Class “A” Home Care Staff Training Requirements
Care Providers of Minnesota – 2012

Class “A” Home Care Agencies are required to provide certain initial and ongoing training for their staff. Failure to provide required initial or inservice training is a frequent cause of survey deficiencies for many home care agencies. The following list includes the required training for Class “A” staff. This list does not include the training required for individuals to become licensed, registered or certified for a particular job.

Please contact Doug Beardsley (dbeardsley@careproviders.org or 952-851-2489) if you believe that a training/inservice requirement has been left off of this list, or is incorrect, as we want to make the list as comprehensive and accurate as possible.

This document is presented in four sections:
- Inservice (ongoing) Class A training requirements
- One-Time training that must occur prior to providing services
- Other ongoing Minnesota training requirements
- Miscellaneous training related topics

**Inservice Requirements for Class A – Home Health Aides and Home Care Aides:**

1) Infection Control Inservice Training at least every 12 months of employment for all licensees, employees, and contractors of licensees who have contact with clients, and their supervisors (except people who only perform management tasks). The training must include (4668.0065, Subp3):
   1. Hand washing techniques
   2. The need for and use of protective gloves, gowns, and masks
   3. Disposal of contaminated materials and equipment – such as dressings, needles, syringes, and razor blades
   4. Disinfecting reusable equipment
   5. Disinfecting environmental surfaces

2) For each unlicensed person who performs the following home health aide tasks: medication administration and/or delegated medical, nursing, or assigned therapy procedures, at least 8 hours of inservice training in topics relevant to the provision of home care services (the required annual training for infection control and AWAIR training can count as part of the 8 hours annual training) must be conducted and documented every 12 months of employment (note - the 12 month time frame is defined by provider policy; each provider must decide if they track this on a calendar year basis or by individual employee anniversary basis).

3) For each unlicensed person who performs home health aide tasks other than those listed above, or for unlicensed staff who perform home care aide tasks (such as preparing

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modified diets; reminding clients to take regularly scheduled medications or perform exercises; household chores in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease; household chores when the client's care requires the prevention of exposure to infectious disease or containment of infectious disease; and assisting with dressing, oral hygiene, hair care, grooming, and bathing, if the client is ambulatory, and if the client has no serious acute illness or infectious disease), **at least 6 hours** of inservice training in topics relevant to the provision of home care services (the required annual training for infection control and AWAIR training can count as part of the 8 hours annual training) **must be conducted and documented every 12 months of employment** (note - the 12 month time frame is defined by provider policy; each provider must decide if they track this on an calendar year basis or by individual employee anniversary basis).

No other specific training **topics** are required by the Rule (4668.0835, Supb. 3A). Examples of training topics commonly covered to fulfill annual training requirements include (this is not an exhaustive list!):

1. Client Confidentiality
2. Restraints (clients must be free from any physical or chemical restraints imposed for purposes of discipline or convenience)
3. Use of the term “Assisted Living”
4. Proper Body Mechanics – Lifting/Transfers
5. Medications Update
6. Hydration and Dietary Issues of the elderly
7. Communication Skills
8. Customer Service training
9. Skin breakdown and pressure ulcers
10. New medical technology and equipment
11. Disease-specific information (Strokes, Parkinson’s disease, Diabetes, etc.)
12. Review and demonstration of job competencies
13. Review of the Vulnerable Adults Act and Home Care Bill of Rights
14. Individual areas of weakness as identified in staff performance reviews
15. Advance Directives and the Patient Self Determination Act
16. Abuse Prevention Training
17. Emergency Procedures – Fire, Tornado, Loss of Power, Missing Clients, and other emergencies
18. Safe Medical Devices Act – including medical device reporting requirements
19. CPR certification and recertification
20. Bloodborne Pathogens
21. Survey Process and Regulations – Common Deficiencies
22. Skills Introduction/Improvement Fair
23. Sexual Harassment and Discrimination
24. Etc.

4) If staff are assigned to work in a housing with services establishment that markets or otherwise promotes services for persons with Alzheimer’s disease or related disorders, all
direct care staff and their supervisor(s) must be trained in dementia care at least once (no other frequency requirement is provided). Evidence that each person has completed the dementia training requirement must be kept on file. The training must include (MN Statute 144D.065):

1. An explanation of Alzheimer’s disease and related disorders
2. Assistance with activities of daily living
3. Problem solving with challenging behaviors
4. Communication skills

Training requirements necessary prior to providing care to clients:

1. Before providing care services to clients, individual applicants of a Class “A” Home Care License and all persons who provide direct care, supervision of direct care, or management of services for a licensee must complete a one-time orientation to Home Care Requirements. Evidence that each person has completed the home care orientation requirement must be kept on file (MN Rule 4668.0805, Subp 1-2). The home care requirements orientation must include the following topics:

   1. An overview of Minnesota Statutes, Sections 144A.43 – 144A.48 (go here: http://www.revisor.leg.state.mn.us/revisor/pages/statute/statute_chapter_toc.php?year=2006&chapter=144A to view) and Minnesota Rules, Chapter 4668 (go here: http://www.revisor.leg.state.mn.us/arule/4668/ to view)
   2. Handling of emergencies and using emergency services
   3. Reporting the maltreatment of vulnerable minor or vulnerable adults under Minnesota Statues, sections 626.556 and 626.557
   4. The Home Care Bill of Rights, depending upon the version used by the provider:
      click here for the Assisted Living Bill of Rights,
      click here for the Combined Assisted Living Bill of Rights,
      click here for the Home Care Bill of Rights, and
      click here for the Combined Home Care Bill of Rights.
   5. Handling of clients’ complaints and how clients and staff may report complaints to the Office of Health Facility Investigations
   6. The services of the Ombudsman for Long-Term Care

These topics are also included in a curriculum provided by the Department of Health – click here to view. Note – written verification that an employee has completed this requirement at a previous Class A or F provider is acceptable.

2. Before an unlicensed employee can initiate delegated nursing services with a client, a Registered Nurse must orient each unlicensed employee who is to perform assisted living home care services to each client and to the services to be performed. The orientation may occur onsite, verbally, or in writing (MN Rules 4668.0835, Subp 5)
3. A person may only offer or perform **home health aide tasks**, or be employed to perform home health aide tasks, if the person has successfully completed at least 75 hours of classroom and laboratory instruction on the following topics described in A-to-N (below) and passed a competency evaluation. A person may only offer or perform **home care aide tasks**, or be employed to perform home care aide tasks, if the person has successfully completed at least 24 hours of classroom and laboratory instruction on the following topics described in A-to-G (below) and passed a competency evaluation.

a) Those topics required in the orientation training required by part 4668.0075 (orientation to home care requirements);

b) Observation, reporting, and documentation of client status and of the care or services provided;

c) Basic infection control;

d) Maintenance of a clean, safe, and healthy environment;

e) Medication reminders;

f) Appropriate and safe techniques in personal hygiene and grooming, including bathing and skin care, the care of teeth, gums, and oral prosthetic devices, and assisting with toileting;

g) Adequate nutrition and fluid intake including basic meal preparation and special diets;

h) Communication skills;

i) Reading and recording temperature, pulse, and respiration;

j) Basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional;

k) Recognition of and handling emergencies;

l) Physical, emotional, and developmental needs of clients, and ways to work with clients who have problems in these areas, including respect for the client, the client's property, and the client's family;

m) Safe transfer techniques and ambulation; and

n) Range of motion and positioning.

**Qualifications for persons who perform home health aide tasks.**

A person may only offer or perform home health aide tasks, or be employed to perform home health aide tasks, if the person has:
1. Successfully completed the training and passed the competency evaluation required by part 4668.0130, subpart 1;

2. Passed the competency evaluation required by part 4668.0130 subpart 3;

3. Successfully completed training in another jurisdiction substantially equivalent to that required

4. Satisfied the requirements of Medicare for training or competency of home health aides, as provided by Code of Federal Regulations, title 42, section 484.36;

5. Satisfied subitems (1) and (2):
   
   (1) meets the requirements of title XVIII of the Social Security Act for nursing assistants in nursing facilities certified for participation in the Medicare program, or has successfully completed a nursing assistant training program approved by the state; and
   
   (2) has had at least 20 hours of supervised practical training or experience performing home health aide tasks in a home setting under the supervision of a registered nurse, or completes the supervised practical training or experience within one month after beginning work performing home health aide tasks, except that a class C licensee must have completed this supervised training or experience before a license will be issued;

   OR

   (3) Before April 19, 1993, completed a training course of at least 60 hours for home health aides that had been approved by the department.

Other training required as an employer in Minnesota (not required as part of a Class A License, but required for other reasons):

1) Home Care Agencies are require to provide annual training to all staff regarding the facility’s AWAIR (A Workplace Accident and Injury Reduction program) program (Minnesota Statutes 182.653 subd. 8).

2) For HIPAA covered entities HIPAA training is required of employees who are likely to obtain access to protected health information; the training must include the facility’s policies and procedures relating to protected health information (required upon hire and every three years thereafter).

3) Training required by the Minnesota Employee Right to Know Act (MERTKA) comprehensive hazard training program, including the Employee Right to Know/Workplace Safety program, Universal Precautions, and Material Safety Data Sheets (MSDS), required when an employee receives his/her initial work assignment
and whenever a new physical or health hazard is introduced into the employee's work area (suggested annually) (MN Rule 5206).

4. Initial and ongoing training about TB is required for all healthcare workers (HCWs). The content will vary depending on the setting’s risk classification, the work setting and their workers’ specific occupations. Settings are required to annually assess the need for TB training. Suggested components of TB training are found at [www.health.state.mn.us/divs/idepc/diseases/tb/infcontrol.html](http://www.health.state.mn.us/divs/idepc/diseases/tb/infcontrol.html).

**Although not really training, agencies should also verify that their records show:**

1. Current professional licensure, registration, or certifications of all appropriate staff

2. Initial Serial TB Testing (prior to direct client contact) and documentation of a negative reaction to a tuberculin/mantoux skin test (if a low risk classified location).