



COMAR 10.07.05.11 Training: A. An agency shall ensure that individuals that are referred are trained appropriately to provide care that is needed by the agency's clients. B. Sources other than the agency may provide training, as approved in writing by the Office of Health Care Quality NOTE: A vendor is responsible for obtaining a copy of the current RSA regulations 10.07.05 and utilizing the current regulations to develop the curriculum for the course.

C. At a minimum, training for individuals providing care in clients' homes shall include:	Curriculum must cover COMAR Regulations	Final/Approved
(1) Instruction and supervised practice in relevant personal care services of the sick/disabled at home. For example: The aging process and changes with physical, functional, and mental capacity. Maintaining or regaining independence. The need to follow a care plan developed by the RN which contains instructions for the provision of personal care & medications. Maintaining client safety, dignity and privacy when providing assistance with ADLs Knowledge of agency policies Activities of Daily Living Hygiene - bathing (tub, shower, bed bath), oral care, nail & perineal care, colostomy care, urinary catheter care Ambulation - proper transfer techniques, ambulation equipment (bed to chair, wheel chair, lift, walker, cane), maintaining physical activity level Assistance with dressing Assistance with feeding, aspiration precautions, special diets, fluid restrictions Relevant equipment Vital Signs - normal and abnormal parameters Basic safety measures & prevention of injuries How to handle unsanitary conditions and safety concerns in the homes How to handle client-related incidents: falls, bleeding, respiratory, cardiac, mental status changes, choking, etc. Disaster management in the patient's home: fire, power outage, flooding Inclement weather Contact information for emergencies (local, county, state, family)	10.07.05.02 (1) (17) (27) 10.07.05.11 10.07.05.12 E., F., G., 10.07.05.08B (1) c-e. 10.07.05.05	☐ Yes ☐ No
Aides with Med Mgmt Supervised by RN. For example: How is competency determined? What is allowed? Medication administration routes permitted for CMT - oral, topical, ear, eyes, nose, suppositories, subcutaneous, finger sticks May give meds only from original container What is not allowed? - CMTs/CMAs may not calculate medication doses or fill pill boxes	NPA 10.39.04 NPA 10.39.03 10.07.05.08B(1)(c)-(e)	☐ Yes ☐ No



C. At a minimum, training for individuals providing care in clients' homes shall include:	Curriculum must cover COMAR Regulations	Final/Approved
Response to allergic reaction Over the counter medications Documentation of medication administration Handling of medication errors Changes in medication regimen Reporting to the supervisory RN: what, when, how soon, etc.		
Aides without Med Mgmt Supervised by RN. For example: Nursing assistants without medication management supervision by an RN must never administer medications. They may assist with medication reminders for clients that are self-administering medications	at 10.07.05.12E(2)	☐ Yes ☐ No
(2) Identification of situations that require referral to a registered nurse, including significant changes in a client's condition. For example: -RN supervise LPNs, medication technicians, nursing assistants and non-certified aides -LPNs and assistants of any discipline may not delegate care or supervise services -Supervision and delegation of care is the responsibility of RN who observes and evaluates staff at patient's home to ensure skills competence and safety -Examples of events to report to the RN - Baseline vital sign changes - Baseline change in mental function - Patient's admission & discharge from hospital - Trips to Urgent Care or Emergency Department - Patient falls & injuries - Medication errors - Complaints and incidents - Dissatisfied client and family - Any safety concern - Needed notifications to clients or client representative - Damage or breakdown of equipment - Training and retraining needs of clients or their family members	10.07.05.12 B, C, E, F 10.07.05.08B(1) Nurse Practice Act (COMAR 10.27.11 and 10.39.01 -07) 10.07.05.09	☐ Yes ☐ No
(3) Record keeping. Who? What? Where? When? - Is it legible, accurate, date, staff signature, patient's name? - Weekly Care Notes Note: The RSA may have employer-specific record keeping and can supplement with additional training/guidance. For example: Safe storage rules for patient records (car, home, office) - Electronic records	10.07.05.14	☐ Yes ☐ No



C. At a minimum, training for individuals providing care in clients' homes shall include:	Curriculum must cover COMAR Regulations	Final/Approved
- No unauthorized release of patient records - Documentation of safety issues, interventions		
(4) Ethical behavior, client's rights, and confidentiality of information. For example: Knowledge of agency policy Professional staff conduct in clients' homes Respect, dignity for clients, treatment & care plan, right to refuse, privacy, confidentiality (no disclosure of patient information to persons not involved in the care) Tolerance for patient's/family members' beliefs and opinions Patient's freedom from coercion, free of retaliation Grievance process, advance directives, informed consent The right to complain: The agency shall provide the client/client rep with a telephone number where they may contact a representative of the agency 24 hours a day 7 days a week	10.07.05.16	☐ Yes ☐ No
(5) CPR, including a hands-on component, taught by a CPR instructor certified by a nationally recognized organization. Every 2 years by a certified CPR instructor; hands-on training in class room setting	26 Reg Update	☐ Yes ☐ No
(6) Infection control measures, including but not limited to standard precautions and transmission-based precautions, hand hygiene, and personal protective equipment use and other applicable standards of OSHA and CDC. For example: Knowledge of agency policy Proper hand washing, use of sanitizer Use of PPE - gloves, gowns, masks, face shields Cleaning of equipment Use of glove: when and how Blood borne pathogen training Standard, contact, air-borne, droplet precautions (example C-diff, COVID, norovirus infections) Dirty vs clean Reporting client and staff infections Maintaining documentation of training Environmental clean-up Sick leave policy for staff to prevent transmission of diseases Handling of soiled clothing in the field Disposal of bio-hazardous trash	10.07.05.11 10.07.05.08	☐ Yes ☐ No
(7) Prevention of abuse, neglect, and financial exploitation. For example: Responsibility of staff to identify & report to the Delegating Nurse/Supervisor patient abuse, neglect, financial exploitation - Staff safety	10.07.05.11 10.07.05.16	☐ Yes ☐ No



Name of Vendor _____
Reviewer _____ Date _____

C. At a minimum, training for individuals providing care in clients' homes shall include:	Curriculum must cover COMAR Regulations	Final/Approved
- Knowledge of agency policies		
(8) Emergency Preparedness Plan	26 Reg Update	☐ Yes ☐ No
(9) Dementia Training Initial - 3 hours Annually - 2 hours Certificate is Provided Overview of Alzheimer's disease & dementia Person-centered care Assessment & care planning process ADLs Alzheimer's disease & dementia-related behaviors and communication	See Health General 19-4A-03.1	☐ Yes ☐ No
(10) Frequency of Training Within 45 days of hire and Annually Prior to client referral and before any direct care services are provided by residential service agency's staff CPR every two years prior expiration	26 Reg Update	☐ Yes ☐ No

OHCQ Reviewer Signature: _____ Date: _____

Notes: