TO: Member Facilities Owners  
Associate Members  
Student Members  

FROM: Heath G. Boddy, Executive Director  

RE: Nursing Facility Education Requirements (Updated in 2012)  

DATE: January 31, 2012  

Requirements for Education for nursing facilities (NFs) are found in multiple regulations. The following is a list of identified educational requirements. This list does not replace the need for regular review of regulations for updates and additional requirements. It is strongly recommended that an ongoing review of regulations be performed.

I. Federal requirements for Nursing Facility Education:

A. Staff Education

1. Regular inservices [42 C.F.R. §483.75 (f)]
   a. Nursing assistants have regular performance review, at least every 12 months;  
   b. Inservices must address areas of weakness as determined in that review;  
   c. Must address specific needs of residents as determined by facility staff;  
   d. Must be sufficient to ensure the continuing competence of all staff;  
   e. If caring for residents with cognitive impairments, must train on addressing their specific care needs; and  
   f. 12 hours of training required annually for nursing assistants for facility licensure.

Interpretive Guidelines F497
The adequacy of the inservice education program is measured not only by documentation of hours of completed inservice education, but also by demonstrated competencies of nurse aide staff inconsistently applying the interventions necessary to meet residents’ needs.
If there has been deficient care practices identified during Phase 1 of the survey, review as appropriate training received by nurse aides in that corresponding subject area. For example, if the facility has deficiencies in infection control, review the infection control unit in the facility’s inservice nurse aide training program.

2. **Disaster and emergency preparedness.** [42 C.F.R. §483.75 (m)]
   Regulations state “periodic review” per judgment of facility based on its unique circumstances.

   **Note:** Best practice recommends this to be done annually to maintain staff competence. For ALL staff.

   Pursuant to section 483.75(m)(2, 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.

3. **Infection control program** (42 C.F.R. §483.65)
   The regulation does not say training must occur every year but the facility must have a program in place to “investigate, control, and prevent infections.” This requires some type of training of new staff and ongoing training.

   Interpretative Guidelines for F441
   Developing and implementing appropriate infection control policies and procedures, and training staff. Components of an Infection Prevention and Control Program include education in infection prevention and control practices to ensure compliance with facility requirements as well as state and federal regulations.

   Both initial and ongoing infection control education help staff comply with infection control practices. Updated education and training are appropriate when policies and procedures are revised or when there is a special circumstance, such as an outbreak, that requires modification or replacement of current practices.

   Essential topics of infection control training include, but are not limited to routes of disease transmission, hand hygiene, sanitation procedures, MDROs, transmission-based precaution techniques, and the federally required OSHA education.

   Staff training includes critical areas of infection control such as hand hygiene, areas for improvement from surveillance data, and appropriate use of protective equipment and isolation precautions and how staff are apprised of changes in policies and procedures.

   Centers for Disease Control (CDC) has the following guidelines:
   a. Isolation Precautions
   b. Standard precautions
   c. Transmission-based precautions

   **Note:** Regulations do not require “annual” training but best practice would recommend annual training of all staff to maintain staff competence. Training should be geared to the specific job duties of employees, which includes specialty care units. Refer to OSHA requirements.
4. **Prevention of Foodborne Illness**

   Education, training, and monitoring of all staff and volunteers involved in food service, as well as establishing effective infection control and quality assurance programs help maintain safe food handling practices.

5. **Pharmacy Services (42 C.F.R. §483.60)**

   The pharmacist may collaborate with the facility and medical director on aspects of pharmaceutical services including, but not limited to:

   Identifying facility educational and informational needs about medications, and providing information from sources such as nationally recognized organizations to the facility staff, practitioners, residents, and families.

   **NOTE:** This does not imply that the pharmacist must personally present educational programs.

6. **Staff Treatment of Residents** 42 C.F.R. §483.13(c) (F224 and F226)

   The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

   The facility must develop and operationalize policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and misappropriation of property. The purpose is to assure that the facility is doing all that is within its control to prevent occurrences.

   **Training (42 C.F.R. §483.74(e)):** The facility must have procedures to:

   Train employees, through orientation and on-going sessions on issues related to abuse prohibition practices such as:

   a. Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents;
   b. How staff should report their knowledge related to allegations without fear of reprisal;
   c. How to recognize signs of burnout, frustration and stress that may lead to abuse; and
   d. What constitutes abuse, neglect and misappropriation of resident property.

7. **Accidents.** 42 C.F.R. §483.25(h)

   The facility must ensure that (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents.

   Ongoing staff training and supervision, including how to approach a resident who may be agitated, combative, verbally or physically aggressive, or anxious, and how and when to obtain assistance in managing a resident with behavior symptoms.

   Assistive Devices/Equipment Hazards Training of staff, residents, family members and volunteers on the proper use of assistive devices/equipment is crucial to prevent accidents. It is also important to communicate clearly the approaches identified in the care plan to all staff, including temporary staff. It is important to train staff regarding resident assessment, safe transfer techniques, and the proper use of mechanical lifts including device weight limitations.
8.  F495  
(Rev. 70, Issued: 01-07-11, Effective: 10-01-10 Implementation: 10-01-10)  
(4) Competency Interpretive Guidelines: §483.75(e)(2 - 4)  
Section 6121 of the Patient Protection and Affordable Care Act (PPACA) of 2010, amending Sections 1819(f)(2)(A)(B)(I) and 1919(f)(2)(A)(B)(I) of the Social Security Act, clarifies that nurse aide training includes initial and annual dementia management and patient abuse prevention training for all nurse aides.  

9.  Reporting Suspicion of a Crime:  
Section 1150B of the Social Security Act (the Act), as established by section 6703(b)(3) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act)  
Consequently, SAs will focus on (a) the events giving rise to reports made under this requirement and (b) the LTC facility’s responsibilities under existing CMS conditions and requirements to report incidents, prevent abuse or neglect, provide quality care and a safe environment, train staff, and similar duties of direct relevance to safety and quality of care.  

There are three specified responsibilities for long term care facilities in section 1150B of the Act: (1) to notify covered individuals annually of their reporting obligations, (2) to prevent retaliation if an employee makes a report, and (3) to post information about employee rights, including the right to file a complaint if a long term care facility retaliates against anyone who files a report. Reporting obligations of crimes themselves fall on covered individuals, not the facility as an entity. In other words, each owner, operator, employee, manager, agent or contractor of a long term care facility is responsible to meet the reporting requirements of this provision.  

Facility policies and procedures should address the mechanism for documenting that all covered individuals have been notified annually of their reporting obligations. Examples of such documentation may include a copy of a notice or letter sent to covered individuals or a completed training/orientation attendance sheet specifying reporting obligations.  

B.  Resident /Community Education  

1.  Advanced Directives  
Interpretive Guidelines for C.F.R. §483.10(b)(8) address advanced directives. This provision applies to residents admitted on or after December 1, 1991. 42 C.F.R. §489.102 specifies that at the time of admission of an adult resident, the facility must:  
a.  Provide for educating staff regarding the facility’s policies and procedures on advance directives; and  
b.  Provide for community education regarding the right under State law (whether or not recognized by the courts of the State) to formulate an advance directive and the facility’s written policies and procedures regarding the implementation of these rights, including any limitations the facility may have with respect to implementing this right on the basis of conscience.  

The sum total of the community education efforts must include a summary of the State law, the rights of residents to formulate advance directives, and the facility’s implementation policies regarding advance directives. Video and audio tapes may be used in conducting the community
education effort. Individual education programs do not have to address all the requirements if it would be inappropriate for a particular audience.

2. Influenza and pneumococcal immunizations--Influenza. 42 C.F.R. §483.25(n)

The facility must develop policies and procedures that ensure that before offering the influenza immunization, each resident or the resident’s legal representative receives education regarding the benefits and potential side effects of the immunization.

Facilities are required by 42 C.F.R. §§483.25(n)(1)(iv) and §483.25(n)(2)(iv) to document the provision of this education and the administration or refusal of the immunization or the medical contraindication of the immunization.

II. State requirements for nursing facility education:

The facility must provide initial and ongoing training designed to meet the needs of the resident population. Training must be provided by a person qualified by education, experience, and knowledge in the area of the service being provided.

A. Initial Orientation requirements for ALL staff (Title 172 NAC 12-006.04B1)

1. Abuse and neglect orientation must include:
   a. Definitions of abuse/neglect
   b. Reporting requirements
   c. Response to aggressive/catastrophic behavior
   d. Recognition of staff burn out
   e. Resident rights (confidentiality implied)
   f. Emergency procedures – fire safety, disaster preparedness plans
   g. Job duties and responsibilities
   h. Nursing staff – information on medical emergencies directives

B. Ongoing training (Title 172 NAC 12-006.04B2)

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.

1. Nursing Assistants (12-006.04B2a)

   Nursing Assistants must complete the 76 hour training and be active on the Nebraska Nurse Aide Registry

   Nursing Assistant Training (12-006.04B2a): 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.
2. **Medication Aides (12-006.04B2b)**
   a. Medication aides must complete the Medication Aide 40 hour training and the nursing assistant 
      76 hour training to meet the education requirements for working in a Nursing Facility. They 
      must be active on both registries.
   b. When medication aides are used, there must be ongoing training to ensure competencies are 
      met as per 172 NAC 95.

Note: Best practice would be to assess competency annually or more frequently if needed.

3. **Director of Food Service (12-006.04B2c)**
   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.

4. **Paid Dining Assistants**
   To ensure that paid dining assistants providing assistance with feeding to residents in the facility 
   meet the qualification, training and competency requirements specified in 172 NAC 105, they need 
   to receive instruction and competency evaluation in the following content areas:
   a. Feeding techniques;
   b. Assistance with feeding and hydration;
   c. Communication and interpersonal skills;
   d. Appropriate responses to resident behavior;
   e. Safety and emergency procedures;
   f. Infection control;
   g. Resident rights;
   h. Recognizing changes in residents that are inconsistent with their normal behavior and the 
      importance of reporting these changes to the supervisory nurse;
   i. Special needs of residents in relation to feeding who may have additional medical conditions; 
      and
   j. Abuse and neglect.

5. **Nursing Home Administrator Continuing Competency Requirements (106-013.02)**
   On or before December 31st of each even numbered year, each nursing home administrator holding 
   an active license in the State of Nebraska must complete at least 50 hours of approved continuing 
   education during the preceding 24-month period. A licensee may carry-over up to 25 hours earned 
   beyond the 50 hours for the next renewal period. No more than the total number of approved hours 
   offered in Nebraska will be required during this period.

6. **Initial and/or Renewal Preceptor Training Course (106-011)**
   a. The preceptor training course must be at least 8 hours in duration and include the following 4 
      topic areas, with a minimum of 1 hour per topic area:
      1. Culture Change and/or Quality of Life;
      2. State Statutes and Federal Regulations relating to Nursing Home Administrators;
      3. Leadership and/or Team Building and/or Communication and/or Generation Styles; and
      4. Adult Education and/or Train the Trainer and/or Learning Styles.
   b. The remaining 4 hours may include any of the following topics:
      1. Learning Styles (personality, how do I learn);
      2. State Regulations relating to nursing home facilities (Chapter 12);
3. Personnel Issues (wages, confidentiality, etc.);
4. Culture Change (medical vs. personal);
5. State and Federal Regulations affecting Nursing Homes (examples: ADA, FMLA, ANSI, NFPI-FSES);
6. Leadership;
7. Public Relations;
8. Team Building;
9. Communication Skills;
10. Train the Trainer;
11. Business and Finances;
12. Adult Education;

7. Nursing
   a. Continuing education means planned, organized, systematic, and evaluative educational experiences designed to maintain or enhance the knowledge, skills, and/or attitudes of nurses for nursing practice, education, administration, and/or research for the purpose of improving health care to the public. Continuing education includes, but is not limited to a variety of forms of learning experiences, such as lectures, conferences, academic studies, institutes, seminars, workshops, extension studies, and independent study programs which may or may not be formally peer reviewed and approved. Continuing education does not include orientation, inservice education, or on-the-job training.

   b. For purposes of license renewal, the applicant must document continuing competency by having:
      1. Graduated from an approved nursing program within the previous two years;
      2. Graduated from an approved nursing program in more than two but less than five years AND have completed 20 contact hours of inservice/continuing education within the last two years;
      3. Practiced nursing for a minimum of 500 hours within the last five years AND have completed 20 contact hours of inservice/continuing education within the last two years;
      4. Completed a Board-approved review course of study consisting of a minimum of 75 contact hours approved by the Board within the last five years;
      5. Obtained/maintained current certification in a nursing specialty granted by a nationally recognized certifying organization; or
      6. Developed and maintained a portfolio that includes the licensee's current continuing competency goals and evidence/verification of professional activities to meet those goals. Such evidence may include, but not be limited to, specialized training or experiences, continuing education, employer performance evaluation, or other evidence of demonstrated competency

   c. Acceptable Continuing Education/Inservice Education (101-004.03)
      Continuing education may serve as one component of the professional development activities that the nurse participates in to maintain continuing competency. The 20 hours of continuing education/inservice education must include:
      1. At least 10 hours that are formally peer reviewed and approved continuing education; and
      2. No more than 4 hours of CPR or BLS courses.
C. Recordkeeping
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;

D. Alzheimer’s Special Care Disclosure Act
Nursing homes and related facilities and assisted living facilities that claim special care for persons who have Alzheimer’s disease, dementia, or a related disorder are impacted by the Alzheimer’s Special Care Disclosure Act. Alzheimer’s special care unit shall mean any nursing facility or assisted-living facility, licensed by the Department of Health and Human Services, which secures, segregates, or provides a special program or special unit for residents with a diagnosis of probable Alzheimer’s disease, dementia, or a related disorder and which advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer’s disease, dementia, or related disorder care services.
1. Staff training and continuing education practices which shall include, but not be limited to, four hours annually for direct care staff. Such training shall include topics pertaining to the form of care or treatment set forth in the disclosure described in this section. The requirement in this subdivision shall not be construed to increase the aggregate hourly training requirements of the Alzheimer's special care unit; and
2. Any facility which offers to provide or provides care for persons with Alzheimer's disease, dementia, or a related disorder by means of an Alzheimer’s special care unit shall disclose the form of care or treatment provided that distinguishes such form as being especially applicable to or suitable for such persons. The information disclosed shall explain the additional care provided in staff training and continuing education practices.

III. Nebraska Food Code

A. The individual who is responsible for the food establishment shall have knowledge of the risks of foodborne illness inherent to the food operation, foodborne disease prevention, and the requirements of the Nebraska Pure Food Act. The individual shall demonstrate this knowledge by the passing of routine sanitation inspections by the food establishment, successfully completing an approved food handler training course, or responding correctly to the regulatory authority’s questions as they relate to the areas of the food establishment's noncompliance in order to bring that area into compliance.

B. The person in charge shall ensure that employees are properly trained in food safety as it relates to their assigned duties.

C. Food employees shall be trained to wash their hands as specified in the act.

D. Consumer self-service operations such as buffets and salad bars shall be monitored by food employees trained in safe operating procedures.

E. In a food establishment that serves a highly susceptible population: Describes the training program that ensures that the food employee responsible for the preparation of the food understands the procedures to be used.
IV. OSHA requirements for annual nursing facility inservices

A. Required annual OSHA-related activities

1. Bloodborne pathogen standard (29 C.F.R. §1910.1030)

2. Lock out/Tag out (29 C.F.R. §1910.147)
   a. Annual “periodic inspection” – any employee who is authorized to perform lock out/tag out activities must be evaluated while utilizing a specific lock out procedure. Review both the procedure and employee utilizing procedure. Deficiencies noted during inspection might be cause for retraining of employee or rewriting specific procedure.

B. Periodic retraining after initial hire training

1. Hazard communication (29 C.F.R. §1910.1200)
   a. When job assignments change;
   b. When acquisition of new materials;
   c. When inspections reveal deviation from established policy and procedure; and
   d. When need to reestablish/maintain employee proficiency.

2. Prevention of transmission of TB
   Respirators: training on hire and when needed (29 C.F.R. §1910.134)
   This requires the employer to provide effective training to employees who are required to use respirators. The training must be comprehensive, understandable, and recur annually and more often if necessary. It also requires the employer to provide the basic information on respirators to employees who wear respirators when not required by OSHA or by the employer to do so. The employer shall ensure that each employee can demonstrate knowledge of at least the following:
   a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
   b. What the limitations and capabilities of the respirator are;
   c. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
   d. How to inspect, put on and remove, use, and check the seals of the respirator;
   e. What the procedures are for maintenance and storage of the respirator;
   f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
   g. The general requirements

   Retraining shall be administered annually and when the following situations occur:
   a. Changes in the workplace or the type of respirator render previous training obsolete;
   b. Inadequacies in the employee’s knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
   c. Any other situation arises in which retraining appears necessary to ensure safe respirator use.

Note: CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005; MMWR 2005; 54(No RR-17) provides for facility risk assessments and education requirements. All staff should receive education regarding TB that is relevant to persons in their particular occupational group. Ideally, training should be conducted before initial assignment,
and the need for additional training should be reevaluated periodically (e.g., once a year). The level and detail of this education will vary according to the person's work responsibilities and the level of risk in the facility (or area of the facility) in which they work.

The level and detail of baseline training vary based on job responsibilities and risk classification of the setting. Training should emphasize increased risks posed by an undiagnosed person and measures to reduce the risk. Health care workers should receive initial TB training relevant to their work and any additional training needs. The facility should conduct an annual evaluation of the need for follow up training. If an exposure occurs or the potential for a known exposure occurs, prevention and control measures should be included in the retraining.

3. **Workplace violence - no regulations; recommendations developed**
   (http://www.osha.gov/SLTC/workplaceviolence/index.html)

4. **Ergonomic standard – no regulations; recommendations developed**
   (http://www.osha.gov/ergonomics/guidelines/nursinghome/index.html)

   In accordance with OSHA's Safety and Health Program Rule, 29 C.F.R. §1900.1, each employer “Shall furnish each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.” Consequently, each facility’s training requirements will differ based on individual facility situations. Documented incidences of injury or illness might indicate a need for retraining at any time in a specific area.

**Note:** Best practice would be to include annual “refreshers” for all staff in the listed programs above.

**Summary - Required Inservices for NF**

There are very few specific, required inservice topics. The regulations are written to allow each facility the leeway to provide individualized, ongoing training and education as needed to meet the needs of their particular residents.

Nursing facilities must ensure that nursing assistants have obtained 12 hours of ongoing training to meet the facility’s requirements for licensure or risk receiving a deficiency. The training documentation should include the date of training, how long it took, what the topic was, and who provided the training. The nursing assistant does not need to have the 12 hours of annual training in order to remain on the Registry but in order to be able to be employed by a nursing facility.

All other nursing facility staff must receive adequate, ongoing training to remain competent, safe, and able to perform their assigned job duties.

*Information provided by NHCA as a member service.*