

410 IAC 16.2-3.1-14 Personnel

Authority: IC 16-28-1-7; IC 16-28-1-12

Affected: IC 16-28-5-1; IC 16-28-13-3

Sec. 14.

(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.

(b) A facility must not use any individual working in the facility as a nurse aide for more than four (4) months on a full-time, part-time, temporary, per diem, or other basis unless that individual:

(1) is competent to provide nursing and nursing-related services; and

(2) has completed a:

(A) training and competency evaluation program; or

(B) competency evaluation program;
approved by the division.

(c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide's employment. The program may be established by the facility, an organization, or an institution. The training program shall consist of at least the following:

(1) Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment. At least sixteen (16) of those hours shall be in the following areas prior to any direct contact with a resident:

(A) Communication and interpersonal skills.

(B) Infection control.

(C) Safety/emergency procedures, including the Heimlich maneuver.

(D) Promoting residents' independence.

(E) Respecting residents' rights.

(2) The remainder of the thirty (30) hours of instruction shall include the following:

(A) Basic nursing skills as follows:

(i) Taking and recording vital signs.

(ii) Measuring and recording height and weight.

(iii) Caring for residents' environment.

(iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor.

(v) Caring for residents when death is imminent.

(B) Personal care skills, including, but not limited to, the following:

(i) Bathing.

(ii) Grooming, including mouth care.

(iii) Dressing.

(iv) Toileting.

(v) Assisting with eating and hydration.

(vi) Proper feeding techniques.

(vii) Skin care.

(viii) Transfers, positioning, and turning.

(C) Mental health and social service needs as follows:

(i) Modifying aides' behavior in response to residents' behavior.

(ii) Awareness of developmental tasks associated with the aging process.

(iii) How to respond to residents' behavior.

(iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity.

(v) Using the resident's family as a source of emotional support.

(D) Care of cognitively impaired residents as follows:

(i) Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others).

(ii) Communicating with cognitively impaired residents.

(iii) Understanding the behavior of cognitively impaired residents.

(iv) Appropriate responses to the behavior of cognitively impaired residents.

(v) Methods of reducing the effects of cognitive impairments.

(E) Basic restorative services as follows:

- (i) Training the resident in self-care according to the resident's abilities.
- (ii) Use of assistive devices in transferring, ambulation, eating, and dressing.
- (iii) Maintenance of range of motion.
- (iv) Proper turning and positioning in bed and chair.
- (v) Bowel and bladder training.
- (vi) Care and use of prosthetic and orthotic devices.

(F) Residents' rights as follows:

- (i) Providing privacy and maintenance of confidentiality.
- (ii) Promoting residents' right to make personal choices to accommodate their needs.
- (iii) Giving assistance in resolving grievances and disputes.
- (iv) Providing needed assistance in getting to and participating in resident and family groups and other activities.
- (v) Maintaining care and security of residents' personal possessions.
- (vi) Promoting residents' right to be free from abuse, mistreatment, and neglect, and the need to report any instances of such treatment to appropriate facility staff.
- (vii) Avoiding the need for restraints in accordance with current professional standards.

(3) Seventy-five (75) hours of supervised clinical experience, at least sixteen (16) hours of which must be in directly supervised practical training. As used in this subdivision, "directly supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under direct supervision of a registered nurse or a licensed practical nurse. These hours shall consist of normal employment as a nurse aide under the supervision of a licensed nurse.

(4) Training that ensures the following:

(A) Students do not perform any services for which they have not trained and been found proficient by the instructor.

(B) Students who are providing services to residents are under the general supervision of a licensed nurse.

(d) A facility must arrange for individuals used as nurse aides, as of the effective date of this rule, to participate in a competency evaluation program approved by the division and preparation necessary for the individual to complete the program.

(e) Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual:

(1) is a full-time employee in a training and competency evaluation program approved by the division; or

(2) can prove that he or she has recently successfully completed a training and competency evaluation program approved by the division and has not yet been included in the registry. Facilities must follow up to ensure that such individual actually becomes registered.

(f) A facility must check with all state nurse aide registries it has reason to believe contain information on an individual before using that individual as a nurse aide.

(g) If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new:

(1) training and competency evaluation program; or

(2) competency evaluation program.

(h) The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular inservice education based on the outcome of these reviews. The inservice 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.

(i) The facility must ensure that nurse aides and qualified medication aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs as identified through resident assessments and described in the care plan.

(j) Medication shall be administered by licensed nursing personnel or qualified medication aides. If medication aides handle or administer drugs or perform treatments requiring medications, the facility shall ensure that the persons have been properly qualified in medication administration by a state-approved course. Injectable medications shall be given only by licensed personnel.

(k) There shall be an organized ongoing inservice 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 non-nursing 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.

(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:

(1) The name and address of the employee.

(2) Social Security number.

(3) Date of beginning employment.

(4) Past employment, experience, and education if applicable.

(5) Professional licensure, certification, or registration number or dining assistant certificate or letter of completion if applicable.

(6) Position in the facility and job description.

(7) Documentation of orientation to the facility and to the specific job skills.

(8) Signed acknowledgement of orientation to residents' rights.

(9) Performance evaluations in accordance with the facility's policy.

(10) Date and reason for separation.

(r) The employee's personnel record shall be retained for at least three (3) years following termination or separation of the employee from employment.

(s) Professional staff must be licensed, certified, or registered in accordance with applicable state laws or rules.

(t) A physical examination shall be required for each employee of a facility within one (1) month prior to employment. The examination shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin

testing, reading, and recording unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The tuberculin skin test must be read prior to the employee starting work. The facility must assure the following:

(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(3) The facility shall maintain a health record of each employee that includes:

(A) a report of the pre-employment physical examination; and

(B) reports of all employment-related health examinations.

(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.

(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.

(v) For purposes of IC 16-28-5-1, a breach of:

(1) subsection (c), (e), (f), (g), (i), (j), or (s) is a deficiency;

(2) subsection (a), (b), (d), (h), (k), (l), (m), (n), (o), (p), (t), or (u) is a noncompliance; and

(3) subsection (q) or (r) is a nonconformance.

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