ALABAMA STATE COMMITTEE OF PUBLIC HEALTH
DIVISION OF LICENSURE AND CERTIFICATION
ADMINISTRATIVE CODE

CHAPTER 420-5-10
NURSING FACILITIES

420-5-10-.04 Personnel.

(1) General. The administrator shall be responsible for implementation and maintenance of written personnel policies and procedures that support sound resident care and personnel practices. Personnel records shall be in effect current and available for each employee and contain sufficient information to support placement in the position to which assigned. Written policies for control of communicable disease shall be in effect to ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work, and a safe and sanitary environment for personnel exists. Incidents and accidents to personnel shall be reviewed to identify health and safety hazards.

(2) Personnel Records. Each nursing facility shall maintain a personnel record for each employee. As a minimum, the record shall include:

(a) Application for employment which contains information regarding education, training, experience, and if applicable, registration, and/or licensure information of the applicant.

(b) A job description.

(c) General administrative and job-related orientation.

(d) A background check for criminal history and verification that the employee does not appear on the Alabama Nurse Aide Abuse Registry or the Alabama Elderly and Adult in Need of Protective Services Abuse Registry.

(3) In addition to requirements at 420-5-10-.21 (Infection Control), each facility shall:

(a) Establish vaccination requirements for employees that are consistent with current recommendations from the Centers for Disease Control and Prevention (CDC) and the federal Occupational Safety and Health Administration (OSHA).

(b) Ensure personnel absent from duty because of any communicable disease shall not return to duty until examined by a physician or freedom from any condition that might endanger the health of residents or employees. Documentation of freedom

from communicable disease shall be available in facility records.

(4) Personnel Qualifications, Requirements, and Training.

(a) Qualifications of Personnel. The name and qualifications of all professional employees shall be kept on file for inspection by the State Committee of Public Health.

(b) Staff Development. Each employee shall receive appropriate orientation to the facility and its policies and to his/her position and job duties to ensure competency in the job placement. All employees shall participate in in-service educational programs planned and conducted for the development and improvement of their skills.

(5) Nurse Aides. As a general rule, a facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless:

(a) That individual is competent to provide nursing related services.

(b) That individual has completed a training and competency evaluation program; or

(c) That individual has been deemed or determined competent by the Alabama Certified Nurse Aide Registry.

(6) A facility must not use any individuals working in the facility whose name appears on the Alabama Nurse Aide Abuse Registry or the Alabama Elderly and Adult in Need of Protective Services Abuse Registry.

(7) Non-permanent Employees. A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee, any individual who does not meet the requirements in paragraphs 5(b) & 5(c) above as a nurse aide.

(8) Minimum Competency. A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual:

(a) Is a full-time employee in a state-approved training and competency evaluation program;

(b) Has demonstrated competence through satisfactory participation in a state-approved nurse aide training and competency evaluation program; or

(c) Has been deemed or determined competent by the Alabama Certified Nurse Aide Registry.

(9) Registry Verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless:

(a) The individual is a full-time employee in a training and competency evaluation program approved by the state; or

(b) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the state and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.

(10) Multi-state Registry Verification. Before allowing an individual to serve as a nurse aide, a facility must contact the Alabama Certified Nurse Aide Registry to seek information from every state registry the facility believes includes information on the individual.

(11) Required Retraining. If, since an individual’s most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing related services for monetary compensation, the individual must complete a new training and competency evaluation program.

(12) Regular In-service Education. The facility must complete a performance review of every nurse aide at least once every 12 months and must provide regular in-service education based on the outcome of these reviews. The in-service training must:

(a) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.

(b) Address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff.

(c) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

(13) Proficiency of Nurse Aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

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