facility shall provide hands on training on at least three (3) of the following topics each quarter:

1. The nature of Alzheimer's Disease, including the definition, the need for careful diagnosis, and knowledge of the stages of Alzheimer's Disease;

2. Common behavioral problems and recommended behavior management techniques;
3. Communication skills that facilitate better resident-staff relations;
4. Positive therapeutic interventions and activities, such- as exercise, sensory stimulation, activities of daily living skills, etc.;
5. The role of the family in caring for residents with Alzheimer's Disease, as well as the support needed by the family of these residents;
6. Environmental modifications to avoid problems and create a therapeutic environment;
7. Development of comprehensive and individual care plans and how to update and implement them consistently across shifts, establishing a baseline and concrete treatment goals and outcomes; and
8. New developments in diagnosis and therapy.

MISSOURI

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19 CSR 30-82.070 Alzheimer's Demonstration Projects

...(9) All facilities selected to participate in the demonstration projects shall demonstrate the ability to comply with the following minimum requirements set forth in section 198.086, RSMo Supp. 1999:

...(H) Facilities shall conduct a total of at least twenty-four (24) hours of staff training for all employees providing direct care to demonstration project residents within the first thirty (30) days of employment. This training shall consist of at least six (6) hours of classroom training and two (2) hours of on-the-job training in the special needs, care and safety of individuals with Alzheimer's disease or related dementias;

(I) Additional training provided shall address the needs, preferences and choices of the individual demonstration project residents, the degree of and the provision of assistance required with activities of daily living, the initiation of appropriate activities for residents and the promotion of each resident's rights, dignity and independence...

19 CSR 30-84.010 Nurse Assistant Training Program

...(4) The program shall consist of a basic course consisting of a minimum of seventy-five (75) classroom hours of training on basic nursing skills, fire safety and disaster training, resident safety and rights, social and psychological problems of residents, and the methods of handling and caring

for mentally confused residents such as those with Alzheimer's disease and related disorders; one hundred (100) hours of supervised on-the-job training (clinical practice); a final examination; and, following the basic course, continuing in-service training as provided for in 13 CSR 15-14.042(19) through (24).

(E) Continuing in-service education shall be offered in the intermediate care or skilled-nursing facility (ICF/SNF) to nursing assistants on a regular basis following their successful completion of the basic course as required in 13 CSR 15-14.042(20) through (23).

CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

(20) The facility shall develop and offer an in-service orientation and continuing educational program for the development and improvement of skills of all the facility's personnel, appropriate for their job function. Facilities shall begin providing orientation on the first day of employment for all personnel including licensed nurses and other professionals. At a minimum, this shall cover prevention and control of infection, facility policies and procedures including emergency protocol, job responsibilities and lines of authority, confidentiality of resident information and preservation of resident dignity including protection of the resident's privacy and instruction regarding the property rights of residents. Nursing assistants who have not successfully completed the classroom portion of the state-approved training program prior to employment shall not provide direct resident care until they have completed the sixteen (16)-hour, orientation module and at least twelve (12) hours of supervised practical orientation. This shall include, in addition to the topics covered in the general orientation for all personnel, special focus on facility protocols as well as practical instruction on the care of the elderly and disabled. This orientation shall be supervised by a licensed nurse who is on duty in the facility at the time orientation is provided.

(23) Facilities shall conduct at least annual in-service education for nursing personnel including training in restorative nursing. This training by a registered nurse or qualified therapist shall include: turning and positioning for the bedridden resident, range of motion (ROM) exercises, ambulation assistance, transfer procedures, bowel and bladder retraining and self-care activities of daily living.

(24) A registered nurse shall be responsible for the planning and then assuring the implementation of the in-service education program for nursing personnel.

(25) Facilities shall maintain records which indicate the subject of, and attendance at, all in-service sessions.

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Subchapter 29 Restraints, Safety Devices, Assistive Devices, and Postural Supports

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.

...(8) 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.

NEBRASKA

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12-003.01B Application Requirements:

The application must include:

...21. If applicable, the disclosure information required by the Alzheimer's Special Care Disclosure Act, Neb. Rev. Stat. §§ 71-516.01 to 71-516.04. The following information must be submitted:

...d. Staff training and continuing education practices...

12-006.04B Training: The facility must provide initial and ongoing training...training must include the following:

12-006.04B1 Initial Orientation: The facility must ensure each employee of the facility receives initial orientation within two weeks that includes as a minimum, but is not limited to:

1. Resident rights;
2. Emergency procedures including fire safety and disaster preparedness plans including availability and notification;

3. Information on abuse, neglect, and misappropriation of money or property of a resident and reporting requirements according to the Adult Protective Services Act, and facility procedures;

4. Job duties and responsibilities; and,

5. Nursing staff must receive information on medical emergencies directives.

12-006.04B2 Ongoing Training: The facility must ensure each employee receives ongoing training to ensure continued compliance with regulations and facility policy. The record of such training must include a notation of type of training, name of employee(s), date of training, and name of person providing the training.

12-006.04B2a Nursing Assistant Training: Ongoing training for nursing assistants must consist of at least 12 hours per year on topics appropriate to the employee's job duties, including meeting the physical, psychosocial, and mental needs of the residents in the facility.

12-006.04B2b Medication Aides: When medication aides are utilized by the facility, there must be ongoing training to ensure competencies are met as provided in 172 NAC 95.

12-006.04B2c Director of Food Service: When the director of food service is not a qualified dietitian, the director must have at least 15 hours of continuing education related to dietetics each year, 5 hours of which relate to sanitation. Evidence of credentials and of continuing education must be available within the facility.

12-006.04C1 Director of Nursing Services:

...The Director of Nursing Services of the facility must be a registered nurse. The Director of Nursing Services is responsible for the following:

... 2. Orientation and inservice education of the nursing services staff...

12-006.04D1 Qualified Dietitian.

12-006.04D1a The qualified dietitian is responsible for...developing and implementing inservice education programs...

12-006.16G Other Facility Records: The facility must have and maintain the following records:

...12-006.16G4 Records of each orientation and inservice or other training program, including names of staff attending, subject matter of the training, names and qualifications of instructors, dates of training, length of training sessions and any written materials provided...

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NAC 449.74421 Procedures for emergency or disaster. (NRS 449.037)

...2. The facility shall provide training to an employee regarding these procedures upon his employment by the facility and periodically review the procedures with members of the staff.

NAC 449.74519 Nursing assistants and nursing assistant trainees. (NRS 449.037)

...3. A performance review must be completed for each nursing assistant employed by a facility for skilled nursing at least annually. Based on the results of the review, a facility shall provide training to a nursing assistant to ensure his competency. The training must:

(a) Comply with any requirements for training adopted by the State Board of Nursing pursuant to [chapter 632](#) of NRS;

(b) Be at least 12 hours per year;

(c) Address any areas of weakness indicated in the review and may address the special needs of the patients in the facility as determined by the personnel of the facility; and

(d) If the nursing assistant provides services to patients with cognitive impairments, address the care of such patients.

NAC 449.74522 Employees of facility which provides care to persons with dementia. (NRS 449.0357, 449.037)

1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, who has direct contact with and provides care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia:

(a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and

(b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment.

2. The hours of continuing education required to be completed pursuant to this section:

(a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and

(b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education.

1. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section.

2. A person employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months.

3. As used in this section, "continuing education specifically related to dementia" includes, without limitation, instruction regarding:

(a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer's disease, which includes instruction on the symptoms, prognosis and treatment of the disease;

(b) Communicating with a person with dementia;

(c) Providing personal care to a person with dementia;

(d) Recreational and social activities for a person with dementia;

(e) Aggressive and other difficult behaviors of a person with dementia; and

(f) Advising family members of a person with dementia concerning interaction with the person with dementia. (Added to NAC by Bd. of Health by R067-04, eff. 8-4-2004)

REVISER'S NOTE.

The regulation of the Board of Health filed with the Secretary of State on August 4, 2004 (LCB File No. R067-04), the source of this section (section 3 of the regulation), contains the following provisions not included in NAC:

"1. Each person who on August 4, 2004, is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, and who is required to complete the hours of continuing education specifically related to dementia required pursuant to section 3 of this regulation [NAC 449.74522], shall complete at least 8 hours of continuing education specifically related to dementia within 12 months after August 4, 2004, unless the person has completed the training within the 12 months before August 4, 2004.

2. Evidence that such a person has completed the training required pursuant to subsection 1 must be included in his personnel file and must be kept at the facility."

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He-P 803.15 Required Services.

...(p) The nursing home shall have written policies and procedures for implementing physical, chemical and mechanical restraints, including:

... (6) Initial personnel training and subsequent education and training required to demonstrate competence related to the use of physical, chemical and mechanical restraints...

...(8) That the training shall be conducted by individuals who are qualified by education, training, and experience.

He-P 803.17 Organization and Administration.

...(b) Each nursing home shall have a full time administrator who:

...(2) Shall be responsible for the daily management and operation of the nursing home including:

...f. Identifying and making available education programs designed to maintain the personnel's expertise in areas related to the services provided in the nursing home.

He-P 803.18 Personnel.

(h) All employees shall:

...(4) Receive an orientation within the first 3 days of work or prior to the assumption of duties that includes:

a. The nursing home's policies on patient rights and responsibilities and complaint procedures as required by RSA 151:20;

b. The duties and responsibilities, policies procedures and guidelines, of the position they were hired for;

c. The nursing home's infection control program;

d. The nursing home's fire, evacuation and emergency plans which outline the responsibilities of personnel in an emergency; and

e. Mandatory reporting requirements for abuse or neglect such as those found in RSA 161F and RSA 169-C:29; and

(5) Complete a mandatory annual in-service education, which includes a review of the nursing home's:

- a. Policies and procedures on patient rights and responsibilities and abuse or neglect;
- b. Infection control; and
- c. Education program on fire and emergency procedures.

...(1) The employee file shall include the following:

...(4) A record of satisfactory completion of the orientation program required by (h)(4) above and any required annual continuing education, if any;

...(7) Documentation of annual in-service education as required by (h)(5) above...

He-P 803.20 Food Services.

...(v) Regularly scheduled training programs including sanitation and safety shall be made available to personnel. Information as to the content and length of this training shall be documented and kept in employee records.

He-P 803.23 Infection Control.

...(c) The infection control education program shall:

(1) Be completed by all new and current employees of the facility on an annual basis; and

(2) Address the:

- a. Cause of infections;
- b. Effect of infections;
- c. Transmission of infections; and
- d. Prevention and containment of infections.

He-P 803.27 Emergency and Fire Safety.

(a) An emergency and fire safety program shall be developed and implemented to provide for the safety of residents and personnel covering all matters of safety and fire protection and an emergency response plan, including:

...(4) Ensuring that all employees receive in-service annual training to clarify their

responsibilities in carrying out the emergency plan...

...(h) Each licensee shall:

...(4) Document in each employee's personnel record, that the employee attended an annual in-service education program on the licensee's emergency plan.

NEW JERSEY

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SUBCHAPTER 9. MANDATORY ADMINISTRATION

8:39-9.6 Mandatory policies and procedures for advance directives

(l) At least one education or training program each year shall be held and documented for all administrative and resident care staff regarding the rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act (P.L. 1991, c.201) and the Federal Patient Self Determination Act (P.L. 101-508), and internal facility policies and procedures to implement these laws.

SUBCHAPTER 10. ADVISORY ADMINISTRATION

8:39-10.3 Advisory staff education and training

(a) Personnel who provide direct resident care are offered an opportunity to attend at least one education program each year and receive fee reimbursement or compensatory time off. Records of continuing education programs attended are maintained.

(b) The facility conducts a tuition aid program directed toward the career development and upward mobility of staff, including both professional and ancillary personnel.

(c) The facility is a teaching nursing home, that is, the site of an internship, externship, or residency training program for health professionals, as part of the curriculum of an accredited or State-approved school or training program. The facility has sought input from the residents and/or the resident council concerning teaching programs.

(d) The facility maintains a library of textbooks and/or recent periodicals on long-term care, geriatric care, nursing, and other disciplines that is accessible to staff.

SUBCHAPTER 13. MANDATORY COMMUNICATION

8:39-13.4 Mandatory staff education and training for communication

(a) Each service shall conduct an orientation program for new employees of that service unless the orientation program is conducted by the administrator or a qualified designee.

1. For purposes of complying with this requirement, "new employees" shall be defined to include all permanent and temporary resident care personnel, nurses retained through an outside agency, and persons providing services by contract.

2. The orientation program shall begin on the first day of employment.

3. The orientation program for all staff shall include orientation to the facility and the service in which the individual will be employed, at least a partial tour of the facility, a review of policies and procedures, identification of individuals to be contacted under specified circumstances, and procedures to be followed in case of emergency.

(b) Each service shall provide education or training for all employees in the service at least four times per year and in response to resident care problems, implementation of new procedures, technological developments, changes in regulatory standards, and staff member suggestions. All staff members shall receive training at least two times per year about the facility's infection control procedures, including handwashing and personal hygiene requirements.

(c) At least one education training program each year shall be held for all employees on each of the following topics:

1. Procedures to follow in case of emergency;

2. Abuse, neglect, or misappropriation of resident property;

i. Abuse prevention strategies including, but not limited to, identifying, correcting, and intervening in situations where abuse, neglect, or misappropriation of resident property is likely to occur;

ii. Identifying events, such as suspicious bruising of residents or patterns and trends that may constitute abuse, neglect, or misappropriation of resident property;

iii. Protecting residents from harm during an investigation of abuse, neglect, or misappropriation of resident property;

iv. Identification of staff responsible for investigating and reporting results to the proper authorities;

v. Reporting substantiated incidents to the appropriate local/State/Federal agencies and taking all necessary corrective actions depending on the results of the investigation; and

vi. Reporting to the State nurse aide registry or licensing authorities any knowledge of any actions of any court of law which would indicate that an employee is unfit for service;

3. Resident rights;

4. Training in the specialized care of residents who are diagnosed by a physician as having Alzheimer's disease. The required training program shall be in conformance with the curriculum developed by the Department in accordance with N.J.S.A. 26:2M-7.2 (for certified nurse aides, licensed practical nurses, registered professional nurses and other healthcare professionals who provide direct care to residents within the facility);

i. Copies of the mandatory training program may be obtained from the Department by submitting a written request to: Long-Term Care Licensing and Certification Division of Long-Term Care Systems; New Jersey State Department of Health and Senior Services; PO Box 367; Trenton, NJ 08625-0367; and

5. Pharmacy (for all direct care staff).

SUBCHAPTER 14. ADVISORY COMMUNICATION

8:39-14.2 Advisory staff education and training for communication

(a) Periodic meetings are held with each service to discuss ways to improve care of all residents.

(b) Education and training of staff includes an accredited program in cardiopulmonary resuscitation (CPR) which offers staff an opportunity to be recertified on an annual basis.

(c) Each service establishes and implements education or training programs for members of other services on diverse topics.

(d) Education or training sessions are offered which address new concepts and directions in cultural and interpersonal concepts.

SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION

8:39-20.3 Advisory staff education and training for infection control

At least four education or training programs on infection control are held every year so that all staff members are fully informed about infection control requirements that apply to them.

SUBCHAPTER 26. ADVISORY NURSE STAFFING

8:39-26.3 Advisory nurse staffing amounts and availability

...(d) All nurse aides working in the facility have completed a training and orientation program to all services of at least two weeks full-time duration within the facility prior to their permanent assignment in the facility.

SUBCHAPTER 27. MANDATORY QUALITY OF CARE

8:39-27.1 Mandatory policies, procedures and practices for quality of care

...(d) All nursing and professional staff of the facility shall receive orientation and annual training in the use of restraints, including at least:

- i. Emergency and non-emergency procedures;
- ii. Practice in the application of restraints and alternative methods of intervention; and
- iii. Interventions by licensed and non-licensed nursing personnel.

SUBCHAPTER 31. MANDATORY PHYSICAL ENVIRONMENT

8:39-31.2 Mandatory general maintenance

a) Personnel engaged in general maintenance activities shall receive orientation upon employment and, at least once a year, education or training in principles of asepsis, cross-infection control, and safe practices.

8:39-31.6 Mandatory fire and emergency preparedness

(a) Employees shall be trained in procedures to be followed in an emergency operations plan and instructed in the use of fire fighting equipment and resident evacuation of the buildings as part of their initial orientation and at least annually thereafter.

SUBCHAPTER 32. ADVISORY PHYSICAL ENVIRONMENT

8:39-32.2 Advisory fire and emergency preparedness

...(b) A municipal, county, or State emergency management official conducts an education or training program in the facility on disaster planning and emergency preparedness at least once a year.

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization

...(c) Summary findings of the quality assessment and/or quality improvement program shall be submitted in writing to the administrator and the administrator shall take action that includes staff education or training on the basis of the program's findings.

8:39-33.4 Mandatory quality assessment and/or quality improvement of staff education and training. The quality assessment and/or quality improvement program shall evaluate staff education programs.

SUBCHAPTER 36. ADVISORY MEDICAL RECORDS

8:39-36.2 Advisory staff education and training for medical records

The facility requires that staff use only standard professional abbreviations in medical records and maintains a current list of such abbreviations.

SUBCHAPTER 40. ADVISORY SOCIAL WORK

8:39-40.5 Advisory social work staff education and training

The facility encourages the social worker to participate in community agency associations and other professional organizations.

SUBCHAPTER 43. CERTIFICATION OF NURSE AIDES IN LONG-TERM CARE FACILITIES

8:39-43.10 Approval of a nurse aide in long term care facilities training program

...(h) The training program for nurse aides shall not be used as a substitute for staff orientation or staff education programs.

8:39-43.17 Mandatory nurse aide education and training

(a) A program of individualized orientation of each nurse aide shall be conducted by a registered professional nurse. The orientation program shall include resident care training and demonstrations in basic nursing skills, followed by an internship of two to five days, depending on experience.

(b) Each nurse aide shall receive, at a minimum, 12 hours of regular in-service education per year, the content of which shall be based on the outcome of performance reviews of every nurse aide, which are completed at least once every 12 months. (The 12 hours may include topics that are covered under OBRA requirements, Pub. L. 100-239 (1989) which overlap or are duplicative of those required at N.J.A.C. 8:39-13.4 (b), up to a maximum of six hours of in-service training per year.)

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS – ADVISORY STANDARDS

8:39-46.2 Advisory staffing

...(c) The facility provides an initial and ongoing educational, training and support program for each staff member which includes at least the causes and progression of dementias, the care and management of residents with dementias, and communication with dementia residents.

NEW MEXICO

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7.9.2.27 EMPLOYEES

E. ABUSE OF RESIDENTS:

(1) Orientation for all employees: Except in an emergency, before performing any duties, each new employee, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employees shall be oriented to resident's rights and to their position and duties by the time they have worked thirty (30) days.

(2) Training: Except for nurses, all employees who provide direct care to residents shall be trained through a program approved by the Department.

F. CONTINUING EDUCATION:

(1) Nursing in-service: The facility shall require employees who provide direct care to residents to attend educational programs desired to develop and improve the skill and knowledge of the employees with respect to the needs of the facility's residents, including rehabilitative therapy, oral health care, wheelchair safety and transportation and special programming for developmentally disabled residents if the facility admits developmentally disabled person. These programs shall be conducted quarterly to enable staff to acquire the skills and techniques necessary to implement the individual program plans for each resident under their care.

(2) Dietary in-service: Educational programs shall be held quarterly for dietary staff, and shall include instruction in the proper handling of food, personal hygiene and grooming, and nutrition and modified diet patterns served by the facility.

(3) All other staff in-service: The facility shall provide in-service designed to improve the skills and knowledge of all other employees.

7.9.2.33 OTHER RECORDS: The facility shall retain:

...F. IN-SERVICE AND ORIENTATION PROGRAMS: Subject matter, instructors and attendance records of all in-service and orientation programs.

7.9.2.61 SOCIAL SERVICES:

...(4) Training: Participation in in-service training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

NEW YORK

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Section 415.26 Organization and administration

...(c) Staff qualifications and personnel management.

(1) With regard to personnel management, the facility shall:

... (iii) assure that each part-time, full-time or private duty employee, consultant, volunteer, or other person serving in any other capacity in the nursing home shall:

(a) receive an orientation which shall include but not be limited to the following:

(1) a review and explanation of relevant personnel policies and procedures, including his or her job description;

(2) an orientation to the facility's organization, its long-term care philosophy, the roles of all personnel in the organization;

(3) an orientation to the physical plant, infection control, quality assessment and assurance and the environmental aspects of the facility;

(4) the facility safety program, including fire safety, accident prevention, resident emergency procedures, and facility operation during disruption of services;

(5) resident's rights; and

(6) resident abuse and neglect reporting requirements as set forth in section 2803-d of the Public Health Law.

(2) For all personnel, the facility shall provide planned orientation and staff development

programs, including but not limited to:

- (i) an orientation for each new employee prior to or within one week of employment;
- (ii) on-the-job skill training as is necessary for each to properly perform his or her job;
- (iii) continuous staff development programs to increase knowledge, skills and understanding of problems and ways of dealing with problems associated with residents needing nursing home care including knowledge of the Quality Assurance and Assessment program in the facility; and
- (iv) maintenance of records of these activities, including the methods used and an evaluation on their effectiveness.

...(d) Nurse aide certification and training.

...(8) The operator shall ensure that the certified nurse aide regularly attends inservice education programs provided for all personnel and that the programs shall include the following:

- (i) A portion of each individual's annual inservice education as required by subparagraph (iv) of this paragraph shall be based upon the outcome of the individual's annual performance review as specified in paragraph (7) of this section, and address the areas of weakness in the individual's performance;
- (ii) Inservice education must also address the special needs of the residents in the facility, including the care of the cognitively impaired;
- (iii) Written records shall be maintained which indicate the content of and attendance at each inservice training program and the outcomes of the performance review; and
- (iv) Each certified nurse aide shall attend and be compensated for inservice education sufficient to ensure the continuing competence of the nurse aide of not less than six hours of inservice education in every six month period.

Section 415.4 - Resident behavior and facility practices

(a) Physical and Chemical Restraints. The facility and all medical, nursing, and other professional staff shall assure that:

...(4) Policies and procedures regarding the ordering and use of physical restraints and the recording, reporting, monitoring and review and modification thereof are:

- (i) incorporated into the inservice education programs of the facility, with changes made in such programs when policies and procedures are modified...

NORTH CAROLINA

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10A NCAC 13D .2211 PERSONNEL STANDARDS

...d) The facility shall provide orientation regarding facility policies and procedures for all staff upon employment.

(e) The facility shall train all staff periodically in accordance with their job duties.

10A NCAC 13D .2401 MAINTENANCE OF MEDICAL RECORDS

...(c)...The facility shall provide orientation, on-the-job training and in-service programs for all medical records personnel.

NORTH DAKOTA

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33-07-03.2-12. Education programs.

The facility shall design, implement, and document educational programs to orient new employees and keep all staff current on new and expanding programs, techniques, equipment, and concepts of quality care. The following topics must be covered with all staff annually:

1. Safety and emergency procedures, including procedures for fire and other disasters.
2. Prevention and control of infections, including universal precautions.
3. Resident rights.
4. Advanced directives.
5. Care of the emotionally disturbed and confused resident.

OHIO

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3701-17-07 Qualifications and health of personnel.

...(J) The operator or administrator shall ensure that each staff member, consultant and

volunteer used by the nursing home receives orientation and training to the extent necessary to perform their job responsibilities prior to commencing such job responsibilities independently. The orientation and training shall include appropriate orientation and training about residents' rights, the physical layout of the nursing home, the applicable job responsibilities, the home's policies and procedures applicable to assuring safe and appropriate resident care, emergency assistance procedures, and the disaster preparedness plan.

3701-17-07.1 Required training and competency evaluation for nurse aides working in long-term care facilities.

...(K) In addition to competency evaluation programs and training and competency evaluation programs required by this rule, each long-term care facility shall provide all of the following to each nurse aide it uses:

(1) An orientation program that includes at least an explanation of the organizational structure of the facility, its policies and procedures, its philosophy of care, a description of its resident population, and an enumeration of its employee rules. The orientation program shall be of sufficient duration to cover the topics enumerated in this paragraph adequately in light of the size and nature of the facility, its resident population, and the anticipated length of employment of the nurse aide. The orientation program for nurse aides permanently employed by the long-term care facility shall be at least three hundred and sixty minutes in length to occur during the first forty hours worked, with one hundred and eighty minutes occurring before the nurse aide has any resident contact;

(2) Regular performance review to assure that individuals working in the facility as nurse aides are competent to perform the nursing and nursing-related services they perform. Performance reviews shall be conducted at least ninety days after the nurse aide completes successfully the competency evaluation program conducted by the director under division (C) of section 3721.31 of the Revised Code and the applicable rules of Chapter 3701-18 of the Administrative Code or commences work in the facility and annually thereafter. The performance review shall consist, at minimum, of an evaluation of the nurse aide's working knowledge and clinical performance and shall be conducted by the aide's immediate supervisor or a nurse designated by the facility to conduct the performance evaluations. The facility shall maintain a written record of each performance review; and

(3) Regular in-service education, both in groups and, as necessary in specific situations, on a one-to-one basis, based on the outcome of performance reviews required by paragraph (K)(2)(a) of this rule. For the purposes of this provision, "specialty unit" means a discrete part of the nursing home that houses residents who have common specialized care needs, including, but not limited to, dementia care, hospice care, and mental health care units.

(a) Formal in-service education shall include an instructional presentation and may include skills demonstration with return demonstration and inservice training. In-service training

may be provided on the unit as long as it is directed toward skills improvement, is provided by trained individuals and is documented.

(b) In-service education shall be sufficient to ensure the continuing competence of nurse aides and address areas of weakness as determined in nurse aides' performance reviews and shall address the special needs of residents as determined by the facility staff. It also shall include, but is not limited to, training for nurse aides providing nursing and nursing-related services to residents with cognitive impairment. The in-service education for nurse aides working in specialty units shall address the special needs of the residents in the unit.

(c) The facility shall assure that each nurse aide receives at least twelve hours of formal in-service education each year and that each nurse aide who works in a specialty unit receives sufficient additional hours of training each year to meet the special needs of the residents of that specialty unit. In-service education may be obtained through web-based training programs. For purposes of this paragraph, the year within which a nurse aide must receive continuing education is calculated based on the commencement of employment.

(d) The facility shall maintain a written record of each formal in-service session which shall include a description of the subject matter, the identity of the individual or individuals providing the in-service education, a list of the nurse aides and other individuals attending the session that is signed by each attendee and the duration of the session.

3701-17-25 Disaster preparedness and fire safety.

Each operator shall:

...(E) Require at least one responsible employee to attend a fire safety course approved by the state fire marshal's office. The operator shall require all staff members to be periodically instructed in fire control and evacuation and disaster procedures and kept informed of their duties under the evacuation plan...

OKLAHOMA

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310:675-7-14.1. Facility maintenance

...(b) The maintenance records shall include:

(1) A written orientation program for maintenance personnel.

310:675-7-15.1. Housekeeping laundry, and general storage

(a) Housekeeping.

...(6) Housekeeping personnel shall receive effective supervision, orientation and training.

310:675-7-18.1. Personnel records

Each facility shall maintain a personnel record for each current employee containing:

...(3) Training, arrest check, and certification. Documentation of orientation and training (may be kept in separate file), continuing education, a copy of the criminal arrest check, and appropriate certification and licensure.

310:675-13-2. Staff orientation

All staff shall complete orientation, and specific training, for their respective responsibilities before working without supervision. Staff shall immediately be oriented to the use and location of fire extinguishers, procedures to be followed in the event of a fire and resident rights.

...(f) Certified medication aide

... (5) A certified medication aide shall complete eight hours of continuing education a year that is approved by the Department.

...(i) Inservice. The facility shall provide all direct care staff with two hours of inservice training specific to their job assignment per month. This training shall include, at least, the following:

(1) Fire safety and first aid classes semi-annually.

(2) Resident rights and resident adjustment to institutional life annually.

(3) Cardiopulmonary resuscitation and Heimlich maneuver procedures annually.

(4) All supervisory staff shall receive training in regards to applicable local, state, and federal regulations governing the facility.

(5) Each staff person shall be provided training in pain recognition at the time of orientation and at least once a year thereafter.

(6) Each certified nurse aide shall be provided training in pain screening at the time of orientation and at least once every year thereafter.

(7) Each licensed practical nurse shall be provided training in pain screening and pain

management at the time of orientation and at least once every year thereafter.

(8) Each registered nurse shall be provided training in pain assessment and pain management at the time of orientation and at least once every year thereafter.

310:675-13-6. Registered/licensed dietician or qualified nutritionist

...(c) A qualified nutritionist shall complete eight hours of continuing education a year approved by the Department.

310:675-13-7. Food service staff

(b) Food service staff.

...(3) Each food service staff member shall successfully complete a food service training program offered or approved by the Department within ninety (90) days of beginning employment. Food service training shall be renewed as required by the authorized training program.

310:675-13-9. Social services personnel

...(12) Continuing education. This section creates no obligation for continuing education beyond requirements specified otherwise in this Chapter. The Department will not approve continuing education or update courses.

310:675-13-10. Maintenance personnel

...(d) The maintenance staff shall complete one hour of inservice each quarter relevant to maintenance services.

310:675-13-11. Housekeeping personnel

...(b) Housekeeping personnel shall receive effective supervision, orientation and training.

...(d) The housekeeping staff shall complete one hour of inservice per quarter about housekeeping practices.

OREGON

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411-085-0210 Facility Policies

(1) POLICIES REQUIRED...Policies must be adopted regarding:

...(q) Employee orientation and inservice....

411-086-0020 Director of Nursing Services (DNS)

(2) Qualifications:

...(c) The DNS shall successfully complete every two years at least 30 continuing education hours pertinent to nursing administration in a nursing facility.

(3) Responsibility:

(a) ...The DNS shall organize and direct the nursing service department to include as a minimum:

...(B) Develop and maintain personnel policies of recruitment, orientation, in-service education, supervision, evaluation and termination of nursing service staff...

411-086-0140 Nursing Services: Problem Resolution and Preventive Care

...(2) Safe Environment.

...(c) Reasonable Precautions. Reasonable precautions include, but are not limited to, provision and documentation of an assessment and evaluation of resident's condition, medications, and treatments, and completion of a care plan, consistent with OAR 411-086-0060; and, when appropriate:

...(B) Provision of additional inservice training...

411-086-0210 Dental Services

(1) Consulting Dentist. The facility shall have an consulting dentist who shall:

...(c) Recommend procedures for oral health inservice training. This training shall be provided to appropriate staff at least annually...

411-086-0230 Activity Services

(b) Responsibilities. The Director shall:

...(B) Plan and participate in activities inservice required by OAR 411-086-0310....

411-086-0240 Social Services

(2) Social Services Director.

(b) Responsibilities. The Social Services Director shall:

...(C) Participate in resident care planning conferences and social service inservices for facility staff;

...(H) Plan and participate in facility inservice required by OAR 411-086-0310...

411-086-0250 Dietary Services

(2) DIETARY SERVICES DIRECTOR.

(a) Qualifications. Overall supervision of the dietary service shall be assigned to a full-time dietary service director who is a registered dietician, or:

...(B) Has on-site consultation provided at least monthly.

... (ii) The consultant shall have at least one year of supervisory experience in an institutional dietary service and shall participate in continuing education annually.

411-086-0310 Employee Orientation and In-Service Training

(1) Orientation. The nursing facility shall ensure that each employee, temporary employee, and volunteer completes an orientation program sufficient to ensure that the safety and comfort of all residents is assured in accordance with facility policies (OAR 411-085-0210). Orientation to each task must be completed prior to the employee or volunteer performing such task independently. Orientation for nursing staff and nursing assistants in training shall be supervised by a registered nurse. The orientation shall include:

(a) Explanation of facility organizational structure;

(b) Philosophy of care of the facility, including purpose of nursing facility requirements as defined in these administrative rules;

(c) Description of resident population;

(d) Employee rules; and

(e) Facility policy and procedures.

(2) Inservice. The Administrator or his/her designee shall coordinate all inservice training. Inservice training shall be designed to meet the needs of all facility staff in accordance with facility policy (OAR 411-085-0210). Each certified nursing assistant shall receive a minimum of three

hours of inservice training each calendar quarter. Each calendar year the inservice training agenda shall include at least the following:

- (a) Resident rights, including, but not limited to, those rights included in ORS 441.600-441.625;
 - (b) Rules and statutes pertaining to abuse, including, but not limited to, ORS 441.630-441.675;
 - (c) The transfer/discharge rules, including, but not limited to, the obligations of facility personnel to forward requests for conferences and hearings to the appropriate authorities;
 - (d) Measures to prevent cross-contamination, including universal precautions;
 - (e) Oral care, including oral screenings (required for nursing staff only);
 - (f) Emergency procedures, including, but not limited to, the disaster plan;
 - (g) Procedures for life-threatening situations, including, but not limited to, cardiopulmonary resuscitation and the life-saving techniques for choking victims (including abdominal thrust and chest thrust);
 - (h) Application and use of physical restraints (required for nursing staff only);
 - (i) Procedures to prevent residents from wandering away from the facility and how to deal with the wandering resident;
 - (j) Restorative services, including benefits thereof (required for nursing staff only);
 - (k) Activity program, including benefits thereof;
 - (l) The social services program, including benefits thereof;
 - (m) Accident prevention;
 - (n) Alzheimer's disease and other dementias, including recognition of symptoms, treatments, and behavioral management; and
 - (o) Other special needs of the facility population.
- (3) Documentation. Inservice training and orientation shall be documented and shall include the date, content, and names of attendees.

PENNSYLVANIA

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§ 201.20. Staff development.

- (a) There shall be an ongoing coordinated educational program which is planned and conducted for the development and improvement of skills of the facility's personnel, including training related to problems, needs and rights of the residents.

(b) An employee shall receive appropriate orientation to the facility, its policies and to the position and duties. The orientation shall include training on the prevention of resident abuse and the reporting of the abuse.

(c) There shall be at least annual in service training which includes at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.

(d) Written records shall be maintained which indicate the content of and attendance at the staff development programs.

§ 211.6. Dietary services.

... (d) If consultant dietary services are used, the consultant's visits shall be at appropriate times and of sufficient duration and frequency to provide... participation in development or revision of dietary policies and procedures and in planning and conducting inservice education and programs.

RHODE ISLAND

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Section 14.0 Personnel

14.13 An in-service educational program shall be conducted on an ongoing basis, which shall include an orientation program for new personnel and a program for the development and improvement of skills of all personnel. The in-service program shall be geared to the needs of the aged and shall include annual programs on prevention and control of infection, food services and sanitation, fire prevention and safety, confidentiality of resident information, rights of residents and any other area related to resident care.

14.13.1 Provision shall be made for written documentation of programs, including attendance. Flexible program schedules shall be formulated at least two (2) months in advance.

Section 22.0 Infection Control

22.3 A continuing education program on infection control shall be conducted periodically for all staff.

Alzheimer and Other Dementia Special Care Units or Programs:

26.1.2 ... The information disclosed shall explain the additional care provided in each of the following areas:

...d) Staffing Patterns and Training - Staff patterns and training and continuing education programs, which shall emphasize the effective management of the physical and behavioral problems of those with dementia.

Section 27.0 Dietetic Services

27.3 The responsibilities of the qualified dietitian shall include but not be limited to:...f) planning and conducting regularly scheduled in-service education programs which shall include training in food service sanitation...

Section 37.0 Disaster Preparedness

37.6 All personnel shall receive training in disaster preparedness as part of their employment orientation.

SOUTH CAROLINA

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SECTION 600 - STAFF/TRAINING

601. General

D. There shall be accurate current information maintained regarding all staff members of the facility that shall include:

...6. Documentation of orientation to the facility, including residents' rights, regulation compliance, policies and procedures, job duties, in-service training and on-going education...

607. Inservice Training (II)

A. Staff members shall be provided the necessary training to perform the duties for which they are responsible.

B. Before performing any duties, all newly-hired staff members shall be oriented to the facility organization and physical plant, specific duties and responsibilities of staff members, and residents' needs. All staff members shall be instructed in the provisions of S.C. Code Ann. Section 43-35-5 et seq. (1976, as amended), "Omnibus Adult Protection Act" and S.C. Code Ann. Section 44-81-10 et seq. (1976, as amended), "Bill of Rights for Residents of Long-Term Care Facilities" as well as other rights and assurances as required in this regulation.

C. All staff shall be provided inservice training programs that identify training needs related to problems, needs, care of residents and infection control and are sufficient to assure staff's continuing competency. Training for the tasks each staff member performs shall be conducted in order to provide the care, treatment, procedures, and/or services delineated in Section 1000.

D. All licensed nurses shall possess a valid Healthcare Provider cardio-pulmonary resuscitation (CPR) certificate within six (6) months of their first day on the job in the facility.

E. Those staff members who operate motor vehicles that transport residents shall have a valid driver's license.

F. Training shall be provided to staff members by appropriate resources, e.g., licensed or registered individuals, video tapes, books, in context with their job duties and responsibilities, prior to their date of initial resident contact (unless otherwise as noted below) and at a frequency determined by the facility, but at least annually.

1. All staff members:

- a. Emergency procedures and disaster preparedness to address various types of potential disasters such as evacuation, bomb threat, earthquake, flood, hurricane, tornado and others within forty-eight (48) hours of their first day on the job in the facility (See Section 1500);
 - b. Fire response training (See Section 1603);
 - c. Confidentiality of resident information and records and the protection of resident rights (review of "Bill of Rights for Residents of Long-Term Care Facilities," etc.).
2. Direct care staff members, all of the training listed in Section 607.F.1, and:
- a. Management/care of individuals with contagious and/or communicable disease, e.g., hepatitis, tuberculosis, HIV infection;
 - b. Use of restraints that promote resident safety, including alternatives to physical and chemical restraints, in accordance with the provisions of Section 1012 (for designated staff members only);
 - c. Prevention of pressure-related wounds;
 - d. Aseptic techniques, such as handwashing and scrubbing practices, proper gowning and masking, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of equipment and supplies.

609. Volunteers

...B. The licensee is responsible for all the activities that take place in the facility including the coordination of volunteer activities.

1. Volunteers shall receive the orientation, training, and supervision necessary to assure resident health and safety before performing any duties. The orientation program shall include, but not be limited to:
 - a. Resident rights;
 - b. Confidentiality;
 - c. Disaster preparedness;
 - d. Emergency response procedures;
 - e. Safety procedures and precautions; and
 - f. Infection control.

610. Private Sitters

A. If a resident or responsible party has not agreed in writing with the facility to not have a private sitter and chooses to employ a private sitter for use in the facility, the facility may establish a formalized private sitter program that shall be directed by a facility staff member.

...2. The facility shall establish written policies and procedures for the private sitter program that includes an orientation to the facility consisting, at least, of the following:

- a. Residents' rights;
- b. Confidentiality;
- c. Disaster preparedness;
- d. Emergency response procedures;
- e. Safety procedures and precautions; and
- f. Infection control.

SOUTH DAKOTA

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44:04:02:09. Infection control...

The facility must provide orientation and continuing education to all personnel on the facility's staff on the cause, effect, transmission, prevention, and elimination of infections.

44:04:04:05. Personnel training.

The facility must have a formal orientation program and an ongoing education program for all personnel. Ongoing education programs must cover the required subjects annually. These programs must include the following subjects:

- (1) Fire prevention and response. The facility must conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, monthly fire drills must be conducted to provide training for all staff;
- (2) Emergency procedures and preparedness;
- (3) Infection control and prevention;
- (4) Accident prevention and safety procedures;
- (5) Proper use of restraints;
- (6) Patient and resident rights;
- (7) Confidentiality of patient or resident information;

(8) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms;

(9) Care of patients or residents with unique needs; and

(10) Dining assistance, nutritional risks, and hydration needs of residents. Personnel whom the facility determines will have no contact with patients or residents are exempt from training required by subdivisions (5), (9), and (10) of this section. Current professional and technical reference books and periodicals must be made available for personnel.

44:04:07:16. Required dietary inservice training.

The dietary manager or the dietitian in hospitals and nursing facilities, and the person-in-charge of dietary services or the dietitian in assisted living centers shall provide ongoing inservice training for all dietary and food-handling employees. The person-in-charge of any hospital without an in-house dietary department that uses a contracted dietary service shall provide ongoing inservice training for all dietary and foodhandling employees. Topics shall include: food safety, handwashing, food handling and preparation techniques, food-borne illnesses, serving and distribution procedures, leftover food handling policies, time and temperature controls for food preparation and service, nutrition and hydration, and sanitation requirements.

44:04:18:02. Employment of qualified nurse aides required.

Nurse aides employed by a nursing facility must meet the following minimum qualifications of training, competency evaluation, registry status, and performance:

...(4) Annual attendance at a minimum of 12 hours of in-service education related to results of performance review and of special resident needs.

TENNESSEE

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1200-08-06-.05 ADMISSIONS, DISCHARGES, AND TRANSFERS.

...(5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents:

...(h) Documentation showing that 100% of the staff working on the unit receives and has received annual in-service training which shall include, but not be limited to the following subject areas:

1. Basic facts about the causes, progression and management of Alzheimer's Disease and related disorders;

2. Dealing with dysfunctional behavior and catastrophic reactions in the residents;

3. Identifying and alleviating safety risks to the resident;
4. Providing assistance in the activities of daily living for the resident; and,
5. Communicating with families and other persons interested in the resident.

1200-08-06-.06 BASIC SERVICES.

(3) Infection Control.

...(c) The administrator shall assure that an infection control program including members of the medical staff, nursing staff and administrative staff develop guidelines and techniques for the prevention, surveillance, control and reporting of facility infections. Duties of the program shall include the establishment of:

...7. Continuing education for all facility personnel on the cause, effect, transmission, prevention, and elimination of infections.

...(f) The facility and its employees shall adopt and utilize standard precautions (per CDC) for preventing transmission of infections, HIV, and communicable diseases, including adherence to a hand hygiene program which shall include:

...4. Health care worker education programs which may include:

(i) Types of patient care activities that can result in hand contamination;

(ii) Advantages and disadvantages of various methods used to clean hands;

(iii) Potential risks of health care workers' colonization or infection caused by organisms acquired from patients; and

(iv) Morbidity, mortality, and costs associated with health care associated infections.

...(i) The facility shall have an annual influenza vaccination program which shall include at least:

...3. Education of all direct care personnel about the following:

(i) Flu vaccination,

(ii) Non-vaccine control measures, and

(iii) The diagnosis, transmission, and potential impact of influenza;

(4) Nursing Services.

...(c) The Director of Nursing shall have the following responsibilities:

...8. Plan, develop and conduct monthly in-service education programs for nursing personnel and other employees of the nursing home where indicated. An organized orientation program shall be developed and implemented for all nursing personnel.

(9) Food and Dietetic Services.

...(e) Education programs, including orientation, on-the-job training, inservice education, and continuing education shall be offered to dietetic services personnel on a regular basis. Programs shall include instruction in the use of equipment, personal hygiene, proper inspection, and the handling, preparing and serving of food.

1200-08-06-.07 SPECIAL SERVICES: ALZHEIMER'S UNITS....

Units which hold themselves out to the public as providing specialized Alzheimer's services shall comply with the provisions of T.C.A. § 68-111404 and shall be in compliance with the following minimum standards:

...(10) In addition to the classroom instruction required in the nurse aide training program, each nurse aide assigned to the unit shall have forty (40) hours of classroom instruction which shall include but not be limited to the following subject areas:

- (a) Basic facts about the causes, progression and management of Alzheimer's Disease and related disorders;
- (b) Dealing with dysfunctional behavior and catastrophic reactions in the resident;
- (c) Identifying and alleviating safety risks to the resident;
- (d) Providing assistance in the activities of daily living for the resident; and,
- (e) Communicating with families and other persons interested in the resident.

1200-08-06-.14 DISASTER PREPAREDNESS.

...(2) Physical Facility and Community Emergency Plans.

- (a) Physical Facility (Internal Situations).

...3. Copies of the plan(s), either complete or outlines, including specific emergency telephone numbers related to that type of disaster, shall be available to all staff. A copy shall be readily available at all times in the telephone operator's position or at the security center. Provisions that have security implications may be omitted from the outline versions. Familiarization information shall be included in employee orientation sessions and more detailed instructions must be included in continuing education programs. Records of orientation and education programs must be maintained for at least three (3) years.

- (b) Community Emergency (Mass Casualty).

...3. Copies of the plan(s), either complete or outlines, including specific emergency telephone numbers related to that type of disaster, shall be available to staff who would be assigned non-routine duties during these types of emergencies. Familiarization information shall be included in employee orientation sessions and more detailed instruction must be included in continuing education programs. Records of orientation and education must be maintained for at least three (3) years.

1200-08-06-.15 NURSE AIDE TRAINING AND COMPETENCY EVALUATION.

...(4) Continued Competency. The facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.

TEXAS

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Sec. 242.037. RULES; MINIMUM STANDARDS.

...(i) The minimum standards adopted by the board under this section must require that each institution, as part of an existing training program, provide each registered nurse, licensed vocational nurse, nurse aide, and nursing assistant who provides nursing services in the institution at least one hour of training each year in caring for people with dementia.

RULE §19.702 Activities

....(c) Activity directors must complete eight hours of approved continuing education or equivalent continuing education units each year. Approval bodies include organizations or associations recognized as such by certified therapeutic recreation specialists or certified activity professionals or registered occupational therapists.

RULE §19.1903 Required Training of Nurse Aides

...(8) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must:

(A) be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;

(B) address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and

(C) for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

RULE §19.1917 Quality Assessment and Assurance

...(e) The Quality Assessment and Assurance Committee must adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injury to residents and nurses

associated with the lifting, transferring, repositioning, or moving of a resident. The policy must establish a process that includes:

...(2) annual in-service education of nurses in the identification, assessment, and control of risk of injury to residents and nurses during resident handling...

RULE §19.1929 Staff Development

Each facility must implement and maintain programs of orientation, training, and continuing in-service education to develop the skills of its staff, as described in §19.1903 of this title (relating to Required Training of Nurse Aides).

(1) As part of orientation and annually, each employee must receive instruction regarding:

(A) Human Immunodeficiency Virus (HIV), as outlined in the educational information provided by the Texas Department of Health Model Workplace Guidelines. At a minimum the HIV curriculum must include:

(i) modes of transmission;

(ii) methods of prevention;

(iii) behaviors related to substance abuse;

(iv) occupational precautions;

(v) current laws and regulations concerning the rights of an acquired immune deficiency syndrome/HIV infected individual; and

(vi) behaviors associated with HIV transmission which are in violation of Texas law; and

(B) restraint reduction and the prevention of falls through competency-based training. Facilities also may choose to train on behavior management, including prevention of aggressive behavior and de-escalation techniques.

(2) Each registered nurse, licensed vocational nurse, and nurse aide (nurse assistant) who provides nursing services must receive at least one hour of training each year in caring for people who have dementia.

(3) Nursing staff, licensed nurses, and nurse aides must receive annual in-service training which includes components, appropriate to their job responsibilities, from one or more of the following categories:

(A) communication techniques and skills useful when providing geriatric care, such as skills for communicating with the hearing impaired, visually impaired and cognitively impaired; therapeutic touch; and recognizing communication that indicates psychological abuse;

(B) assessment and nursing interventions related to the common physical and psychological changes of aging for each body system;

(C) geriatric pharmacology, including treatment for pain management and sleep disorders;

(D) common emergencies of geriatric residents and how to prevent them, for example, falls, choking on food or medicines, injuries from restraint use; recognizing sudden changes in physical condition, such as stroke, heart attack, acute abdomen, and acute glaucoma; and obtaining emergency treatment; common mental disorders with related nursing implications; and

ethical and legal issues regarding advance directives, abuse and neglect, guardianship, and confidentiality.

... (5) Minimum continuing in-service education requirements are listed in subparagraphs (A)-(B) of this paragraph. Attendance at relevant outside training may be used to satisfy the in-service education requirement. The facility must keep in-service records for each employee listed. The minimum requirements are:

(A) licensed personnel--two hours per quarter; and

(B) nurse aides--12 hours annually. For the purpose of this paragraph, a medication aide is considered a nurse aide and must receive the same continuing in-service education. This in-service education does not qualify as continuing education units required for renewal of a medication aide permit.

UTAH

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R432-150-10. Staff and Personnel.

...(5) The facility shall plan and document in-service training for all personnel.

(a) The following topics shall be addressed at least annually:

(i) fire prevention;

(ii) review and drill of emergency procedures and evacuation plan;

(iii) the reporting of resident abuse, neglect or exploitation to the proper authorities;

(iv) prevention and control of infections;

(v) accident prevention and safety procedures including instruction in body mechanics for all employees required to lift, turn, position, or ambulate residents; and proper safety precautions when floors are wet or waxed;

(vi) training in Cardiopulmonary Resuscitation (CPR) for licensed nursing personnel and others as appropriate;

(vii) proper use and documentation of restraints;

(viii) resident rights;

(ix) A basic understanding of the various types of mental illness, including symptoms, expected behaviors and intervention approaches; and

(x) confidentiality of resident information.

(6) Any person who provides nursing care, including nurse aides and orderlies, must work under the supervision of an RN or LPN and shall demonstrate competency and dependability in resident care.

...(d) The facility shall conduct regular performance reviews and regular in-service education to ensure that individuals used as nurse aides are competent to perform services as nurse aides.

R432-150-23. Ancillary Health Services.

...(3) The facility must provide or arrange for regular and emergency dental care for residents.

(a) Dental care provisions shall include:

... (c) presentation of oral hygiene in-service programs by knowledgeable persons;

R432-200-7. Administration and Organization. [small health care facilities]

...(4) Administrator Responsibilities. The administrator shall have the following responsibilities:

... (c) Assure that employees are oriented to their job functions and receive appropriate in-service training;

...(9) In-service Training. There shall be planned and documented in-service training for all facility personnel. The following topics shall be addressed annually:

(a) Fire prevention (see R432-200-11);

(b) Accident prevention and safety procedures including instruction in the following:

(i) Body mechanics for all employees required to lift, turn, position, or ambulate residents;

(ii) Proper safety precautions when floors are wet or waxed;

(iii) Safety precautions and procedures for heat lamps, hot water bottles, bathing and showering temperatures;

(c) Review and drill of emergency procedures and evacuation plan (See R432-20011);

(d) Prevention and control of infections (see R432-150-25);

- (e) Confidentiality of resident information;
- (f) Residents' rights;
- (g) Behavior Management and proper use and documentation of restraints;
- (h) Oral hygiene and first aid; and
- (i) Training in the principles of Cardiopulmonary Resuscitation (CPR) for licensed nursing personnel and others as appropriate;
- (j) Training in habilitative care;
- (k) Reporting abuse, neglect and exploitation.

R432-200-11. Emergency and Disaster.[small health care facilities]

- ...(4) Emergency Procedures. The facility's response procedures shall address the following:
 - ...(d) There shall be regular in-service training on disaster preparedness.

R432-200-15. Nursing Care. [small health care facilities]

- ...(2) Responsibilities of the Health Services Supervisor. The health services supervisor shall have the following responsibilities and comply with R432-1-3(55):
 - ...(n) Plan and conduct documented orientation and in-service programs for staff.

R432-200-26. Dental Services.[small health care facilities]

The facility shall make provision for annual and emergency dental care for residents. Such provisions shall include:

- ...(2) Presenting oral hygiene in-service programs by knowledgeable persons to both staff and residents...

VERMONT

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2. NURSING FACILITY LICENSING

2.7 Special Care Units

- ...(d) Dementia units shall meet the following staffing and staff training requirements:

(1) Dementia units must provide initial training in addition to general facility training to include eight hours of classroom orientation for all employees assigned to the unit and an additional eight hours of clinical orientation to all nursing employees assigned to the unit. The eight hours of classroom work must include:

(i) A general overview of Alzheimer's disease and related dementia;

(ii) Communication basics;

(iii) Creating a therapeutic environment;

(iv) Activity focused care;

(v) Dealing with difficult behaviors; and

(vi) Family issues.

(2) Ongoing in-service training shall be provided to all nursing and non-nursing staff, including volunteers, who have any direct contact with residents of the unit. Staff training shall occur at least quarterly. The facility will maintain records of all staff training provided and the qualifications of the presenter. Training over 12 months must include the following subjects:

(i) Alzheimer's disease and related dementias, including but not limited to, possible causes, general statistics, risk factors, diagnosis, stages and symptoms, and current treatments and research trends;

(ii) Communication, including training related to communication losses that result with dementia, non-verbal techniques, techniques to enhance communication, validation as an approach, and environmental factors that affect communication;

(iii) Ways to create a therapeutic environment, including safety issues, effective strategies for providing care, background noise, staff behavior, and consistency;

(iv) Activity-focused care, including personal care, nutrition and dining, structured leisure, and sexuality;

(v) Dealing with difficult behaviors, including but not limited to, strategies to deal with common behavioral issues such as wandering, sundowning, combativeness, paranoia and ignoring self-care; and

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

(e) Failure to provide the care, treatment, program or scope of services set forth in the request for approval from the licensing agency shall constitute a violation of these rules.

(f) Facilities with existing special care units shall comply with the requirements of subsections (b) and (d) on the date on which the rules take effect. Such facilities shall meet the requirements of subsection (c) as soon as practicable, but no later than six months from the effective date of the rules. Facilities that cannot come into compliance within that time period may request a variance pursuant to section 1.5 of these rules.

10. NURSE AIDE TRAINING

10.6 Regular In-Service Education

(a) Performance reviews. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews.

(b) In-service training. The in-service training must:

(1) be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.

(2) address areas of weakness as determined in nurse aide's performance reviews and may address special needs of residents as determined by the facility staff; and

(3) for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

14. DISASTER AND EMERGENCY PREPAREDNESS

14.2 Employee Training

The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures. Procedures shall include:

(a) At least an annual review of the facility disaster plan;

(b) Periodic staff instruction in disaster drills and information updates;

(c) Quarterly staff fire drills for all shifts; and

(d) Maintenance of written records and evaluations of all drills.

VIRGINIA

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12VAC5-371-140. Policies and procedures.

...E. Personnel policies and procedures shall include, but are not limited to:

...2. An on-going plan for employee orientation, staff development, in-service training and continuing education;

3. An accurate and complete personnel record for each employee including:
- ... d. Orientation to the nursing facility, its policies and to the position and duties assigned;
 - e. Completed continuing education program approved for the employee as determined by the outcome of the annual performance evaluation...

12 VAC 5-371-150. Resident rights.

A. The nursing facility shall develop and implement policies and procedures that ensure resident's rights as defined in ' 32.1-138 and 32.1-138.1 of the Code of Virginia.

B. The procedures shall:

- ... 2. Provide staff training to implement resident's rights...

12 VAC 5-371-180. Infection control. (revised 1/11/2006)

...C. The infection control program addressing the surveillance, prevention and control of facility wide infections shall include:

...3. Training of staff in proper handwashing techniques, according to accepted professional standards, to prevent cross contamination...

...10. Staff education regarding infection risk-reduction behavior.

12 VAC 5-371-190. Safety and emergency procedures.

...B. All staff shall participate in periodic emergency preparedness training.

12 VAC 5-371-200. Director of nursing.

B. The duties and responsibilities of the director of nursing shall include, but are not limited to:

...3. Participating in the employment of nursing personnel, including: ...(iv) orientation, (v) in-service education...

... 9. Recommending and coordinating the training needs of nursing staff with the individual responsible for in-service training.

12 VAC 5-371-260. Staff development and inservice training.

A. All full time, part-time and temporary personnel shall receive orientation to the facility commensurate with their function or job-specific responsibilities.

B. All resident care staff shall receive annual inservice training commensurate with their function or job-specific responsibilities in at least the following:

1. Special needs of residents as determined by the facility staff;
2. Prevention and control of infections;
3. Fire prevention or control and emergency preparedness;
4. Safety and accident prevention;
5. Restraint use, including, alternatives to physical and chemical restraints;
6. Confidentiality of resident information;
7. Understanding the needs of the aged and disabled;
8. Resident rights, including personal rights, property rights and the protection of privacy, and procedures for handling complaints;
9. Care of the cognitively impaired;
10. Basic principles of cardiopulmonary resuscitation for licensed nursing staff and the Heimlich maneuver for nurse aides; and
11. Prevention and treatment of pressure sores.

C. The nursing facility shall have an ongoing training program that is planned and conducted for the development and improvement of skills of all personnel.

D. The nursing facility shall maintain written records indicating the content of and attendance at each orientation and in service training program.

E. The nursing facility shall provide inservice programs, based on the outcome of annual performance evaluations, for nurse aides.

F. Nurse aide inservice training shall consist of at least 12 hours per anniversary year.

G. The nursing facility shall provide training on the requirements for reporting adult abuse, neglect, or exploitation and the consequences for failing to make such a required report to all its employees who are licensed to practice medicine or any of the healing arts, serving as a hospital resident or intern, engaged in the nursing profession, working as a social worker, mental health professional or law-enforcement officer and any other individual working with residents of the nursing facility.

D. The dietitian's duties shall include the following:

...3. Assisting in planning and conducting regularly scheduled inservice training that includes,

but is not limited to:

- a. Therapeutic diets;
- b. Food preparation requirements; and
- c. Principles of sanitation.

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388-97-1040 Dementia care.

(1)...the nursing home must:

...(c) Train all staff, who have resident contact, in the special needs and care approaches applicable to residents with dementia. This training must be ongoing and consistent with requirements under WAC 388-97-1680 (2)(b).

388-97-1300 Pharmacy services.

...(4) The nursing home must ensure:

(a) Education and training for nursing home staff by the licensed pharmacist on drug-related subjects including, but not limited to:

(i) Recognized and accepted standards of pharmacy practice and applicable pharmacy laws and rules;

(ii) Appropriate monitoring of residents to determine desired effect and undesirable side effects of drug regimens; and

(iii) Use of psychotropic drugs.

388-97-1680 Staff development.

(1) The nursing home must have a staff development program that is under the direction of a designated registered nurse or licensed practical nurse.

(2) The nursing home must:

(a) Ensure each employee receives initial orientation to the facility and its policies and is initially assigned only to duties for which the employee has demonstrated competence;

(b) Ensure all employees receive appropriate inservice education to maintain a level of knowledge appropriate to, and demonstrated competence in, the performance of ongoing job duties consistent with the principle of assisting the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being. To this end, the nursing home must:

(i) Assess the specific training needs of each employee and address those needs; and

(ii) Determine the special needs of the nursing home's resident population which may require training emphasis.

(c) Comply with other applicable training requirements, such as, but not limited to, the bloodborne pathogen standard.

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§64-13-4. Residents' Rights.

...4.2. Duties of Staff.

...4.2.b. The nursing home staff shall at least annually receive training from or approved by the Department in the proper implementation of residents' rights policies under Paragraph 11.5.c.4 of this rule.

9.12. Disaster Training.

9.12.a. A nursing home shall operate an internal disaster preparedness program that includes orientation and ongoing training and drills in procedures and specific assignments.

11.5. Staff Development.

11.5.a. All personnel shall attend and participate in regularly scheduled in-service training programs developed for the staff by either nursing home personnel or outside resources. The purpose of the in-service program shall be to:

11.5.a.1. Plan and organize a system of training that begins with an orientation program and continues throughout employment with scheduled in-service training programs;

11.5.a.2. Develop in each employee an awareness of his or her abilities and limitations in providing care for residents; and

11.5.a.3. Develop the abilities of each employee by an in-depth review of operational policies and procedures, instruction of methods and procedures to follow in implementing assigned duties as it relates to a specific job description, and to provide current information that will assist in providing quality care.

11.5.b. A nursing home shall maintain records of attendance, and if absences occur shall schedule a make-up class to be completed.

11.5.c. A nursing home shall complete a performance review of every employee at least once every twelve (12) months and provide regular in-service education based on the outcome of these reviews. The in-service training shall:

11.5.c.1. Be sufficient to ensure the continuing competence of certified nursing assistants, but shall be no less than twelve (12) hours per year;

11.5.c.2. Address areas of weakness as determined in the employee's evaluation and may address the special needs of residents as determined by the nursing home staff;

11.5.c.3. For nursing staff providing services to residents with cognitive impairments, also address the care of the cognitively impaired; and

11.5.c.4. Include in-service instruction to all personnel on the following:

11.5.c.4.A. The problems and needs of the aged, ill and disabled;

11.5.c.4.B. The prevention and control of infections;

11.5.c.4.C. Disaster preparedness and fire and safety rules;

11.5.c.4.D. Accident prevention;

11.5.c.4.E. Confidentiality of resident information;

11.5.c.4.F. Protection of a resident's privacy and personal property rights, and dignity and protection of residents' rights,

11.5.c.4.G. Complaint procedures, abuse, neglect, and misappropriation of personal property.

11.5.c.5. The nursing home shall provide training to all new employees, staff, and independent health contractors used by the nursing home, within thirty (30) days of employment or the next regularly scheduled orientation program, whichever occurs first, on Alzheimer's disease and other dementias. The training shall be a minimum of two (2) hours in duration and shall include all of the following: a basic explanation of how the disease process affects persons with Alzheimer's disease and other dementias; communication approaches and techniques for use when interacting with persons with Alzheimer's disease or other dementias; prevention and management of problem behaviors; and activities and programming appropriate for these individuals.

11.5.c.6. The nursing home shall provide training on Alzheimer's disease and other dementias to all employees, staff, and independent health contractors used by the nursing home each calendar year. The training shall be a minimum of two (2) hours in duration and shall include all of the following: a basic explanation of how the disease process affects persons with Alzheimer's disease and other dementias; communication approaches and techniques for use when interacting with persons with Alzheimer's disease or other dementias; prevention and management of problem behaviors; and activities and programming appropriate for these individuals.

11.6. Personnel Records. A nursing home shall maintain a confidential personnel record for each employee containing the following information:

...11.6.g. A summary of each employee's in-service training for the previous two years...

§64-85-4. Human Resources. [Alzheimer's/dementia special care unit]

4.1. Qualifications, Orientation and Training

4.1.a. A designated staff member shall be responsible for the coordination of the Alzheimer's /dementia special care unit or program. The coordinator shall:

4.1.a.1. Coordinate as needed outside psychiatric and psychosocial services to assist with behavior modification plans;

4.1.a.2. Advocate for resident rights;

4.1.a.3. Ensure individualized interventions are provided to allow residents to express feelings resulting from the disease process, lost roles and life status;

4.1.a.4. Obtain and utilize a listing of community resources available to residents and family members, including Alzheimer's networks; and

4.1.a.5. Offer monthly educational and family support group meetings.

4.1.b. The coordinator shall meet the minimum qualifications which include:

4.1.b.1. A license or degree as a health related professional;

4.1.b.2. A minimum of one year working directly with dementia or Alzheimer's care patients; and

4.1.b.3. Completion of at least a thirty (30) hour training course by a nationally recognized Alzheimer's /dementia care giving resource or association, or have comparable training and experience.

4.1.c. All assigned staff members shall complete a minimum of thirty (30) hours of training on the care of residents with Alzheimer's disease and related dementia. Staff shall have a minimum of fifteen (15) hours of documented training prior to supervised direct hands on resident care. An additional fifteen (15) hours of training shall be completed prior to unsupervised direct care. Supervision shall be provided by a staff person who has completed the entire training. Training shall include at a minimum:

4.1.c.1. The facility's philosophy and resident care policies;

4.1.c.2. The nature, stages, and treatment of Alzheimer's disease and related dementia;

4.1.c.3. Positive therapeutic interventions and activities;

4.1.c.4. Communication techniques

4.1.c.5. Behavior management;

4.1.c.6. Medication management;

4.1.c.7. Therapeutic environmental modifications;

4.1.c.8. Individualized comprehensive assessments and care plans;

4.1.c.9. The role of the family and their need for support;

4.1.c.10. Staff burnout prevention; and

4.1.c.11. Abuse prevention.

4.1.d. The facility shall provide a minimum of eight (8) hours of documented annual training to all staff on the topics in subdivision 4.1.c. of this subsection.

4.1.e. The facility shall maintain and utilize an orientation manual and policies and procedures specific to the Alzheimer's /dementia special care unit or program.

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HFS 132.44 Employee development.

(1) NEW EMPLOYEES.

(a) Orientation for all employees. Except in an emergency, before performing any duties, each new employee, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employees shall be oriented to residents' rights under s. HFS 132.31 and to their position and duties by the time they have worked 30 days.

(2) CONTINUING EDUCATION. (a) Nursing inservice. The facility shall require employees who provide direct care to residents to attend educational programs designed to develop and improve the skill and knowledge of the employees with respect to the needs of the facility's residents, including rehabilitative therapy, oral health care, and special programming for developmentally disabled residents if the facility admits developmentally disabled persons. These programs shall be conducted as often as is necessary to enable staff to acquire the skills and techniques necessary to implement the individual program plans for each resident under their care.

(b) Dietary inservice. Educational programs shall be held periodically for dietary staff, and shall include instruction in the proper handling of food, personal hygiene and grooming, and nutrition and modified diet patterns served by the facility.

(3) MEDICATION ADMINISTRATION. Before persons, other than nurses and practitioners, are authorized under s. HFS 132.60 (5) (d) 1. to administer medications, they shall be trained in a course approved by the department.

HFS 132.45 Records.

...(6) OTHER RECORDS. The facility shall retain:

...(f) Inservice and orientation programs. Subject matter, instructors and attendance records of all inservice and orientation programs;

HFS 132.68 Social services.

...(5) SERVICES. Social services staff shall provide the following:

...(d) Training. Participation in inservice training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

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Section 6. Physical Environment.

...(b) Sanitary Environment. The Nursing Care Facility shall establish policies and procedures for investigating, controlling and preventing infections.

...(iv) Inservice education shall be provided for all employees. This shall include the practice of aseptic techniques, such as: handwashing/universal precautions, proper grooming, masking and gowning procedures (for isolation), disinfection and sterilizing techniques, and the handling and storage of resident care equipment and supplies plus decontamination methods.

(A) Continuing education shall be provided to all employees on the cause, effect, transmission, prevention and elimination of infections.

Section 9. Nursing Services.

...(e) Staff Development. There shall be a continuing staff development program for all nursing personnel in addition to a thorough job orientation for new personnel.

(i) Planned staff development shall be held at least monthly to review and evaluate the quality of nursing care, to teach nursing techniques and procedures, to discuss nursing problems and ways of improving nursing service, and to review and interpret administrative and nursing policies.

(A) Minutes of all meetings and a list of personnel attending shall be maintained in sufficient detail to document proceedings and actions, and shall be available to all staff members.

(ii) All nursing personnel shall be instructed and supervised in the care of emotionally challenged and cognitively impaired residents and trained to understand the social aspects of resident care.

(iii) Skill training shall include demonstration, practice and supervision of nursing procedures applicable in the individual facility. It shall also include restorative nursing procedures. Documentation shall be maintained on all skill training given to an employee and retained in his/her personnel files.

(iv) Orientation of new personnel shall include a review and practice of the procedures to be followed for evacuating residents in emergencies, and the policies and procedures of the facility. Documentation shall be maintained on all individuals and kept in their respective personnel file.

Section 11. Dietetic Services.

(a) Dietary Supervision. Overall supervisory responsibility for the dietetic service shall be assigned to a full-time qualified dietetic supervisor.

(i) If the qualified supervisor is not a Registered Dietitian, she/he shall be a graduate of a dietetic technician program approved by the American Dietetic Association or a dietary managers' educational program approved by the Certifying Board for Dietary Managers. Training and experience in food service supervision and nutrition equivalent in content to the approved educational programs are acceptable.

(iv) The consultant or staff dietitian shall develop written plans and conduct or supervise inservice programs for dietary personnel on a monthly basis.

...(viii) The dietetic supervisor shall be responsible for department orientation, training, scheduling, and work assignments for all dietetic service personnel.

Section 14. Dental Services.

(a) The facility shall have an advisory dentist who shall provide consultation, develop and participate in inservice education, and recommend policies concerning oral hygiene. Records of inservice education meetings shall be in writing.

Section 15. Social Services.

...(v) Provision shall be made for in-service training to facility staff directed toward understanding

FEDERAL REGULATIONS

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§ 483.75 Administration.

(e) Required training of nursing aides—

...(8) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must—

(i) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;

(ii) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and

(iii) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.