

STANDARDS OF APPRENTICESHIP

DEVELOPED FOR



FOR THE OCCUPATION:

Health Support Specialist Registered Apprenticeship Program

*Health Support Specialist
O*NET Code: 31-1011.00
RAPIDS Code: 1086AA
DOT Code 355 674 014*

Approved by:
Minnesota Department of Labor & Industry Apprenticeship Division

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FOREWORD

The purpose of these Apprenticeship Standards is to provide policy and guidance to LeadingAge Minnesota's participating organizations in developing Standards of Apprenticeship for state registration. The Minnesota Department of Labor, Office of Apprenticeship Training, will register these Standards developed by LeadingAge Minnesota as substantially conforming to the requirements of Minnesota State Laws (Chapter 178) and Rules.

Through Registered Apprenticeship, LeadingAge Minnesota has the opportunity to systematically examine the needs of their member facilities and then address those needs in a structured way that fulfills the needs of each individual organization. Quality and adaptability characterize apprenticeship and thus provides a positive match for the diverse population of each LeadingAge Minnesota organization.

Experience has demonstrated that a practical and sound method of preparing workers for employment in skilled occupations is through a planned registered training concept which provides for employment and training under actual job conditions supervised by skilled professionals and at wages commensurate with the apprentice's skill.

Registered Apprenticeship has only recently been applied to the health care professions, but it has a well-respected history as an effective training tool. Registered apprenticeship has evolved as a training system for occupations requiring a wide range of skills and knowledge. It involves planned, day-to-day learning on the job under proper supervision, combined with related technical instruction. The Registered Apprenticeship approach to training skilled workers and learning the skills of an occupation can be found throughout recorded history in nearly all areas of the world.

DEFINITIONS

APPRENTICE: Any individual employed by LeadingAge Minnesota participating organization meeting the qualifications described in the Standards of Apprenticeship who has signed an Apprenticeship Agreement providing for training and related instruction under these Standards, and who is registered with the Registration Agency.

APPRENTICESHIP AGREEMENT: The written agreement between the apprentice and the LeadingAge Minnesota/Health Support Specialist Apprenticeship Advisory Committee (AAC) setting forth the responsibilities and obligations of all parties to the Apprenticeship Agreement with respect to the apprentices employment and training under these Standards. Each Apprenticeship Agreement must be registered with the Registration Agency.

APPRENTICESHIP ADVISORY COMMITTEE (AAC): The Apprenticeship Advisory Committee established by LeadingAge Minnesota under these Standards will be charged with the oversight of the program.

CERTIFICATE OF COMPLETION OF APPRENTICESHIP: The Certificate of Completion of Apprenticeship issued by the Registration Agency to those registered apprentices certified and documented as successfully completing the apprentice training requirements outlined in these Standards of Apprenticeship.

EMPLOYER: LeadingAge Minnesota Member Organizations participating in the HSS apprenticeship training program

EMPLOYER ACCEPTANCE AGREEMENT: The written agreement between LeadingAge Minnesota/Health Support Specialist Apprenticeship Advisory Committee and the LeadingAge Minnesota employer wishing to participate in the apprenticeship program under which these Standards are registered.

MENTOR: An individual who has documented sufficient skill and knowledge of an occupation either through formal apprenticeship or through practical on-the-job experience, and formal training. This individual is recognized by LeadingAge Minnesota as being fully qualified to perform the work of the occupation.

O*NET-SOC CODE: The Occupational Information Network (O*NET) codes and titles are based on the new Standard Occupational Classification (SOC) system mandated by the Federal Office of Management and Budget for use in collecting statistical information on occupations. The O*NET classification, **which replaces the DOT**, uses an 8-digit O*NET-SOC code. Use of the SOC classification as a basis for the O*NET codes ensures that O*NET information can be readily linked to labor market information such as occupational employment and wage data at the national, State, and local levels.

ON-THE-JOB LEARNING: Tasks learned on the job that the apprentice must be proficient

before a completion certificate is granted. The learning must be a thorough structured, supervised work experience.

PROGRAM SPONSOR: LeadingAge Minnesota in cooperation with its member organizations. Program administration and oversight will be the responsibility of the LeadingAge Minnesota Health Support Specialist Apprenticeship Advisory Committee.

REGISTERED APPRENTICESHIP PARTNERS INFORMATION DATA SYSTEM (RAPIDS): The Federal system, which provides for the automated collection, retention, updating, retrieval and summarization of information related to apprentices and apprenticeship programs.

REGISTRATION AGENCY: The Minnesota Department of Labor Apprenticeship Division

RELATED INSTRUCTION: Continuing education designed to provide the apprentice with knowledge of the theoretical and technical subjects related to his/her function.

STANDARDS OF APPRENTICESHIP: This entire document including all appendices and attachments hereto, and any future modifications or additions approved by the Registration Agency.

APPRENTICESHIP COORDINATOR: An individual designated by the LeadingAge Minnesota/Health Support Specialist AAC to coordinate the administration of the apprenticeship program for the association and its members.

ASSOCIATION: LeadingAge Minnesota

SECTION I - PROGRAM ADMINISTRATION

Structure of the LeadingAge Minnesota/Health Support Specialist Apprenticeship Advisory Committee (AAC)

In order to ensure continuous activity, progress and success with the operation and maintenance of this apprenticeship program at the local level, the AAC is established. The AAC, to the extent authorized by the LeadingAge Minnesota/Health Support Specialist Corporate Office, is the administrative body for overseeing the administration of these Apprenticeship Standards at the local level. The AAC will consist of an equal number of voting members from line and management staff positions in addition to a person designated as a tiebreaker.

The AAC membership may consist of (but not limited to) the following:

- Regional Healthcare Managers
- Regional Human Resource Business Partner (or their designee)
- Apprenticeship Project Coordinator
- Government Programs Manager
- Employee Representatives
- Educational Institutions

Technical Assistance, such as that from the U.S. Department of Labor, Office of Apprenticeship Training, Employer and Labor Services (OATELS), local Office of Apprenticeship and Training staff, and vocational schools/colleges, may be requested to advise the AAC.

Administrative Procedures:

- A. The AAC project coordinator will determine the time and place of regular meetings that should take place at least quarterly.
- B. All management and employee representatives will have the power to vote on all questions affecting apprenticeship.
- C. The Chairperson and Secretary positions of the AAC should rotate among members of the Committee.

Responsibilities of AAC:

- A. Encourage organization management to have qualified employees participate in the LeadingAge Minnesota/Health Support Specialist apprenticeship program in accordance with these Standards.
- B. Coordinate distribution of information throughout the local market and assist organization management in the participation of employees in the apprenticeship program.

- C. Ensure local organization management demonstrates an understanding and commitment to the apprenticeship program at all leadership levels.
- D. Ensure that each organization's on-the-job learning process schedule adequately reflects the importance of the Health Support Specialist and the administrative requirements of the LeadingAge Minnesota/Health Support Specialist Corporate Office.
- E. Ensure facilities applying for participation are excellent venues for training Health Support Specialist Support Staff. A part of the Committee's evaluation shall be consideration of the degree to which the organization demonstrates the value of Health Support Specialist Support in their day-to-day operations.
- F. Keep the Standards under study with respect to their applicability to the changing needs of the Health Support Specialist field and to its effectiveness as a guide, making such recommended changes for improvement as studies indicate.
- G. Adopt changes to these Standards, as necessary, subject to the approval of the Minnesota Department of Labor, Apprenticeship Division.
- H. Request technical assistance, as desired, from the Registration Agency and the local educational community to attend AAC meetings in an advisory capacity.
- I. Additional duties and functions of the AAC will be determined by the Committee members within the limits of the authority vested in the Committee by the LeadingAge Minnesota Health Support Specialist Corporate Office.
- J. Maintain a record of all apprentices, showing their related technical education, work experience, and progress in learning the occupation.
- K. Notify the Registration Agency of all new apprentices to be registered, credit granted, suspensions for any reason, reinstatements, extensions, completions and cancellations with explanation of causes and notice of requests for issuance of Certificate of Completion of Apprenticeship.
- L. Responsibilities of the Committee (as listed above) may be delegated to the Apprenticeship Project Coordinator with summary reports provided to the Committee.

SECTION II - COMPLIANCE WITH MINNESOTA PLAN FOR EQUAL EMPLOYMENT OPPORTUNITY

The provisions of the apprenticeship program must comply with Part 5200.0370 Rules of Procedure, and must include an approved equal opportunity pledge

SECTION III - QUALIFICATIONS FOR APPRENTICESHIP

In addition to completing the LeadingAge Minnesota application and interview process, applicants will meet the following minimum qualifications:

A. Age

The AAC will establish qualifications regarding minimum age limits. (Applicant must provide evidence of minimum age respecting any applicable state laws or regulations.) Apprentices must not be less than 18 years of age.

B. Education

A high school diploma or GED equivalency is required. Applicant must provide all GED records and an official transcript(s) for high school and post high school education and training. Applicant must be on the Minnesota Nursing Assistant Registry (NAR).

Applicants must submit a DD-214 to verify military training and/or experience if they are a veteran and wish to receive consideration for such training/experience.

C. Physical

Applicants will be physically capable of performing the essential functions of the apprenticeship program, with or without a reasonable accommodation, and without posing a direct threat to the health and safety of the individual or others.

D. Miscellaneous

- Previous experience preferred
- Some computer experience and literacy
- Ability to read and write English
- Completion of the accuplacer exam

SECTION IV - SELECTION OF APPRENTICES

Selection into the apprenticeship program will be in accordance with the selection procedures and affirmative action policies made a part of these Standards (See Appendix D, Qualifications & Selection Procedures) Selection procedures are to include the professional judgment of the organization manager.

SECTION V - APPRENTICESHIP AGREEMENT

After an applicant for apprenticeship has been selected, but before employment as an apprentice or enrollment in related instruction, the apprentice shall be covered by a written Apprenticeship Agreement (Appendix B) signed by the AAC and/or the Apprenticeship Project Coordinator and the apprentice and submitted for approval to the Minnesota Department of Labor. Such agreement shall contain a statement making the terms and conditions of these Standards a part of the agreement as though expressly written therein. **A copy of each Apprenticeship Agreement will be furnished to the apprentice, the Minnesota Dept of Labor, LeadingAge Minnesota, and the LeadingAge Minnesota organization.**

An additional copy of this Apprenticeship Agreement will be provided to the Veteran's State Approving Agency for those veteran apprentices desiring access to any benefits to which they are entitled.

Prior to signing the Apprenticeship Agreement, each selected applicant shall be given an opportunity to read and review these Standards and the Apprenticeship Agreement.

The Registration Agency will be advised promptly of the execution of each Apprenticeship Agreement and will be given all the information required for registering the apprentice.

SECTION VI - RATIO OF APPRENTICES TO MENTORS

Please see Appendix D - Ratio of Apprentices to Mentors Signature Page

SECTION VII - TERM OF APPRENTICESHIP

The term of the apprenticeship shall be on-the-job learning attainment supplemented by required hours of related instruction as stated on the Work Processes and Related Instruction Outlines (Appendix A).

SECTION VIII – PROBATIONARY PERIOD (COACHING AND COUNSELING)

The purpose of employee coaching and counseling is to encourage good performance and positive employee relations practices. This helps LeadingAge Minnesota in meeting its goals for productivity, profitability and customer service. Performance standards and expectations need to be clarified; good performance needs to be reinforced for it to continue; and, poor performance or misconduct needs to be addressed so that it can be corrected. Documentation that is timely and accurate supports management decisions regarding performance and presents a clear picture of employee performance history in the event of subsequent unemployment claims, compliance investigations, discrimination charges, and other similar situations.

During the first 500 hours of employment and instruction extending not more that four months of the apprenticeship, either the apprentice or the AAC may terminate the Apprenticeship Agreement, without stated cause, by notifying the other party in writing. The records for each apprentice shall be reviewed prior to the end of the initial three-month period. Records may

consist of periodic reports regarding progression made in both the On-the-Job Learning and related instruction, and any disciplinary action taken during this initial period. In such cases, the Apprenticeship Project Coordinator, under the authority of the AAC, will provide written notice to the apprentice and to the Registration Agency of the final action taken.

SECTION IX - HOURS OF WORK

Apprentices will be scheduled to work based on business and learning needs with access during those hours to a mentor. No apprentice shall be allowed to work overtime if it interferes with participation in related instruction.

Working hours for apprentices must be the same as for full time workers in this occupation. Time spent in related instruction cannot be considered as hours of work required by the job process schedule.

SECTION X - APPRENTICE WAGE PROGRESSION

Apprentices shall be paid in accordance with the LeadingAge Minnesota Member Organization wage guidelines. Before an apprentice is advanced to the next segment of training, the mentor, under the direction of the supervisor will evaluate all progress to determine whether advancement has been earned by satisfactory performance in their On-the-Job Learning and in related instruction courses. In determining whether satisfactory progress has been made, the Apprenticeship Project Coordinator shall be guided by the work experience and Health Support Specialist Training Management Reports in the LeadingAge Minnesota Online Tracking System.

Wage Schedule:

For each job title, there must be a minimum graduated wage schedule in the apprenticeship agreement which must be in percentages of Health Support Specialist graduate (journeyworker) wage and rate per hour.

_____ months-hours	_____ %	_____	_____ months-hours	_____ %	_____
_____ months-hours	_____ %	_____	_____ months-hours	_____ %	_____
_____ months-hours	_____ %	_____	_____ months-hours	_____ %	_____
_____ months-hours	_____ %	_____	_____ months-hours	_____ %	_____
_____ months-hours	_____ %	_____	_____ months-hours	_____ %	_____

Health Support Specialist (journeyworker) wage rate on _____ was \$ _____
(date)

SECTION XI - CREDIT FOR PREVIOUS EXPERIENCE

Credit hours may be awarded for previous experience and/or training which is applicable to training program requirements. If credit is awarded, the apprentice shall be advanced in the graduated wage schedule accordingly and up to a limit of 500 hours.

Apprentice applicants seeking credit for previous experience gained prior to the beginning of their apprenticeship must submit the request at the time of application and furnish such records, affidavits, and other documents to substantiate the claim.

SECTION XII – WORK EXPERIENCE

During the apprenticeship, the apprentice will receive such On-the-Job Learning and Central related instruction in all phases of the occupation necessary to develop the skills and competence detailed in the apprentice Work Processes Outline. The On-the-Job Learning will be under the direction and guidance of the supervisor and/or mentor of the apprentice(s).

SECTION XIII - RELATED INSTRUCTION

During each segment of training, each apprentice is required to participate in course work related to the job as outlined in Appendix A.

During each year of the apprenticeship term, a minimum of 144 hours of related instruction is required. Failure on the part of the apprentice to fulfill their related instruction requirement will be sufficient cause for cancellation of the apprenticeship agreement which will result in termination of the apprentice from the registered apprenticeship program.

SECTION XIV - SAFETY AND HEALTH TRAINING

All apprentices will receive instruction in safe and healthful work practices both on-the-job and as part of related instruction. The safety training schedule must provide for a minimum of 50 hours per year of training in safe work practices. Workers Compensation certification is to ensure the apprentices are properly insured during their apprenticeship training program

SECTION XV - SUPERVISION OF APPRENTICES

LeadingAge Minnesota will be responsible for the training of the apprentice on the job. Each LeadingAge Minnesota organization shall designate a qualified individual as supervisor of apprentices who shall:

- A. Maintain an adequate record of progress in training each apprentice;
- B. Be responsible for assuring that the requirements of the applicable training program are met during the prescribed training term; and
- C. Perform other duties as may be assigned by the sponsor relative to the development and operation of an effective apprenticeship program.

No apprentice will be allowed to work without mentor supervision.

SECTION XVI - RECORDS AND EXAMINATIONS

Each organization supervisor of the apprentice program will be responsible for maintaining a record of the apprentices through the Apprentice Tracking system established by LeadingAge Minnesota. This will include each apprentices work experience/training on-the-job and record related instruction. There will also be an area in the system for each apprentice and their mentor to document experiences, record updates and number of hours for on-the-job training based per module. At the completion of each module the record will be verified by his/her supervisor.

Before each period of advancement, or at any other time when conditions warrant, the mentor and supervisor will evaluate the apprentice's record to determine whether he/she has made satisfactory progress. If an apprentice's related instruction or on-the-job progress is found to be unsatisfactory, the supervisor may determine whether the apprentice will continue in training or require the apprentice to repeat a process or series of processes before advancing to the next classification. In such cases, the supervisor and mentor will request and initiate a performance improvement plan with the apprentice.

Should it be found that the apprentice does not have the ability or desire to continue the training to become a Health Support Specialist, the AAC will, after the apprentice has been given adequate assistance and opportunity for corrective action, terminate the Apprenticeship Agreement.

SECTION XVII - MAINTENANCE OF RECORDS

The AAC will maintain for a period of five (5) years from the date of last action, all records relating to apprentice applications (whether selected or not), the employment and training of apprentices, and any other information relevant to the operation of the program. This includes, but is not limited to, records on the recruitment, application and selection of apprentices, and records on the apprentice's job assignments, promotions, demotions, layoffs, terminations, rate of pay, or other forms of compensation, hours of work and training, evaluations, and other relevant data.

All of the above information will be documented through the LeadingAge Minnesota's HSS on-line tracking system.

Access to the tracking system will include the apprentice, mentor, organization supervisor and the HSS Project Coordinator who can share the documents with the AAC and LeadingAge Minnesota.

SECTION XVIII - CERTIFICATE OF COMPLETION OF APPRENTICESHIP

Upon satisfactory completion of the requirements of the apprenticeship program as established in these Standards, the AAC, or their designee, shall so certify in writing to the Registration Agency and request that a Certificate of Completion of Apprenticeship be awarded to the completing apprentice(s). Such requests shall be accompanied by the requested documentation for both the On-the-Job learning and related instruction.

SECTION XIX - NOTICE TO REGISTRATION AGENCY

The Registration Agency will be notified promptly of all new apprentices to be registered, credit granted, suspensions for any reason, reinstatements, extensions, modifications, completions, cancellations, and terminations of Apprenticeship Agreements and causes.

SECTION XX - CANCELLATION AND DEREGISTRATION

These Standards will, upon adoption by the AAC, be submitted to the Registration Agency for approval. Such approval will be acquired before implementation of the program.

LeadingAge Minnesota reserves the right to discontinue at any time the apprenticeship program set forth herein. The Registration Agency will be notified promptly in writing of any decision to cancel the program.

Deregistration of these Standards may be initiated by the Registration Agency for failure of the AAC to abide by the provisions herein. Such deregistration will be in accordance with the Registration Agency's regulations and procedures.

Within fifteen (15) days of cancellation of the apprenticeship program (whether voluntary or involuntary), the AAC will notify each apprentice of the cancellation.

SECTION XXI - AMENDMENTS OR MODIFICATIONS

These Standards may be amended or modified at any time by LeadingAge Minnesota provided that no amendment or modification adopted shall alter any Apprenticeship Agreement in force at the time without the consent of all parties. Such amendment or modification will be submitted to the Registration Agency for approval and registration prior to being placed in effect. A copy of each amendment or modification adopted will be furnished to each apprentice to whom the amendment or modification applies.

SECTION XXII - ADJUSTING DIFFERENCES/COMPLAINT PROCEDURE (OPEN COMMUNICATION POLICY)

The AAC will have full authority to supervise the enforcement of these Standards. Its decision will be final and binding on the employer and the apprentice, unless otherwise noted below.

If an applicant or an apprentice believes an issue exists that adversely affects his/her participation in the apprenticeship program or violates the provisions of the Apprenticeship Agreement or Standards, relief may be sought through applicable LeadingAge Minnesota grievance procedures, in accordance with the following federal statutes:

Title 29 CFR 29.5 (b)(21)

LeadingAge Minnesota will hear and resolve all complaints of violations concerning the Apprenticeship Agreement and the registered Apprenticeship Standards, for which written

notification is received within fifteen (15) days of violations. LeadingAge Minnesota will make such rulings as it deems necessary in each individual case and within thirty (30) days of receiving the written notification. Either party to the Apprenticeship Agreement may consult with the Registration Agency for an interpretation of any provision of these Standards over which differences occur. The name and address of the appropriate authority to receive, process and make disposition of complaints is:

Name: John Aiken, Director of Labor Standards and Apprenticeship, Minnesota Department of Labor and Industry

Address: 443 Lafayette Road, St. Paul, MN 55155

Title 29 CFR 30.11

Any apprentice or applicant for apprenticeship who believes that he/she has been discriminated against on the basis of race, color, religion, national origin, or sex, with regard to apprenticeship or that the equal opportunity standards with respect to his/her selection have not been followed in the operation of an apprenticeship program, may personally or through an authorized representative, file a complaint with the Registration Agency or, at the apprentice or applicant's election, with the private review body established by the program sponsor (if applicable).

The complaint will be in writing and will be signed by the complainant. It must include the name, address, and telephone number of the person allegedly discriminated against, the program sponsor involved, and a brief description of the circumstances of the failure to apply equal opportunity standards.

The complaint must be filed not later than one hundred eighty (180) days from the date of the alleged discrimination or specified failure to follow the equal opportunity standards, and in the case of complaints filed directly with the review body designated by the program sponsor to review such complaints, any referral of such complaint by the complainant to the Registration Agency must occur within the time limitation stated above or thirty (30) days from the final decision of such review body, whichever is later. The time may be extended by the Registration Agency for good cause shown.

Complaints of harassment in the apprenticeship program may be filed and processed under Title 29, CFR Part 30, and the procedures as set forth above.

The Sponsor will provide written notice of its complaint procedure to all applicants for apprenticeship and all apprentices.

SECTION XXIII - TRANSFER OF TRAINING OBLIGATION

LeadingAge Minnesota organization management may transfer an apprentice with his/her consent, from one organization to another, to provide continuous employment and to assure the apprentice completes On-the-Job learning experience in all aspects of the occupation.

SECTION XXIV - RESPONSIBILITIES OF THE APPRENTICE

Apprentices, having read these Standards formulated by LeadingAge Minnesota and signed an Agreement with LeadingAge Minnesota, agree to all the terms and conditions contained therein and agree to abide by LeadingAge Minnesota's rules and policies, including any amendments, serve such time, perform such manual training, and study such subjects as LeadingAge Minnesota may deem necessary to become a skilled Health Support Specialist Support Staff member.

In signing the Apprenticeship Agreement, apprentices assume the following responsibilities and obligations under the apprenticeship program:

- A. Perform diligently and faithfully the work of the occupation and other pertinent duties assigned by the supervisor and the mentor in accordance with the provisions of these Standards.
- B. Respect the property of LeadingAge Minnesota/Health Support Specialist and abide by the working rules, regulations, and values of the LeadingAge Minnesota.
- C. Attend and satisfactorily complete the required hours in the On-the-Job Learning and related instruction classes in subjects related to the occupation as provided under the applicable Health Support Specialist Training curriculum.
- D. Ensure such records of work experience and training received on-the-job and in related instruction are updated, completed in the prescribed time, signed by supervisory staff and recorded through the Online Tracking system.
- E. Develop and practice safe working habits and work in such a manner as to assure his/her personal safety and that of other workers.

SECTION XXV – TECHNICAL ASSISTANCE

Technical Assistance such as that from the Minnesota Department of Labor, Office of Apprenticeship Training staff, and vocational school staff, may be requested to advise LeadingAge Minnesota.

LeadingAge Minnesota is encouraged to invite representatives to serve on the AAC from industry, education, business, private and/or public agencies to provide consultation and advice for the successful operation of the HSS training program.

SECTION XXVI - OFFICIAL ADOPTION OF APPRENTICESHIP STANDARDS:

LeadingAge Minnesota and _____

hereby adopts these Standards of Apprenticeship on this ___ Day of _____, 201__.

Representing LeadingAge Minnesota/Health Support Specialist Apprenticeship Advisory Committee

John Aiken
Director of Labor Standards and Apprenticeship
Minnesota Department of Labor and Industry

Signature

Gayle Kvenvold
President and Chief Executive Officer
LeadingAge Minnesota

Signature

Signature

(Participating Organization)

Appendix A
Related Instruction Outline(s) and Work Processes



**Health Support Specialist Program
3 credits**

Course Title: Introduction to the Health Support Specialist

Course Description:

This course will provide students with an orientation to the role of Health Support Specialist (HSS). Topics will include: history of aging services, Culture Change, implementing person directed living in the health care setting and participation in a mentorship and apprenticeship model of training. Effective communication skills needed to work with families, residents and other healthcare workers will be explored.

Credits: 3

Pre-requisites:

Nursing Assistant NA\R

Acceptance within three months of starting classes into the HSS program with approved contract with chosen facility for apprenticeship.

Co-requisites: None

Student Learning Outcomes

1. Identify career goals as a Health Support Specialist and in aging services.
2. Describe the apprenticeship model and process for the Health Support Specialist.
3. Describe mentoring styles for the workplace.
4. Explain history of services for older adults.
5. Explain person directed living philosophy and implementation.
6. Discuss the value of building relationships in person directed living.
7. Discuss ways to promote quality of life in person directed living.
8. Explain the importance of effective communication in a Health Support Specialist role.
9. Relate leadership skills to managing conflict.
10. Differentiate varying individual preferences related to culture and lifestyle.
11. Implement leadership and communication skills necessary in the role of the HSS.

Topical Outline:

1. Elder Care: Past, Current and Future
 - a. Poor farm
 - b. Growth of services for older adults
 - c. Continuum of care
2. The Role of a Health Support Specialist
 - a. What is a Health Support Specialist

- b. Job descriptions
 - c. Pathways of HSS
 - d. How this role links to the concept of person directed living
 - e. Where the HSS fits within the long term care healthcare team and the Culture Care model
 - f. Leadership and communication skills assessment
3. The HSS Curriculum
- a. HSS framework
 - b. Credentials in training
 - c. Apprenticeship model: Standards and Work Processes
 - d. Apprenticeship on-the-job training
 - e. Online student tracking system
4. Mentoring
- a. Introduction into Peer Mentoring
 - b. Establish effective relationships with mentees
 - c. Assist mentees in problem solving
 - d. Changing roles
5. Understanding and promoting Person Directed Living
6. Environmental Changes: It is not the building that makes the difference; it is the creation of home!
- a. A house vs. a home
 - b. Family: define
 - c. Key behavioral standards for persons working with elders.
 - d. Honoring elders
 - e. Person directed living
7. It's all about Relationships
- a. Review the importance of creating home: atmosphere and physical
 - b. Allowing residents to have control in their lives
 - c. Getting to know the resident
 - d. Building relationships
8. Living the Life I Choose
- a. Sense of belonging
 - b. Identity
 - c. Self-worth
 - d. Love
9. Leadership in Person Directed Living
- a. Taking a risk as an employee
 - b. Collaborative Communication NAR Testimonials
 - c. Caring for Self
10. Building Team and Community
- a. Creating culture
 - b. Shared leadership
 - c. Self-directed work teams
 - d. Self-transformation
11. Communication Accommodations
- a. Active Listening
 - b. Developing Self Awareness

- c. Putting skills to work
- d. Problem Solving
- e. Enhancing communication with older adults

Work Process Hours: 100 – 500

Description:

The work processes for the introduction course will focus on the HSS role in identifying the responsibilities and skills for becoming a mentor and supporting the culture change journey.

Work processes identified as REQUIRED means that the student will complete these activities and tasks. Those work processes identified as RECOMMENDED means that the employer determines if the activity/task is meaningful, appropriate or achievable.

Objective	Completed
<p>1. Identify career goals as a Health Support Specialist and in services for older adults.</p>	
<p>2. Describe the apprenticeship model and process for the Health Support Specialist.</p> <p>Required</p> <ul style="list-style-type: none"> • Familiarize yourself with the Health Support Specialist website at www.healthsupportspecialist.org. • Establish mentors in organization. • Demonstrate to mentor how to register for the HSS apprenticeship • Meet with HSS Site Coordinator to discuss and develop a plan for completing apprenticeship components: registration with DOL, recording apprenticeship hours, etc. 	
<p>3. Describe mentoring styles for the workplace.</p> <p>Required</p> <ul style="list-style-type: none"> • Problem solving: Apply problem solving strategies for issues and problems that arise. Record and keep track of the situations, steps you used to deal with or solve the problem and the outcomes. 	
<p>4. Explain history of services for older adults.</p> <p>Required</p> <ul style="list-style-type: none"> • Lead a learning circle with staff to discuss the mission, vision, goals and future as it applies to their culture change journey. Include facility leaders and administration to share the journey up to that point. 	
<p>5. Explain person directed living philosophy and implementation.</p>	

<p>Required</p> <ul style="list-style-type: none"> • Identify in your organization where there are signs of “home” and the progress made toward person directed living. Share these positive signs with staff in a learning circle. • Compare and contrast your daily schedule with the daily schedule of the resident’s in your organization and write a brief summary of how you see them similar and different. • Interview two residents and have them describe what home means to them, how they see community, spirituality and diversity practices and how they are supported in your organization. Share what you learned in a learning circle with staff. • Interview a manager on what steps are being taken to bring in the concept of “home”: <ul style="list-style-type: none"> ○ Utilize the initial culture change worksheet completed by the facility to identify areas of priority in moving forward with person directed living implementation. Use this information to complete lesson assignment as well. • Observe and record how you see quality care being delivered. • List the person directed routines that you have observed in one of your shifts. 	
<p>6. Discuss the value of building relationships in person directed living settings.</p> <p>Required</p> <ul style="list-style-type: none"> • Interview a resident about their simple pleasures and how they can be integrated into their daily living. • Write a paragraph that describes the purpose and function of a circle and how circles are used in your organization, at your home, in the community. List the number of times circles occurred. Conduct a learning circle to share your findings and talk about the value of learning circles. • Describe communication skills that you have used when working with residents. • Observe and discuss how verbal and nonverbal communication affects the interpersonal relationships and leadership aspects at your organization. 	
<p>7. Discuss ways to promote quality of life in person directed living.</p> <p>Required</p> <ul style="list-style-type: none"> • Interview a resident to have them identify which personal items in their room create home. Explore with the resident ways that they could convert their room to highlight those personal items. • Discuss with residents and staff ways residents are involved in the community. 	

<ul style="list-style-type: none"> • Identify how your organization celebrates a resident’s life and supports each individual resident. • Attend a care conference at your organization and identify the resident’s strengths. • Observe resident and staff interactions – how is staff or visitors recognizing residents? • Identify how cognitive impaired individuals communicate what is important to them and how staff interacts to assure their needs are met. 	
<p>8. Explain the importance of effective communication in an HSS role.</p> <p>Required</p> <ul style="list-style-type: none"> • Share your morning routine with household staff. Ask each team member to write down their morning routine on paper. Pass the paper three times over. Inform teams they are now a resident in the facility and this is their morning routine. Discuss how this feels for them. How does this affect the residents? • Discuss ways that staff can express their frustration in an appropriate manner at work and identify coping strategies they could use when frustrated with their job. • Discuss ways that residents can express their frustration in a manner that is heard and respected. 	
<p>9. Relate leadership skills to managing conflict.</p> <p>Required</p> <ul style="list-style-type: none"> • Identify a recent work related conflict to discuss with your mentor: <ul style="list-style-type: none"> ○ Describe the situation ○ Identify the people involved ○ List the skills you observed that were used/not used to manage the conflict ○ Describe the outcome of the conflict in relationship to the resident, staff, family • Interview two leaders at your organization and discuss how they deal with staff conflict and what leadership skills are essential for doing so. • Develop a system of “ground rules” and strategic questioning for handling conflict situations gracefully and thoughtfully. 	
<p>10. Describe leadership and communication skills necessary in the role of HSS.</p> <p>Required</p> <ul style="list-style-type: none"> • Identify something positive a co-worker has done during your shift and give him/her positive feedback. Share with your supervisor what you saw, what you did, response from the co-worker and how you felt about the conversation. 	

<ul style="list-style-type: none">• Provide two examples of how you initiated activities to promote person directed living (i.e.: learning circles you lead, assisting or leading an activity)• Interview a manager, co-worker and resident and ask what skills they feel are important for a leader. Identify ways in which you can apply these skills in your facility.	
<p>11. Differentiate varying individual preferences related to culture and lifestyle.</p> <p>Required</p> <ul style="list-style-type: none">• Interview two residents and their families to learn about that resident’s history and life. Organize an activity based on the history and lifestyle of the resident.• Review Activities and Social Workers assessment of five residents and identify 3-5 unique preferences of those residents.	



**Health Support Specialist Program
1 credit**

Course Title: The Role of the HSS in Providing Meaningful Activities

Course Description:

This course provides direct caregivers with the fundamental knowledge, skills and resources for engaging residents in activities designed to meet their needs and interests that enhance meaningful quality of life in a healthcare setting. This course will also focus on providing opportunities for planning and leading activities in small and large group programs and through one-to-one encounters in daily life in the neighborhood.

Credits: 1

Pre-requisites:

Nursing Assistant NA\R

Acceptance into the HSS program within three months of starting classes with approved contract with chosen facility for HSS.

Co-requisites: None

Student Learning Outcomes

1. Identify methods for assessing resident activity needs and interests.
2. Plan and implement meaningful activity programs for all residents.
3. Identify types of activity programs and resident involvement.
4. Implement activity interventions such as sensory stimulation, reminiscing, reality orientation, creative arts, and music.
5. Identify basic health related concerns, adaptations, and interventions for activity programming appropriate for those individuals.
6. Develop a resource file of activity ideas, resources and information.
7. Implement communication and leadership skills relating to activity programming.

Topical Outline:

1. Define Activity
 - a. Meaningful activity for student
 - b. Meaningful activity for residents
 - c. Meaningful activity in the community/neighborhood
2. Regulatory requirements for activity programming
3. Identify Resident Satisfaction survey
 - a. Implication of meaningful activity
 - b. Activity related survey areas

- c. How the satisfaction survey impacts facility report card
4. Define Quality of Life
 - a. Dimensions of quality of life
 - b. Personal quality of life
 - c. Resident quality of life
5. Describe the social aspects of aging that affect resident's everyday life
6. Define Medical Model
7. Define Wellness Model
 - a. Apply Wellness Model to resident centered care
 - b. Apply Wellness Model to activity programming components
8. Define Maslow Hierarchy of Needs
 - a. Describe the implication for activity programming
9. Identify ways to determine resident activity needs and interests
 - a. Activity assessments
 - b. Social history
 - c. Family members
 - d. Communication of activity preferences to staff members
10. List types of activity programming
 - a. Physical
 - b. Cognitive
 - c. Social
 - d. Psychosocial
 - e. Spiritual
 - f. Sensory
 - g. Spontaneous activity
 - h. Community
 - i. Creativity
 - j. Intergenerational
 - k. Cultural
 - l. Reminiscence
 - m. Outdoor/Nature/Pets
 - n. Holiday /Thematic
 - o. Low functioning
 - p. Specialized
11. Identify activity ideas for programming areas
12. List types of activity involvement
 - a. Large group
 - b. Medium group
 - c. Small group
 - d. Individual/Independent
 - e. Self-directed
 - f. One to One
 - g. Active
 - h. Passive
13. Identify types of activity interventions and resources
 - a. Validation therapy
 - b. Sensory stimulation

- i. Changes in the sensory system
- c. Music (Alive Inside), Pet, Art, Horticulture, Time Slips
- d. Reality Orientation
- e. Reminiscing
- f. End of life intervention and support
- 14. Identify ways to promote activity involvement
 - a. Motivation
 - b. Engaging the resident
- 15. Identify ways to implement activity programming
 - a. Preparing for the activity
 - b. Setting up the activity
 - i. Environment
 - ii. Supplies and equipment
 - iii. Room layout
 - c. Communication with residents during activity programs
 - d. Leading the activity
 - e. Blending daily living tasks with activity programs
 - f. Climate of acceptance for a group
 - g. Closure of activity
- 16. Identify implications of common health issues for activity programming
 - a. Dementia and Alzheimer’s disease
 - i. Behavioral and emotional expressions
 - b. Respiratory
 - c. Heart
 - d. Arthritis
 - e. Pain
 - f. Incontinence
- 17. Identify activity programming to meet that take into account health related needs
- 18. Identify ways to adapt and modify activity programs to meet the needs of all residents
- 19. Identify methods of documenting resident involvement in activity programs
- 20. Develop activity resources and idea toolkit for neighborhood that includes ideas specific to dementia residents.

Work Process hours: 100 – 500 hours

Description:

The activity work processes focus on the HSS role in identifying needs and interests of residents to promote quality of life and meaningful daily involvement for the residents.

Work processes identified as REQUIRED means that the student will complete these activities and tasks. Those work processes identified as RECOMMENDED means that the employer determines if the activity/task is meaningful, appropriate or achievable.

Objective and Work Processes	Completed
1. Identify Quality of Life and Meaningful Activities. Required	

<ul style="list-style-type: none"> • Interview three residents about quality of life and complete worksheet • Identify obstacles and supports for engaging in and pursuing meaningful activity involvement for residents in your organization. (Organization Scavenger Hunt) • Lead discussion/chat circle to share findings from quality of life interviews. 	
<p>2. Conduct Resident Satisfaction Survey.</p> <p>Required</p> <ul style="list-style-type: none"> • Conduct resident satisfaction survey with three residents and complete worksheet • Locate and review the organization’s survey results on the MN Nursing Home Report Card website: http://nhreportcard.dhs.mn.gov/ • Lead discussion/chat circle to share findings from resident satisfaction interviews. 	
<p>3. Identify Social Aspects of Aging.</p> <p>Required</p> <ul style="list-style-type: none"> • Identify ways in which a neighborhood/care center can implement the wellness model. 	
<p>4. Complete Activity Assessment.</p> <p>Required</p> <ul style="list-style-type: none"> • Identify three new residents and complete organization activity assessment for each resident. • Identify activity needs, interests, and desires of each assessed resident. • Develop a plan for a meaningful activity program for each resident assessed. • Implement activity plans for each resident. 	
<p>5. Develop a Resource File.</p> <p>Required</p> <ul style="list-style-type: none"> • Conduct web searches and find 15 activity ideas for the following areas: cognitive, physical, creative, social, and sensory (three activity ideas for each area). • Develop a resource file of activity ideas and resources to use in planning activity programs and make available for neighborhood staff to use. 	
<p>6. Determine Program Types and Resident Involvement.</p> <p>Required</p> <ul style="list-style-type: none"> • Identify types of programs appropriate for residents in neighborhood. 	

<ul style="list-style-type: none"> • Review organization scavenger hunt and discuss obstacles and supports for determining program types and resident involvement in meaningful activities. • Identify a resident that is low functioning and a resident that has little or no activity participation/involvement by choice and develop a weekly one to one program for each resident. Conduct one to one program. • Use activity sensory and intervention techniques when conducting one to one programs. • Document activity participation, responses and outcomes of one to one programs. 	
<p>7. Design Activity Boxes.</p> <p>Required</p> <ul style="list-style-type: none"> • Plan and assemble three activity reminiscing sensory boxes. • Use activity boxes in activity group or one to one. 	
<p>8. Plan and Conduct Activity Groups and Programs.</p> <p>Required</p> <ul style="list-style-type: none"> • Observe group activity and complete observation worksheet. • Plan and conduct the following activity groups: cognitive, physical, sensory, exercise, reminiscing, men’s group, ladies group. • Use effective leadership skills and communication with resident when conducting activity groups. • Implement procedures for room and environment set up for conducting activity groups. • Implement promotion and announcing the activity group/program. • Document resident activity group attendance. • Plan a neighborhood/unit special event or social activity that includes food, decorations and an activity. • Plan a one-month activity calendar to be displayed in the organization/neighborhood. • Lead team/neighborhood meeting/chat circle to communicate activity program plans, activity events, scheduled activities, etc. (two times each month). • Plan a special event for each month using the 12-month event planner. 	
<p>9. Conduct Activity for Alzheimer’s residents.</p> <p>Required</p> <ul style="list-style-type: none"> • Plan and conduct a small group activity for residents with AD. 	
<p>10. Document Activity Participation.</p> <p>Required</p>	

<ul style="list-style-type: none">• Record activity participation on care center/organization activity forms.• Document outcome and responses of one to one activities.	
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**Health Support Specialist Program
1 credit**

Course Title: The Role of the HSS in Culinary Care

Course Description:

This course will provide the student with basic culinary information that will help them plan for and meet individuals' nutritional needs in a person-directed environment. Basic nutritional concepts, food safety, and leadership skills will be covered.

Credits: 1

Pre-requisites:

Nursing Assistant NA\R

Acceptance into the HSS program within three months of starting classes with approved contract with chosen facility for apprenticeship.

Co-requisites: None

Student Learning Outcomes

1. Describe the importance of culinary knowledge in a person-directed living environment
2. Identify the components of healthy eating
3. Explain the key elements of safe food handling and sanitation
4. Provide meal planning options to accommodate individual medical needs and provide for personal well-being
5. Describe approaches of honoring person choice while enhancing nutritional status

Topical Outline:

1. Describe the importance of culinary knowledge in a person-directed living environment
 - a. Why is Culinary Care included in the HSS program?
 - i. Culture Change and Culinary Blended worker roles
 - ii. Person-directed care
 - iii. Creating a home to maximize nutritional intake
 - b. Food/meal service is handled differently in different facilities embracing Culture Change
 - c. Leadership
 - i. Communication
 - ii. Accountability to employer, residents
2. Identify the components of healthy eating
 - a. Nutrition Terminology
 - b. Proteins, Carbohydrates, Fats, Water
 - c. Vitamins, Minerals, Amino Acids, Fatty Acids, Fiber

- d. Healthy (vs. Unhealthy) food choices
- 3. Explain the key elements of safe food handling and sanitation
 - a. Sanitation/Cleanliness
 - i. Personal Hygiene
 - ii. Hand washing!
 - iii. In the Kitchen
 - iv. In the Dining Room
 - b. Food Processing
 - i. Storage
 - ii. Cooking and Storage temperatures
 - iii. Preventing food-borne illness
 - c. Regulations, Tags.
 - i. Waivers
- 4. Provide meal planning options to accommodate individual medical needs and provide for personal wellbeing
 - a. Enhancing nutritional status via creation of home
 - b. Applying nutrition concepts for the person's well-being
 - c. Planning healthy meals and snacks
 - d. Swallowing Problems
 - e. Under eating, overeating
 - i. Early identification/intervention in weight loss
 - f. Adaptive equipment
- 5. Explain necessary leadership skills in providing for individuals' nutritional desires and needs
 - a. Communication skills
 - i. What/when to report to the nurse (over/under consumption, swallowing problems, etc.)
 - ii. Discussing issues in huddles, learning circles
 - iii. Dealing with conflicts on the dining room
 - iv. Staff to staff communication
 - b. Meal planning, purchasing, adapting
- 6. Describe approaches of honoring person choice while enhancing nutritional status
 - a. Meeting individual needs
 - i. Meeting requests members of diverse populations
 - b. Putting it all together
 - i. Dining room ambiance (relate to physiological cares course, sensory experience)
 - ii. Relationships. Sharing meals, eating WITH persons

Work Process hours: 100 – 500 hours

Description:

The Work Processes for the Culinary Course will provide the HSS student hands on experience with identifying components of healthy eating, handling food safely, and the planning of meals to honor individual choices. Overall, the Work Processes are designed to assist the HSS student to understand the value of culinary knowledge and provide a leadership role to other care staff in the goal of meeting nutritional needs as well as individual desires and needs.

Work processes identified as **REQUIRED** means that the student will complete these activities and tasks. Those work processes identified as **RECOMMENDED** means that the employer determines if the activity/task is meaningful, appropriate or achievable.

Objective and Work Processes	Completed
<p>1. Describe the importance of culinary knowledge in a person-directed living environment.</p> <p>Required</p> <ul style="list-style-type: none"> • Tour your organization’s kitchen and dining areas. 	
<p>2. Identify the components of healthy eating.</p> <p>Required</p> <ul style="list-style-type: none"> • Demonstrate proper operation of kitchen appliances. • Explain the basic components of the food service operation within your organization. 	
<p>3. Explain the key elements of safe food handling and sanitation.</p> <p>Required</p> <ul style="list-style-type: none"> • Locate and review your organization’s dietary safety policies. • Demonstrate proper food handling and storage. • Demonstrate correct use of a thermometer to measure food and refrigerator temperatures. • Demonstrate sanitary practices in the kitchen and dining room including personal hygiene and hand washing. 	
<p>4. Provide meal planning options to accommodate individual medical needs and provide for personal wellbeing.</p> <p>Required</p> <ul style="list-style-type: none"> • Adapt daily meals and snacks for three persons with special medical needs. • Prepare and sample a variety of food consistencies utilized with swallowing difficulties. • Monitor food and fluid intake for all three meals for a person experiencing underconsumption/weight loss and report findings to charge nurse. • Interview the resident experiencing underconsumption/weight loss to identify his/her preferred food choices. 	
<p>5. Explain necessary leadership skills in providing for individuals’</p>	

<p>nutritional desires and needs.</p> <p>Required</p> <ul style="list-style-type: none">• Discuss a dietary concern with work team in a learning circle or team huddle.• Work with dietary staff to properly plan, purchase, and store food and dietary supplies.• Prepare and serve daily meals and snacks/beverages.	
<p>6. Describe approaches of honoring individuals’ choice while enhancing nutritional status.</p> <p>Required</p> <ul style="list-style-type: none">• Utilizing My Plate and New Dining Standards, create a nutritious daily meal and snack plan honoring person’s food preferences (diverse background).• Demonstrate positive, attentive demeanor when serving person in dining services.• Dine with persons and identify ways to enhance the dining ambiance and their experience.	



**Health Support Specialist Program
1 credit**

Course Title: The Role of the HSS in Environmental Services

Course Description:

This course will cover the basics in providing a clean and safe environment in a care facility. Topics include basic housekeeping practices, laundering procedures, and simple maintenance tasks required within the guidelines of facility policies and procedures and comply with OSHA, state and federal regulations.

Credits: 1

Pre-requisites:

Nursing Assistant NA\R

Acceptance into the HSS program within three months of starting classes with approved contract with chosen facility for apprenticeship.

Co-requisites: None

Student Learning Outcomes

1. Identify environmental practices for maintaining resident living areas, public areas, and laundry.
2. Utilize information on the safety data sheet.
3. Describe infection control procedures related to the role of a HSS.
4. Develop a plan for engaging individuals when learning organization policies and procedures.
5. Identify and follow organizational policies and procedures for OSHA guidelines.
6. Demonstrate ability to facilitate teamwork through the development of a cleaning schedule for the household.

Topical Outline:

1. Infection Control
 - a. Definition
 - b. Organisms commonly found:
 - Bacilli—MRSA, VRE,
 - Virus—HIV, Hepatitis A, B, C, AIDs, flu
 - Fungus
2. Infection control procedures
 - a. Transmission of disease
 - i. Chain of infection
 - ii. Asepsis

- iii. Contamination
 - b. Basic chemicals used in infection control
 - c. General principles of infection control
 - i. Disinfecting
 - ii. Sterilizing
 - d. Personal protective equipment
 - e. Hand washing and use of gloves
 - f. Universal Precautions
- 3. Ergonomics
 - a. Body mechanics
 - b. Use of equipment
- 4. Occupational Safety
 - a. OSHA
 - b. MSDS (Material Safety and Data Sheets)
 - c. “The Right to Know” compliance
 - d. Hazard Communication Standards Act
 - e. “AWAIR” information
 - f. Equipment safety
 - g. Electrical and Ladder safety
 - h. Equipment operations
 - i. Reporting safety problems
 - j. Reporting of work accidents
 - k. Elevator safety
 - l. Disaster drill
- 5. Equipment and supplies
 - a. Storeroom stocking and usage
 - b. Minor repairs of equipment
 - c. Mixing of chemicals
 - d. Container labeling and directions
- 6. Infectious Waste Removal/Disposal
 - a. Regulatory information
 - b. General procedures
 - c. Infectious waste
 - d. Spills
 - e. Blood borne pathogens
- 7. Basic Housekeeping
 - a. Areas
 - i. Resident rooms, bathrooms
 - ii. Dining room and kitchen
 - iii. Hallways, dayroom, public bathroom
 - b. Cleaning procedures
 - i. Bed washing
 - ii. Resident check-out procedures
 - iii. Rest rooms
 - iv. Medical equipment
 - v. Linen disposal
 - vi. Needle disposal

- b. Cleaning skills
 - i. Floor care—vinyl, tile, terrazzo
 - ii. Carpet care
 - iii. Bath—fiberglass, porcelain
 - iv. Walls, Windows, draperies, shades
 - v. Kitchen, office, furniture, fixtures
- 8. Basic Laundry
 - a. Fabric safety
 - b. Apparel repair/maintenance
 - c. Washing
 - d. Drying
- 9. Educate individuals and family members on safety regulations/procedures
 - a. Utilizing call light-emergency call light
 - b. Importance of applying wheelchair brakes
 - c. Proper use of gait belts
 - d. Prohibited use of extension cords
 - e. Prohibited use of scatter rugs

Work Process Hours: 100-500

Description:

The Work Processes for the Environmental Services course will provide the HSS student hands-on experience with identifying practices for sanitation of individual and common spaces, knowledge of how to utilize Safety Data Sheets and an understanding of Infection Control procedures. The Work Processes will also provide the HSS student with the opportunity to grow as a leader through the development of a team-designed cleaning schedule and also facilitating the engagement of individuals living in the home to participate as desired with efforts to maintain a clean and safe living environment.

Work processes identified as **REQUIRED** means that the student will complete these activities and tasks. Those work processes identified as **RECOMMENDED** means that the employer determines if the activity/task is meaningful, appropriate or achievable.

Objective and Work Processes	Completed
<p>1. Identify environmental practices for maintaining individual and common living areas, public areas and laundry.</p> <p>Required</p> <ul style="list-style-type: none"> • Arrange a meeting with the Director of Environmental Services to learn the specifics of maintaining the cleanliness of the organization. (i.e.: Make a list detailing the frequency of cleaning, type of cleaning, differences in cleaning of the three listed areas.) <p>Recommended</p> <ul style="list-style-type: none"> • Interview a resident to discover what is important to them regarding the cleanliness of their home. 	

<p>2. Utilize information on the Safety Data Sheet.</p> <p>Required</p> <ul style="list-style-type: none"> Review all cleaning products from the organization’s Safety Data Sheet binder. Select three products and describe in outline format what action HSS is to take if unsafely exposed to each product. Review outline with Director of Infection Control for accuracy. <p>Recommended</p> <ul style="list-style-type: none"> Meet with the Director of Quality Assurance and request review of Incident Reports regarding exposure to cleaning products. Determine if appropriate action was taken and write a summary of findings with respect to HIPPA. 	
<p>3. Describe infection control procedures related to the HSS.</p> <p>Required</p> <ul style="list-style-type: none"> Write a paragraph describing the concept of the Chain of Infection. Then, using the Chain of Infection tool, develop a flow chart example of how MRSA could be transmitted to another person. Identify three interventions a HSS utilizes to break the Chain of Infection. <p>Recommended</p> <ul style="list-style-type: none"> Describe the difference between the principles of sterilization and disinfection. Provide examples from your household on where each principle is used. Observe five co-workers’ hand washing skills. Does their technique meet the guidelines for hand washing? If not, what would you change about their technique? Observe cares and tasks throughout your shift. Did you identify tasks that require PPE/gloving and it was not done? If so, share with co-workers the importance of gloving and using PPE. 	
<p>4. Demonstrate ability to facilitate teamwork through the development of a cleaning schedule for the household.</p> <p>Required</p> <ul style="list-style-type: none"> Conduct a learning circle with team members to develop a list of all the cleaning tasks and frequency needing to be accomplished. Gather input and ideas from members regarding assignments. Develop a cleaning schedule using input and feedback from learning circle and post schedule for team members. <p>Recommended</p> <ul style="list-style-type: none"> Critique effectiveness of schedule as well as team “buy-in” after trial period (1-2 weeks) and modify as needed. 	
<p>5. Develop a plan for engaging individuals in assisting with household</p>	

<p>tasks.</p> <p>Required</p> <ul style="list-style-type: none">• Conduct a learning circle to identify all the household tasks that persons could be involved in.• Interview EACH person in the household to first determine <i>if</i> they wish to be engaged in household tasks, and if so, what specifically would they like to take responsibility for?• Coordinate interested persons with preferred tasks.• Provide interested persons with needed supplies or information needed to complete task. <p>Recommended</p> <ul style="list-style-type: none">• Evaluate success of household task plan regularly and make appropriate adjustments as necessary.	
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**Health Support Specialist Program
1 credit**

Course Title: The Role of the HSS in Memory Care

Course Description:

This course will explore the aging process as it relates to the resident who has memory loss and/or Dementia related diagnosis. Topics will include changes affecting communication skills and daily routines, recognizing common behaviors associated with memory loss, and implementing behavior interventions. The course will also introduce the student to methods for involving the family in decisions that provide purposeful living for the resident.

Credits: 1

Pre-requisites:

Nursing Assistant NA\R

Acceptance into the HSS program within three months of starting classes with approved contract with chosen facility for HSS.

Co-requisites: None

Student Learning Outcomes

1. Describe the normal aging process related to memory.
2. Define dementia and Alzheimer's disease.
3. Demonstrate interventions with challenging behavioral expressions associated with memory loss.
4. Identify purposeful meaningful activity for elders with memory loss.
5. Identify issues and strategies applicable to the HSS role when working with family and community members.
6. Implement communication and leadership skills as they relate to memory care environments.

Topical Outline:

- Normal Aging
 - a. Stereotypes and myths
 - b. Principles of aging
 - c. Memory and aging
- Overview of Alzheimer's disease and related dementias
 - a. Define dementia
 - b. Define Alzheimer's disease
 - c. Stages of Alzheimer's disease
 - d. Other related dementias

- Communication techniques with elders experiencing memory loss
 - a. Verbal communication
 - b. Nonverbal communication
 - c. Barriers in communication
 - d. How people with dementia process information differently
 - e. Strategies for effective communication
- Common behavior expressions and challenges associated with Alzheimer’s disease
 - a. Wandering
 - b. Hoarding
 - c. Repetitive speech and movement
 - d. Acting out
 - e. Catastrophic reactions
 - i. 5 R’s of response
 - f. Assessing and prevention of behavior
 - i. Interventions
 - ii. Validation
 - iii. Stop and Watch
 - iv. Nonpharmacological approaches
 - g. Resisting cares
- Personal Care Issues
 - a. ADLs; bathing, toileting, dressing, grooming
 - b. Nutrition
- Living purposefully; meaningful activities and engagement
 - a. Activities for Alzheimer’s
 - b. Activity strategies for sundowning
 - c. Strategies for decreasing alarm use
- Learning to care for the family as well as the elder.

Work Process Hours: 100 – 500

Description:

The memory care work processes focus on the HSS role in understanding and supporting the resident with memory care loss.

Work processes identified as **REQUIRED** means that the student will complete these activities and tasks. Those work processes identified as **RECOMMENDED** means that the employer determines if the activity/task is meaningful, appropriate or achievable.

Objective and Work Processes	Completed
1. Describe the normal aging process related to memory.	
2. Define dementia and Alzheimer’s disease. Required <ul style="list-style-type: none"> • Identify residents with vascular dementia, Alzheimer’s (Lewy Body 	

<p>Dementia), Parkinson disease. Compare and contrast symptoms of each.</p> <ul style="list-style-type: none"> • Identify a resident in each of the three stages of Alzheimer’s disease. • List the ten absolutes and describe how they can be applied when caring for residents with residents with dementia. 	
<p>3. Demonstrate interventions with challenging behavioral expressions associated with memory loss.</p> <p>Required</p> <ul style="list-style-type: none"> • Observe and document communication barriers experienced between staff and residents and conduct a learning circle on strategies to overcome barriers. • Identify areas of vulnerability for Alzheimer’s resident and discuss with mentor strategies for improvement. • Identify and implement an intervention for a resident who is experiencing distress such as wandering, hoarding, repetitive movement and speech, hitting etc. • Implement three strategies on how you would redirect a resident who displays the above behaviors. Provide a short overview on what strategy was used, the effect on the resident, and what you learned about the process. • Demonstrate approaches when working with a resident who is resisting personal care which maintains dignity and respect. • Practice using the Stop and Watch method for behavior identification. • Practice using nonpharmacological interventions with resident during behavior incident. • Conduct a chat circle with staff to share 3-4 ideas and suggestions for behavior interventions that were identified from your memory class or those identified by your mentor. 	
<p>4. Identify purposeful meaningful activity for elders with memory loss.</p> <p>Required</p> <ul style="list-style-type: none"> • Practice sensory impairment dining exercise interventions with residents. 	
<p>5. Identify issues and strategies applicable to the HSS role when working with family and community members.</p> <p>Required</p> <ul style="list-style-type: none"> • Interview a family whose loved one has Alzheimer’s disease and discuss the impact it has on the family: challenges, frustrations. Identify how the family supports the resident with dementia. • Attend an Alzheimer’s support group and write a one page reaction paper. 	

<p>6. Implement communication and leadership skills as they relate to memory care environments.</p> <p>Required</p> <ul style="list-style-type: none">• Use listening skills when working with co-workers and residents.	
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**Health Support Specialist Program
1 credit**

Course Title: The Role of the HSS in Psychosocial Care

Course Description:

In this course, students will explore the psychosocial dimensions of aging to promote quality of life and person-directed living. Loss and transition, end-of-life care, and advanced care planning will be addressed. Student will examine the emotional, social, and spiritual dimensions of holistic psychosocial care including strategies to recognize and support the individual and family needs and wishes.

Credits: 1

Pre-requisites:

Nursing Assistant NA\R

Acceptance into the HSS program within three months of starting classes with approved contract with chosen facility for apprenticeship.

Co-requisites: None

Student Learning Outcomes

1. Relate psychosocial needs of aging to the role of an HSS.
2. Identify types of loss that impact psychosocial and spiritual well-being in later life.
3. Relate stages of grief to the various types of loss and patterns of adjustment experienced with aging.
4. Discuss the psychosocial and spiritual needs of self and other individuals which are influenced by transition, grief and loss.
5. Describe adaptive psychosocial and spiritual interactions the HSS can use when working with individuals and family members.
6. List environmental strategies to improve psychosocial and spiritual health of aging individuals.
7. Define palliative care and hospice care.
8. Identify strategies that promote effective end-of-life care.
9. Apply effective communication and leadership strategies to address psychosocial needs.

Topical Outline:

1. Psychosocial needs of aging
 - a. Erikson's developmental theory
2. Patterns of adjustment
 - a. Retreating

- b. Engagement
- c. Adapting lifestyle according to aging
- 3. Causes and Impact of Transition and Loss
 - a. Physical
 - i. Chronic illness
 - ii. Physical impairments
 - iii. Cognitive decline and ADL influence
 - iv. Independence and dignity
 - v. Energy
 - vi. Routine
 - vii. Independence and privacy
 - viii. Power and control
 - b. Emotional
 - i. Role changes
 - ii. Depression
 - iii. Anxiety
 - iv. Helplessness
 - v. Loneliness
 - c. Social
 - i. Social isolation
 - ii. Relationships (spouse, family, and friends)
 - iii. Activities/Hobbies
 - iv. Intimacy
 - v. Belonging
 - d. Spiritual
 - i. Spiritual distress
 - ii. Spiritual growth
 - iii. Hope
 - iv. Purpose in life
 - v. Peace
 - vi. Mortality issues
- 4. Understanding grief and loss
 - a. Stages of grief
 - b. Supporting grief and loss
- 5. Psychosocial interventions for the HSS
 - a. Awareness of transition or loss
 - b. Approach
 - c. Effective communication
 - d. Cultural sensitivity and competence
 - e. Respect & dignity
 - f. Encouraging social interactions
 - g. Providing presence/Being in the moment
 - h. Worship/Celebrations/Traditions
 - i. Establishing a legacy
 - j. Reminiscence
 - k. Group work/support groups (benefits, methods, leading groups)
 - l. Identifying, interpreting, and responding to individual and family needs

- m. Continuity of care
- 6. Adapting the environment to promote well-being in person-directed living
 - a. Sleep preservation
 - b. Life enrichment
 - c. Physical environment
 - d. Meal considerations
 - e. Establishing relationships
 - f. Guest/Visitor adaptations
 - g. Community interactions
- 7. End of Life Care
 - a. Hospice and palliative care
 - b. Communication at the EOL
 - c. End of life symptoms
 - d. Ethical considerations
 - i. Nutrition and hydration
 - e. Quality of life
 - f. Cultural influences
 - g. Caring for the dying individual and family
 - h. Postmortem cares
 - i. Honoring choices and dignity
 - j. Advanced care planning and health care directives
 - k. Integrative modalities

Work Process Hours: 100 - 500

Description:

The psychosocial care work processes focus on the HSS role in identifying needs and intervening to promote spiritual well-being, quality of life, and person-directed living as these relate to loss, transition and end-of-life care.

Work processes identified as “required” means that the student will complete these activities and tasks. Those identified as “recommended” mean that these activities/tasks are optional and will help further the student’s experiential learning and count toward apprenticeship hours in this category.

Objective and Work Processes	Completed
<p>1. Explain how the role of the HSS can support the psychosocial needs of aging individuals.</p> <p>Required</p> <ul style="list-style-type: none"> • Request participation in a Family Council Meeting. Identify psychosocial needs that are identified or discussed during the meeting and collaborate with a nurse and/or social worker to develop 2-3 strategies to assist in meeting these needs of the individuals/family members. <p>Recommended</p>	

<ul style="list-style-type: none"> Identify situations or activities that lead to social isolation or that are barriers to community involvement for an individual and suggest 2 new strategies for promoting involvement. 	
<p>2. Identify types of loss that impact psychosocial and spiritual well-being in later life.</p> <p>Required</p> <ul style="list-style-type: none"> Interview an individual and their family member separately to capture their individual perception regarding a life transition they have experienced jointly. Describe each experience and make note of commonalities and differences. <p>Recommended</p> <ul style="list-style-type: none"> Choose an older adult that you have been caring for or that you know. With another individual, make a list of all of the losses that individual has experienced up to this point in their life. Categorize these losses according to the various types of loss you learned about in class. How did this activity and discussion make you feel? Lead an individual reminiscence group activity. Establish a small reminiscence group and try the following: Ask members in turn to walk you through the house where they grew up (or a significant place where they once lived). Ask them to share their favorite furniture, recall the view from their window, where they slept and cooked, etc. What do they miss the most? Reflect on what worked best and for whom and what difficulties were encountered. 	
<p>3. Discuss the psychosocial and spiritual needs of self and others individuals which are influenced by transition, grief, and loss.</p> <p>Required</p> <ul style="list-style-type: none"> Journal 1-2 pages about a recent experience relating to grief and loss and how it impacts you in the role as a Health Support Specialist. Explore with an individual what spirituality means to them. Have they had any losses or transitions that have influenced their meaning? Offer support to affirm their perspective. <p>Recommended</p> <ul style="list-style-type: none"> Facilitate a staff learning circle to address grief and loss and support/acknowledge the team. Identify social, emotional, physical, behavioral or other changes in an individual who has experienced a recent loss. Discuss and identify ways that you can facilitate a healthy grief process. Interview five individuals regarding current stressors. Compare your findings and identify the common stressors experienced by the individuals. Which findings are unique? What surprised you with your interview findings? 	

<p>4. Apply effective communication and leadership strategies to address psychosocial needs.</p> <p>Required</p> <ul style="list-style-type: none"> • Meet with an individual and discuss their purpose in life, including future hopes and goals. Identify where they are at according to Maslow’s hierarchy of needs and how you can work with them to achieve self-actualization. <p>Recommended</p> <ul style="list-style-type: none"> • Share with your team members and lead a discussion regarding ways your organization can further implement strategies to promote effective social interaction among individuals and staff. • Discuss with the social worker/ethics committee a recent ethical dilemma and how it was handled. 	
<p>5. Describe psychosocial and spiritual interventions the HSS can use when working with individuals, families, and team members.</p> <p>Required</p> <ul style="list-style-type: none"> • Identifying culture and traditions that are unique to a family – explain a situation or interaction in which you modified care to accommodate an individuals’ values, customs or traditions. • Identify a support system within your home for staff and individuals following a loss or death. <p>Recommended</p> <ul style="list-style-type: none"> • Meet with a chaplain or local spiritual leader and explore strategies to promote spirituality as a team with an individual. • Record a conversation with an individual sharing stories and/or memories of their past to share with family. • Assist an individual with writing a story about their life to share with a family member. • Select an individual in your organization and spend time with that individual, simply being present. Complete a reflective journal to address the following questions: What were the individual's needs during this time? Do you feel that you established trust with the individual? Why or why not? What type of response did you get from the individual? How did this make you feel? How did the individual feel? Did anything make the experience uncomfortable? What are the advantages of being present with another individual? • Identify new opportunities for an individual that promote social interaction. 	
<p>6. List environmental strategies to improve psychosocial and spiritual well-being of individuals.</p>	

<p>Required</p> <ul style="list-style-type: none"> • Identify 1 – 3 potential adaptations that could improve the environment to improve the psychosocial and spiritual health and share with your mentor. • Select a common stressor you identify in your work environment, related to transition or loss, and share this with team members. Identify environmental variables that may be contributing to the stressor and make appropriate changes to improve the environment (if applicable). Work together with the interdisciplinary team to develop a brief in-service to promote effective ways to overcome and address the stress. 	
<p>7. Differentiate palliative and hospice care</p> <p>Required</p> <ul style="list-style-type: none"> • Interview a hospice team member and explore the role of hospice. • Find a local palliative care provider that serves your area. Go online or contact them to learn about the mission and goals of a palliative care program. <p>Recommended</p> <ul style="list-style-type: none"> • Identify individuals who are receiving hospice care within your organization and discuss the goals of care with the supervising nurse to understand the philosophy of hospice care. • Interview an individual who is receiving palliative care. What does it mean to them? What do they see as the benefits of palliative care? 	
<p>8. Describe ways to promote effective end-of-life care.</p> <p>Required</p> <ul style="list-style-type: none"> • Participate in an admission and explore how advance directives are addressed and filed in the individual’s record. • Compare and contrast 3 various forms for advanced health care directives, including the POLST form or other advanced directive document, and discuss with the nurse educator or director how they compare to what is currently used in the organization in which you work. • Identify an innovative, collaborative way of delivering end of life care to maintain dignity and honor one’s life, while supporting family. Share with the team and implement as appropriate. • Identify practices within your facility or organization that support and promote quality end-of-life. <p>Recommended</p> <ul style="list-style-type: none"> • Complete an advanced directive for yourself. • Determine the process of how advanced directives and wishes are 	

<p>communicated and honored within the team.</p> <ul style="list-style-type: none">• Interview an individual who is living with pain. Explore how pain influences their daily living and psychosocial needs. Discuss with them strategies for enhancing quality of life according to the interventions learned in the psychosocial course.• Provide care to an individual at the end-of-life. Provide support to the individual and family. Implement care to improve psychological comfort for the individual/family following the Dying Patient's Bill of Rights. What would you repeat in the care you provided? What would you do differently?• Identify ways your organization celebrates an individual's life.• Gather 4-5 staff perspectives on end of life nutrition and hydration. Organize a learning circle with staff and share what you learned, along with educational materials on life-sustaining nutritional needs and approaches to take when an individual at the end of life is declining or unable to take in food and/or fluids.	
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**Health Support Specialist Program
1 credit**

Course Title: The Role of the HSS in Physiological Care

Course Description:

This course introduces the student of the basic body systems and changes that occur as the body ages. Body systems are explored for the influences and implication of aging, prevalent disorders and diseases, and common alterations in function. Recognizing the impact that physiological changes have on an individual is highlighted to address person-directed living. Strategies and rationale for managing physiological alternations and promoting prevention and healthy aging within the scope of the Health Support Specialist will be addressed.

Credits: 1

Pre-requisites:

Nursing Assistant NA\R

Acceptance into the HSS program within three months of starting classes with approved contract with chosen facility for apprenticeship.

Co-requisites: None

Student Learning Outcomes

1. Describe the physiological changes in the aging process.
2. Relate disease process prevalent with aging to physiological variations.
3. Recognize physiological alterations and the impact they have on an individual's daily living and quality of life.
4. Identify opportunities and rationale for managing physiological alterations to encourage prevention and promote health.
5. Discuss leadership and communication considerations in the role of the HSS as they relate to Physiological care.

Topical Outline:

1. Integumentary
 - a. Aging influences and implications of the skin
 - b. Conditions that contribute to tissue breakdown
 - c. Common disorders & physiological alterations
 - i. Pressure sores
 - ii. Lesions
 - d. Prevention & health promotion strategies
2. Musculoskeletal system
 - a. Aging influences and implications of the bones, muscles, and joints

- b. Conditions that contribute to musculoskeletal dysfunction and immobility
 - c. Common disorders & physiological alterations
 - i. Osteoporosis
 - ii. Arthritis
 - iii. Fractures
 - iv. Joint replacements
 - d. Prevention & health promotion strategies
 - i. Reducing falls
 - ii. Maintaining ROM and mobility
 - iii. Rehabilitation
3. Respiratory System
- a. Aging influences and implications of the lungs and airway
 - b. Common disorders & physiological alterations
 - i. Pneumonia
 - ii. Asthma
 - iii. Influenza
 - iv. COPD
 - v. Cancer
 - c. Prevention & health promotion strategies
4. Cardiovascular System
- a. Aging influences and implications of the heart and vessels
 - b. Common disorders & physiological alterations
 - i. Heart Failure
 - ii. CAD/Myocardial Infarction/Angina
 - c. Prevention & health promotion strategies
5. Nervous System
- a. Aging influences and implications of the brain, spinal cords, and nerves
 - b. Common disorders & physiological alterations
 - i. TIA/CVA
 - ii. Parkinson's
 - iii. MS
 - iv. TBI/Spinal Cord Injuries
 - c. Prevention & health promotion strategies
6. Sensory System
- a. Aging influences and implications of vision, hearing, taste, smell, and touch
 - b. Common disorders & physiological alterations
 - c. Prevention & health promotion strategies
7. Endocrine System
- a. Aging influences and implications of metabolism and hormones
 - b. Common disorders & physiological alterations
 - i. Thyroid disorders
 - ii. Diabetes
 - c. Prevention & health promotion strategies
8. Gastrointestinal System
- a. Aging influences and implications of the digestive tract
 - b. Common disorders & physiological alterations
 - i. Swallowing/eating impairments

- ii. Constipation
 - c. Prevention & health promotion strategies
- 9. Genitourinary System
 - a. Aging influences and implications of the kidneys and urinary tract
 - b. Common disorders & physiological alterations
 - i. UTI
 - ii. Renal Failure
 - c. Prevention & health promotion strategies
- 10. Immune System
 - a. Aging influences and implications of infection
 - b. Common disorders & physiological alterations
 - i. Types of infections
 - ii. Sepsis
 - c. Prevention & health promotion strategies
- 11. Pain
 - a. Aging influences and implications of pain
 - b. Conditions that contribute to pain
 - c. Prevention & health promotion strategies
- 12. Leadership in the role of the HSS in physiological care
 - a. Addressing individual physiological needs for person-directed living
 - b. Communicating changes and individual requests/needs
 - c. Ensuring communication among team members
 - d. Hospital admission/readmission significance related to physiological alterations

Work Process Hours: 100 – 500

Description:

The physiological care work processes provide the opportunity for the HSS to understand physiological changes related to aging. Applying strategies for prevention and health promotion will be addressed; apprentices will recognize alterations and their impact on individuals’ daily living to promote the comfort and quality of life.

Work processes identified as REQUIRED means that the student will complete these activities and tasks. Those work processes identified as RECOMMENDED means that the employer determines if the activity/task is meaningful, appropriate or achievable.

Objective and Work Processes	Completed
<p>1. Describe physiological changes that occur with the aging process.</p> <p>Required</p> <ul style="list-style-type: none"> • Shadow a nurse when caring for individuals with a physiological alteration within each of the body systems and discuss with the nurse the changes and correlations to aging that you observe. 	
<p>2. Relate disease processes prevalent with aging to physiological alterations.</p>	

<p>Required</p> <ul style="list-style-type: none"> Recognize changes and symptoms that may occur in individuals with respiratory alterations and follow proper organization policy. <p>Recommended</p> <ul style="list-style-type: none"> Compare and contrast with the care team early warning signs to observe for/report with the normal changes associated with aging, according to the various body systems. 	
<p>3. Recognize physiological alterations and the impact they have on an individual's daily living and quality of life.</p> <p>Required</p> <ul style="list-style-type: none"> Interview an individual who is living with one or more alterations in body systems. Explore how these alterations impact their daily living and what measures can be taken to improve their quality of life. Recognize symptoms of hypoglycemia and follow organization protocol. <p>Recommended</p> <ul style="list-style-type: none"> Utilize the InterAct 'Stop and Watch' Early Warning Tool for a designated period of time and evaluate how it enhances communication with the team to improve quality of care - accessible at http://interact2.net/docs/Communication%20Tools/Early_Warning_Tool_(StopWatch)c.pdf 	
<p>4. Identify strategies and rationale for managing physiological alterations to encourage prevention and promote health.</p> <p>Required</p> <ul style="list-style-type: none"> Attend a care conference and identify with the nurse one individual's priority physiological needs. Identify policies and procedures on tissue tolerance/skin protocols and how they are implemented within the organization. Demonstrate methods of skin break down prevention. Review preventative measures for falls and scan the environment to ensure that all measures are being met. Assist individuals with use of adaptive equipment needed to maintain musculoskeletal function to promote independence. Identify appropriate exercises/activities for individuals who have musculoskeletal limitations. Organize and facilitate an exercise activity to promote circulation. Demonstrate proper perineal care to prevent Urinary Tract Infection. Identify individuals with sensory impairments and assist individuals to learn adaptive techniques. <p>Recommended</p>	

<ul style="list-style-type: none"> • Discuss in a learning circle ways to promote dignity with individuals with incontinence issues. • In collaboration with the nurse, implement procedures for prevention of C Diff. • In collaboration with the nurse, implement methods for individuals in the prevention of constipation. • Survey snacks that are currently available; identify and recommend heart healthy options. • Assist individuals who have experienced a neurological condition in using adaptive equipment and techniques. 	
<p>5. Discuss leadership and communication considerations in the role of the HSS as they relate to physiological care.</p> <p>Required</p> <ul style="list-style-type: none"> • Participate in a team evaluation of an individual’s plan of care, addressing physiological needs, opportunities and interventions. • Reflect and discuss with team the appropriate interventions related to the physiological aspects of aging for an individual. <p>Recommended</p> <ul style="list-style-type: none"> • Identify individuals who have skin issues and work with the nurse to ensure proper skin care protocols are being implemented. • Coordinate with staff education director to facilitate an influenza in-service for staff/individuals. • Develop a tool that will promote communication among the team for preventing falls. 	

Appendix B
Safety Training

**63 hours of safety training are included in the related instruction
course curriculum and the work processes**

Appendix C

Sample Apprenticeship Agreement

**Please see the LeadingAge Minnesota On-line Tracking System for
processing the apprenticeship agreement**

www.healthsupportspecialist.org

Appendix D
Ratio

**Minnesota Department of Labor and Industry
Apprenticeship Unit**

Ratio of Apprentices to mentors

Unless there is a collectively bargained ratio agreement between management and labor the ratio of apprentices to mentor shall be one apprentice to one mentor and one additional mentor per apprentice for the next three thereafter, i.e. 1:1, 2:4, 3:7, 4:10, etc.

Signature of Sponsor

Date

Director of Apprenticeship

Date

*** Minnesota Apprenticeship Advisory Council Policy states: “The ratio, if there is no collectively bargained ratio, of apprentices to mentors shall be 1:1 and 1:3 thereafter. Should a sponsor wish to request a variance from this policy the sponsor shall send their request to the Apprenticeship Unit for consideration. Each request shall be taken to the Council for their advice and recommendation.”**