

## **.39 Geriatric Nursing Assistant Program.**

### A. Facility Responsibilities.

(1) Each facility shall conduct or arrange a nurses' aide training program for unlicensed personnel assigned direct patient care duties. This requirement does not extend to physical or occupational therapy assistants or to other employees performing delegated, non-nursing functions. The facility may use an outside program if it has been reviewed and approved by the Department.

(2) Each facility shall submit a written proposal to the Department for satisfying the developmental training program requirement.

(3) A nurse aide is deemed to satisfy the requirements of this chapter if that individual has successfully completed a training program approved by the State before July 1, 1990, or has been "grandfathered" under previous regulations.

(4) Other persons hired as nurse aides after July 1, 1990 shall complete an approved program within 120 days of employment.

(5) The facility shall record the satisfactory completion of the program in each employee's personnel record. A certificate evidencing completion of the program shall be issued to the employee. The signature of the program's teacher or trainer shall be required for authentication.

### B. Course Structure.

(1) Effective with employees hired on or after July 1, 1990, the training program course shall consist of 75 hours or more, and include at least 37.5 hours of classroom instruction and not less than 37.5 hours of supervised clinical experience in long-term care.

(2) The course content shall adhere to the Geriatric Nursing Assistant Program curriculum in Regulation .40 of this chapter.

(3) The course instructor shall have overall supervisory responsibility for the operation of the program, and shall:

(a) Be a registered nurse licensed in Maryland;

(b) Have at least 2 years of nursing experience, at least 1 year of which shall have been in caring for the elderly or chronically ill in the past 5 years; and

(c) Have attended a program of instruction in training methodologies approved by the Department.

(4) Supplementary instructors shall be drawn from qualified resource personnel such as registered nurses, licensed practical/vocational nurses, pharmacists, dieticians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physicians, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and residents' rights experts, as well as persons with relevant experience, such as residents or experienced aides.

(5) Adequate numbers of instructors are required to ensure that each trainee is provided effective assistance and supervision which does not endanger the safety of residents.

(6) Each training program shall have behaviorally stated objectives for each unit of instruction, stating measurable performance criteria.

(7) Each trainee shall be clearly identified as a trainee during all skills training portions of the training.

(8) During training, a trainee may provide only that care for which the trainee has demonstrated competency to the satisfaction of the appropriate program instructor.

(9) An orientation program shall be provided to trainees for a nursing facility in which training is to occur. This program shall consist of:

- (a) An explanation of organizational structure, policies, and procedures;
- (b) Discussion of the philosophy of care;
- (c) Description of the resident population; and
- (d) Employee rules.

(10) The orientation may not be included in the required 75 hours of the training course.

(11) A training program shall provide at least 16 hours of training prior to a trainee's direct assignment to resident care. This instruction shall include the following topics:

- (a) Infection control;
- (b) Safety and emergency procedures;
- (c) Promoting residents' independence;
- (d) Respecting residents' rights; and
- (e) Communication and interpersonal skills.

## **.40 Curriculum for the Geriatric Nursing Assistant Program.**

### A. Introduction.

- (1) Role of nursing assistant;
- (2) Relationships of nursing assistant to health care team;
- (3) Purpose of long-term care;
- (4) Patient's rights.

### B. Approaches of Caring for the Aging Patient.

- (1) Observation/reporting:
  - (a) Changing function and behavior--normal vs. abnormal,
  - (b) Confidentiality;
- (2) Communication:
  - (a) Forms (examples, body language, verbal and nonverbal),
  - (b) Patient, family and staff;
- (3) Cultural and social needs:
  - (a) Background—past/present views,
  - (b) Social myths and prejudice;
- (4) Spiritual needs;
- (5) Family's needs and reaction.

### C. Patient Environment.

- (1) Safety:
  - (a) Protective devices/restraints,
  - (b) Fire and disaster;
- (2) Infection control:
  - (a) Handwashing;
  - (b) Signs and symptoms of common communicable disease;
  - (c) Basics in isolation techniques;
- (3) Maintaining the patient room:
  - (a) General environmental cleanliness;
  - (b) Age-related consideration (for example, temperature, glare, noise);
- (4) Equipment:

- (a) Storage,
- (b) Use,
- (c) Preventive maintenance.

D. Basic Skills. These skills will require instruction, demonstration, and return demonstration by each student.

(1) Bedmaking:

- (a) Supplies,
- (b) Occupied/unoccupied,
- (c) Method,
- (d) Handling of linens (clean and dirty);

(2) Personal grooming:

(a) Baths:

- (i) Types,
- (ii) Supplies,
- (iii) Nail care,
- (iv) Foot care,
- (v) Hair care;

(b) Oral hygiene:

- (i) Importance,
- (ii) Equipment,
- (iii) Procedure,
- (iv) Special care;

(3) Feedings:

- (a) Types,
- (b) Assisting,
- (c) Independent,
- (d) Complete;

(4) Bedpans and urinals:

- (a) Precautions,
- (b) Positioning;

(5) Body mechanics:

- (a) Transfer:
  - (i) Equipment,

- (ii) Principles,
- (iii) Types;
- (b) Positioning:
  - (i) Bed,
  - (ii) Chair.

E. Intermediate Skills. These abilities will require instruction, demonstration, and return demonstration by each student.

- (1) Ambulation:
  - (a) Walker,
  - (b) Cane;
- (2) Enemas:
  - (a) Types,
  - (b) Positioning;
- (3) Collection and types of specimens (urine, stool, and sputum);
- (4) Intake and output—observation and recording;
- (5) Vital Signs:
  - (a) Temperature,
  - (b) Pulse,
  - (c) Respirations,
  - (d) Height,
  - (e) Weight,
  - (f) Blood pressure;
- (6) Terminal care:
  - (a) Dying vs. death,
  - (b) Family—present and past,
  - (c) Personal possessions,
  - (d) Cultural benefits,
  - (e) Postmortem care.

F. Advance Skills. These skills will require instruction, demonstration, and return demonstration by each student.

- (1) Bowel and bladder training;
- (2) Range of motion;
- (3) Reality orientation;
- (4) Patient care planning implementation;

- (5) Oxygen;
- (6) Emergency procedures;
- (7) Decubitus care and prevention;
- (8) Feeding tube care;
- (9) Catheter care and positioning of tube for drainage;
- \*(10). Impactions—observation and removal;
- \*(11) Colostomy/ileostomy/ileo-conduit;
- (12) Hot and cold applications;
- \*(13) Sitz baths.

----- \* Optional procedures.

G. Principles of Body Systems. Objectives of this unit will be to present a basic overview of each system as it relates to patient limitation/condition/disease.

- (1) Circulatory;
- (2) Respiratory;
- (3) Muscular and skeletal;
- (4) Sensory/neurological;
- (5) Metabolic/endocrine;
- (6) Urinary;
- (7) Gastrointestinal;
- (8) Skin.

H. Dementia. Objectives of this unit will be to enable students to identify and describe behavior and symptoms of dementia, to recognize and report changes in behavior to supervisors, to assist cognitively impaired patients with activities of daily living including personal care and ambulation with the least possible behavior disruptions, to maintain a safe environment for patients with dementia, and to intervene appropriately in behavioral manifestations of dementia.

- (1) Introduction.
  - (a) Definition of dementia disease process;
  - (b) Misconceptions;
  - (c) Causes:
    - (i) Irreversible,
    - (ii) Reversible;
  - (d) Delirium:
    - (i) Recognizing delirium to differentiate delirium from dementia;
    - (ii) Causes.

(2) Behaviors and Symptoms.

(a) Specific behaviors:

- (i) Aggressiveness,
- (ii) Agitation/screaming,
- (iii) Catastrophic,
- (iv) Hallucinations/delusions,
- (v) Inappropriate sexual behavior,
- (vi) Limited attention span,
- (vii) Resistive behavior,
- (viii) Rummaging and hoarding,
- (ix) Suspiciousness,
- (x) Wandering;

(b) Related behaviors:

- (i) Anxiety,
- (ii) Demanding,
- (iii) Depression/withdrawal,
- (iv) Irritability,
- (v) Sleep changes.

(3) Psychosocial Aspects.

- (a) Impact on family;
- (b) Impact on other residents;
- (c) Coping with losses;
- (d) Staff stress and its management.

(4) Responses to Behaviors. Each behavior shall include a description of the behavior, what to report and when to report, to whom to report, and management aspects (environment, communication, social/activities, physical management).

## **.42 Geriatric Nursing Assistant Program — Competency Evaluation and Registry.**

### **A. Geriatric Nursing Assistant Competency Evaluation.**

(1) The Department shall provide for the evaluation and certification of the competency of geriatric nursing assistants.

(2) The Department will approve one or more competency evaluation programs meeting the criteria set forth by the Health Care Financing Administration of the United States Department of Health and Human Services for registration of nursing aides under Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act.

(3) On or after October 1, 1990, a comprehensive care facility may not employ an individual in the capacity of geriatric nursing assistant unless the individual has successfully completed a competency evaluation approved by the Department, except as provided in Regulations .39A(1) and (3) and .41B of this chapter. The competency evaluation shall consist of two parts, which are a written evaluation and a clinical skills evaluation.

(4) On or after October 1, 1990, an individual shall be reregistered as a geriatric nursing assistant if there has been a continuous period of 24 months during which the individual did not provide nursing assistant duties for monetary compensation since the individual's last registration.

### **B. Geriatric Nursing Assistant Registry.**

(1) The Department shall establish and maintain a registry of geriatric nursing assistants properly certified to work in that capacity in comprehensive care facilities or extended care facilities in Maryland.

(2) Individuals possessing proof of out-of-State registration as a geriatric nursing assistant as provided under Regulation .41B of this chapter shall submit proof of that registration to the Department in order to be listed in the geriatric nursing assistant registry in Maryland.

(3) Except as provided in Regulation .39A(3) of this chapter, after the establishment of a registry, a nursing facility may not employ an individual as a geriatric nursing assistant who is not listed in the registry.

(4) The registry shall include the following information concerning individuals listed:

(a) Full name, including maiden name and other surnames used;

(b) Address at the time the competency evaluation is passed;

(c) Date of birth;

(d) Social Security number;

(e) Name of training program and date of completion;

(f) An individual's last known employer and the date of hiring and termination by the employer;

(g) Date or dates of competency evaluation and date of successful completion of competency evaluation;

(h) Any findings documented by the Department of resident neglect or abuse, or misappropriation of resident property involving an individual listed in the registry; and

(i) A brief statement disputing the findings in §B(4)(h), of this regulation, by an individual, if the individual makes a statement.

(5) Before any finding is included in the registry, the Department shall notify the individual involved, and permit the individual to appeal the finding. The appeal shall be filed within 30 days of the notification by the Department. If an appeal is filed in a timely manner, the finding may not be included until a decision by the Secretary that the inclusion of the findings is appropriate.



(6) A person participating in good faith in these activities is not civilly liable under the provisions of Health-General Article, §19-347(g), Annotated Code of Maryland.

(7) Information contained in the registry shall be considered public information under the Maryland Public Information Act and in accordance with federal law.

(8) Renewal and updating of a geriatric aide's registration is required every 2 years on a schedule set by the State.

(9) Registration fees may be charged to the individual to be listed in the registry.