**Part 1**

**General Orientation and Training Requirements for Health Care Providers that Apply to Agencies with a Minnesota Home Care License**

**Note: This is a summary of a variety of general orientation and annual in-service training requirements that apply to home care staff working for Comprehensive or Basic Home Care agencies but that are found in laws other than the Minnesota Home Care law.**

**HIPAA**

45 CFR 160.530, (b) (1) (b)(1) requires HIPAA “covered entities”to “train all members of its

workforce on the policies and procedures with respect to protected health information required by this subpart and subpart D of this part, as necessary and appropriate for the members of the

workforce to carry out their functions within the covered entity.” New employees must be trained “within a reasonable period of time after the person joins the covered entity’s workforce.” In addition if employees’ functions are affected by a “material change” in policies or procedures required by the HIPAA requirements. The training must be documented.

**OSHA**

State and federal OSHA requirements are designed to protect workers, and for health care organizations and their employees, there are a number of requirements that are particularly important:

Hazardous substances, harmful physical agents and infectious agents. The state law—called the Employee Right to Know (ERTK) standard--requires that training and information regarding these substances must be provided to any employee who might be routinely exposed to them. This would include information in Material Safety Data Sheets for any cleaning or other types of supplies that home care staff might use and training on personal protective equipment. Employers must have a written ERTK program. Annual training of staff to update the information about the substances is required. ([M.S. 182.653](https://www.revisor.mn.gov/statutes/?id=182.653) and [MN Rules 5206.0700](https://www.revisor.mn.gov/rules/?id=5206.0700)) ERTK training must be documented and training records retained for three years. The training must occur:

* before an employee’s *initial* assignment to a workplace where they may be routinely

exposed to a hazardous substance, harmful physical agent or infectious agent;

* before any new or additional hazardous substance or agent is introduced into the workplace to which the employee may be routinely exposed; and
* updated **annually.**

Bloodborne Pathogens. The Bloodborne Pathogens standard, [29 CFR 1910.1030](http://www.gpo.gov/fdsys/pkg/CFR-1999-title29-vol6/pdf/CFR-1999-title29-vol6-sec1910-1030.pdf), requires employers to develop and implement an Exposure Control Plan. If *all* infectious agents to

which employees may be exposed are covered as part of the Exposure Control Plan,

that plan will be considered as meeting the ERTK requirement for a written program related to infectious agents. Training information about bloodborne pathogens and preventive measures and equipment must be provided to employees likely to experience occupational exposure. Employers must offer employees who may have occupational exposure to bloodborne pathogens the hepatitis B vaccine.

A Workforce Accident and Injury Reduction (AWAIR) Program ([MN Rules 5208](https://www.revisor.mn.gov/rules/?id=5208)). Minnesota’s North American Industrial Classification System (NAICS) list of occupations that must comply with the AWAIR Program requirements was updated on December 29, 2015 and includes home care services under the NAICS classification 624120, “services for the elderly and persons with disabilities.” An employer covered by this requirement must establish a written AWAIR program that includes how the plan will be communicated to all affected employees so they are informed of work-related hazards and controls.

Safety Committee. [**§**](https://www.revisor.mn.gov/rules/?id=5206.0700#rule.5206.0700.1.G.2)Under [MN Stat. 182.676](https://www.revisor.mn.gov/statutes/?id=182.676), every public or private employer of more than 25 employees must establish and administer a joint labor-management safety committee, and some smaller employers must also comply if they have had safety problems identified in this section of law.

Safe Patient Handling Act. According to staff at the Minnesota Department of Labor and Industry (DOLI), there is no plan to extend the [Safe Patient Handling Act](https://www.revisor.mn.gov/statutes/?id=182.6553) to home care, but the use of mechanical lifts is although there is discussion that a proposal to extend these requirements to assisted living home care providers might be introduced in the 2015 Legislative session. However, safe lifting—with or without the use of mechanical lifts—should be an important part of OSHA training for home car staff due to the frequency of injuries when providing this type of service.

**EMERGENCY PREPAREDNESS**

Basic and Comprehensive home care agencies must have a written plan of action to facilitate the management of the client’s care and services in response to a natural disaster, such as flood and storms, or other emergencies that may disrupt the home care provider’s ability to provide care or services. The licensee must provide adequate orientation and training of staff on emergency preparedness[. (MN Statute 144A.4791, subd. 12)](https://www.revisor.mn.gov/statutes/?id=144A.4791)

In addition, effective January 1, 2016, all housing-with-services establishments must have emergency plans that meet the requirements of MN Statute 144D.11, and home care and other staff working in these settings must be trained on the emergency/disaster procedures during the initial staff orientation and annually thereafter. Staff that have not yet received this emergency and disaster training are allowed to work only when trained staff are also working on site.

Under Minnesota’s Fire Code, multifamily buildings must train employees on their fire evacuation and fire safety plans during initial orientation and at least annually. Most of these buildings must conduct evacuation drills quarterly. Home care staff working in these buildings, although not employees of the building owner or management, should be knowledgeable about the fire safety and evacuation plans and should participate in drills if possible.

**INFECTION CONTROL/TB**

[**§**](https://www.revisor.mn.gov/statutes/?id=144A.4798#stat.144A.4798.1)Under [MN Statute 144A.4798](https://www.revisor.mn.gov/statutes/?id=144A.4798), a home care provider must establish and maintain a TB prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). All staff providing home care services, both paid and unpaid, must be screened at the time of hire for active TB disease and latent TB infection before serving clients (either a two-step TB skin test or using a blood test). Agencies in low-risk areas are not required to repeat the Mantoux annually, but are expected to review symptoms annually with staff. (OSHA also addresses requirements for training staff related to exposure to infectious disease—see above.)

MDH’s TB manual for health care organizations says TB training is required at time of hire for all health care workers. The content of the training should be appropriate to the job responsibilities and educational or professional background of the employees. In medium-risk settings, TB training should be conducted annually. Low-risk settings should annually

evaluate the need for TB training, and conduct training as needed. The MDH manual says the content of the training should focus on basic information about:

* TB pathogenesis and transmission,
* Signs and symptoms of active TB disease, and
* Your health care setting’s infection control plan (i.e., how to implement your early recognition, isolation, and referral procedure), especially any sections that employees are responsible for implementing.