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

Class “F” 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 “F” 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:
  o Inservice (ongoing) Class F training requirements
  o Other ongoing Minnesota training requirements
  o One-Time training that must occur prior to providing services
  o Miscellaneous training related topics

Inservice Requirements for Class F:

1) Infection Control Inservice Training for each 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 home care services, 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). No 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, but the bolded topics are highly recommended):

   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 Procedures and 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. Home Care Bill of Rights
19. Safe Medical Devices Act – including medical device reporting requirements
20. CPR certification and recertification
21. Bloodborne Pathogens
22. Survey Process and Regulations – Common Deficiencies
23. Skills Introduction/Improvement Fair
24. Sexual Harassment and Discrimination
25. Etc.

3) If a housing with services establishment 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

4) Initial and ongoing training about TB is required for all healthcare workers. The content will vary depending on the setting’s risk classification, the work setting and the 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.
Other training required as an employer in Minnesota (not required as part of a Class F License, but required for other reasons):

1) Home Care Agencies are required 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 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).  

Training requirements necessary prior to providing care to clients:

1. Before providing care services to clients, individual applicants of a Class “F” 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 (click here to view) and Minnesota Rules, Chapter 4668 (click here 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 . . . 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
7. 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 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. Unlicensed employees must be trained in the required Core Training elements (MN Rule 4669.0840, Subp 2-4). In addition, a Registered Nurse must complete and document competency evaluations for each of the elements (written, oral, or practical tests) – keep the proofs of competency on file. Core Requirements:
   a. An overview of Minnesota Statutes, Sections 144A.43 – 144A.48 (click here to view) (may be taught by an RN or another instructor under the direction of the RN)
   b. Recognizing and handling emergency using emergency services (may be taught by an RN or another instructor under the direction of the RN)
   c. Reporting the maltreatment of vulnerable minor or vulnerable adults under Minnesota Statues, sections 626.556 and 626.557 (may be taught by an RN or another instructor under the direction of the RN)
   d. 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.
      (may be taught by an RN or another instructor under the direction of the RN)
   e. Handling clients’ complaints and reporting complaints to the Office of Health Facility Complaints
   f. The services of the Ombudsman for Long-Term Care
      (may be taught by an RN or another instructor under the direction of the RN)
   g. Communication Skills (may be taught by an RN or another instructor under the direction of the RN)
   h. Observing, reporting, and documenting client status and the care of services provided (must be taught by an RN with experience or training in home care)
   i. Basic infection control (must be taught by an RN with experience or training in home care)
j. Maintaining a clean, safe, and healthy environment (must be taught by an RN with experience or training in home care)

k. Basic elements of body functioning and changes in body function that must be reported to an appropriate health care professional (must be taught by an RN with experience or training in home care)

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 (must be taught by an RN with experience or training in home care)

4. In addition, an RN may delegate the following nursing services to persons who possess the knowledge and skills consistent with the complexity of the nursing tasks being assigned. In order to know the employee has the knowledge and skills necessary, the employee must be instructed by an RN in the proper methods and procedures, the RN must specify in writing specific procedures for each client, the employee must demonstrate to the RN the employee’s ability to competently follow the procedures, the procedures are documented in the client’s records, and the demonstration of competency is retained by the home health care agency. (MN Rule 4668.0820 Subp. 3-4) Nursing services that may be delegated are:

1. Performing assistance with self-administration of medication and medication administration according MN Rule 4668.0855.

2. Performing routine delegated medical or nursing procedures (such as dressing changes, oxygen delivery, blood glucose monitoring, etc.)

3. Assist with body positioning or transfer of a client

4. Feeding a client who, because of the client’s condition, is at risk of choking

5. Assisting with bowel and bladder control, devices, and training programs

6. Assisting with therapeutic or passive range of motion exercises

7. Providing skin care, including full or partial bathing and foot soaks

8. During episodes of serious disease or acute illness, providing the following services or assisting a client to:

   a. Maintain the hygiene of the client’s body and immediate environment

   b. Satisfy nutritional needs

   c. Assist with the client’s mobility, including movement, change of location, and positioning

   d. Bathe

   e. Maintain oral hygiene

   f. Dress

   g. Care for hair

   h. Use the toilet

   i. Change bedding

   j. Perform basic housekeeping

   k. Prepare meals
9. Provide central storage of medications, according to MN Rule 4668.0865.

**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)