NORTHERN NEVADA ADULT MENTAL HEALTH POLICY AND PROCEDURE

SUBJECT: TRAINING AND ROLE PROFICIENCY

NUMBER: NN-HR-27

ORIGINAL DATE: 10/19/07

REVIEW/REVISE DATE: 3/19/09, 5/20/10, 8/19/10, 12/22/10

APPROVAL: Rosalyne Reynolds {s}, Agency Director

I. PURPOSE:

The purpose of this policy is to clarify required training and demonstrable competencies necessary for successful employee performance at Northern Nevada Adult Mental Health Services (NNAMHS).

II. POLICY

It is the policy of Northern Nevada Adult Mental Health Services (NNAMHS) to ensure that all staff members including contract employees, interns, residents, and volunteers are competent to perform the duties they are assigned. It is our goal to evaluate, measure and increase the quality of staff proficiency. Our goal is to ensure understanding of applicable statutes, regulations, policies, procedures, and provide the appropriate tools and resources to ensure all staff members are successful in their role.

III. PROCEDURE

Orientation

- The Personnel Department will provide an initial orientation for new employees. Paperwork required for processing new hires is completed on the first day of employment and submitted to Central Records. The NNAMHS Personnel Department will review the required State Personnel documents with new employees. Personnel staff will apprise new employees of essential policy(ies), procedures and regulations as well as benefit options.
- 2. On the first day of employment, the supervisor must review procedures on Standard (Universal)

 Precautions, Fire Safety and Disaster Plans with each new employee. In addition, the

 employee must be able to identify the locations of fire alarms and fire extinguishers in their

- work location(s). The supervisor will provide a campus tour and a review of the Work Performance Standards (WPS).
- 3. Each supervisor is responsible for ensuring their employees' attendance at the general agency orientation provided by NNAMHS within 20 working days of their employment.
- 4. Items covered in the orientation process include:
 - A. General Protocols
 - i. Organizational chart(s)
 - ii. Facility locations
 - iii. Introduction to key personnel
 - iv. Sexual Harassment
 - v. Confidentiality

B. Policies and Procedures:

i.	NNAMHS Policy	NN-HR-01 ACCESS TO PERSONNEL POLICIES
ii.	NNAMHS Policy	NN-HR-10 NON-DISCRIMINATION IN EMPLOYMENT
iii.	NNAMHS Policy	NN-HR-34 LEAVE USAGE
iv.	NNAMHS Policy	NN-HR-18 NEATS DOCUMENTATION OF TIMESHEETS,
		REPORTING ABSENCE, ETC.
٧.	NNAMHS Policy	NN-HR-47 CONFLICT RESOLUTION
vi.	NNAMHS Policy	NN-HR-45 DISRUPTIVE BEHAVIOR
vii.	NNAMHS Policy	NN-RI-13 CONSUMER RIGHTS
viii.	NNAMHS Policy	NN-RI-14 COMPLIANCE WITH CIVIL RIGHTS
ix.	NNAMHS Policy	NN-RI-01 PATIENT ABUSE AND/OR NEGLECT
Χ.	NNAMHS Policy	NN-RI-08 REPORTING THE DENIAL OF CONSUMER RIGHTS
xi.	NNAMHS Policy	NN-IM-PS-02 RELEASE OF CONSUMER INFORMATION
xii.	NNAMHS Policy	NN-IC-19 POST-EXPOSURE EVALUATION AND FOLLOW-UP
xiii.	NNAMHS Policy	NN-IC-20 PREVENTING TOXIC AND HAZARDOUS SUBSTANCE
		EXPOSURE
xiv.	MHDS Policy	5.027-NON-DISCRIMATION IN EMPLOYMENT
XV.	MHDS Policy	5.021-GOVERNOR'S POLICY AGAINST SEXUAL
		HARASSMENT
xvi	MHDS Policy	5.028 FAMILY AND MEDICAL LEAVE
xvii.	MHDS Policy	4.037 PROFESSIONAL BEHAVIOR OF DIVISION EMPLOYEES
xviii.	MHDS Policy	4.026 DRESS, GROOMING AND CONDUCT AT PUBLIC
		MEETINGS
xix	MHDS Policy	6.003 PHI GENERAL REQUIREMENTS
XX.	MHDS Policy	2.003 ABUSE OR NEGLECT OF CLIENTS
xxi.	DHHS Policy	INCOMPATIBLE ACTIVITIES-PROHIBITIONS AND PENALTIES

- xxii. POLICY STATEMENT ALCOHOL/DRUGFREE WORKPLACE
- xxiii. CORE/SUPERVISORY COMPETENCY REVIEW AND SIGNOFF
- xiv. CRIMINAL BACKGROUND CHECK FORMS
- C. Case Handling, Documentation and Tracking (for direct care employees)
 - i. Consumer admission & consumer rights
 - ii. Consumer assignment & treatment plans
 - iii. Case notes, reviews, terminations, and correspondence
 - iv. Incident reports
 - v. Data management requirements
 - vi. Quality assurance and program review procedures.
 - vii. Pain Assessment
 - viii. LOCUS Assessment
 - ix. Consumer Rights
 - x. Abuse and neglect
 - xi. Elder abuse reporting requirements
 - xii. Privacy and security of Protected Health Information
 - xiii. Cultural awareness and diversity
 - xiv. Peer support services-Working collaboratively, advocacy and role responsibilities

D. Emergency Procedures

- Agency procedures for fire evacuation; health/safety; incidents/accidents;
 crisis response; and first aid.
- ii. Location of OSHA standards: Toxic and Hazardous Substances
- iii. Fire Safety and Disaster Plans / Bio-Terrorism and Disaster Preparedness
- iv. Hazard Communications
- v. Hazardous Materials-MSDS (Material Safety Data Sheets/Spills
- vi. Infection Control, including Blood borne Pathogens, TB, HIV, Universal Precautions,
- vii. Hand Washing Competencies, Labels of Hazardous Materials and Infectious Waste
- viii. How to identify potentially infectious materials
- ix. Explanation of Personal Protective Equipment
- x. Safety/back safety
- xi. Electrical Safety and Construction Safety
- p. Suicide Assessment

- 5. Orientation Requirements for "re-hires"
 - a. If an employee is re-hired within 90 (ninety) days of their resignation, they do not need to attend the orientation program, provided they were up to date with the Safety and Infection Control in-services.
 - b. If the employee has not attended Fire, Safety and Health Education within a calendar year, they will need to attend the Infection Control and safety portions of the orientation.
 - c. If an employee is rehired more than 90 (ninety) days from the date of their resignation, they must attend the orientation program.

Training

- Annual training is required in many areas. Competency and proficiency are measured by the
 quality and level of work performance. Supervisors are responsible for ensuring that their
 employees are competent. The agency is responsible for ensuring that appropriate tools and
 training opportunities are available.
- 2. NNAMHS employees engaged in direct care (excluding medical staff) will attend CPART training within 6 months of employment. CPART training is available for all other staff with permission for attendance provided by their supervisor.
- 3. NNAMHS employees will complete the following training on an annual basis:
 - A. Conflict Management and Resolution
 - B. Cultural Competency
 - C. Fire, Safety, Disaster, Health/Infection Control, and Standard Precautions
 - D. AVATAR-(When necessary for performance of essential functions)
 - E. Abuse and Neglect and Consumer Rights
 - F. Professional Behavior of Division Employees
 - G. HIPAA/Confidentiality
 - H. Information Technology Training
 - I. Toxic and Hazardous Substances-OSHA Guidelines
 - J. Post-Exposure Evaluation and Follow-up
- 4. NNAMHS clinical employees will also complete the following training on an annual basis:
 - A. Suicide Prevention/Assessment-All Clinical Staff
 - B. Seclusion and Restraint-All Medical Staff and all Inpatient Nursing Staff
- 5. NNAMHS employees will complete the following training on a bi-annual basis:
 - A. Sexual Harassment Prevention Revisited

- B. CPART-All direct care staff with the exception of Senior Physicians and Senior Psychiatrists.
- C. CPR-All relevant staff/emergency Responders
- 6. NNAMHS clinical employees will also complete the following training on a bi-annual basis:
 - A. Pain Assessment
- 7. NNAMHS employees will complete the following training on a tri-annual basis:
 - A. Fire Extinguisher Training
- 8. NNAMHS employees who are required to drive as an essential function of their position will complete the following training every four years:
 - A. Defensive Driving-Risk Management Class
- 9. NNAMHS Supervisors will have additional training obligations which include:
 - A. Within 6 months of appointment
 - i. Evaluating Employee Performance
 - B. Within 12 months of appointment
 - i. Equal Employment Opportunity
 - ii. Interviewing and Hiring
 - iii. Alcohol and Drug Testing
 - iv. Progressive Disciplinary Procedures
 - v. Handling Grievances
 - vi. Risk Management-Workers Compensation Overview for Supervisors
 - vii. Risk Management-Managing the Threat of Workplace Violence
 - viii. Risk Management-Supervisor Safety Training
 - C. Within 3 years of appointment
 - i. The employee shall attend additional supervisory or managerial training which, when added to the amount of training listed in Section A and B, equals at least 40-hours. Training must either be hosted by the Department of Personnel or pre-approved by the Hospital Education Coordinator.
 - D. Subsequent 3 year periods
 - i. The employee shall attend at least 40-hours of training to enhance supervisory or managerial skills. Such training must include at least two of the training classes listed in Section B. Training must either be hosted by the Department of Personnel or pre-approved by the Hospital Education Coordinator. An employee who receives credit for a training class described in Section B for a three year period will not receive credit for taking the same training class in the two subsequent three year

periods. Variations are at the discretion of, and must be reviewed and approved by, the appointing authority.

Annual Observation and Documentation Review

- Assessing proficiency in performance considers how the knowledge and skills are used in the work setting.
- 2. Supervisors are responsible for ensuring staff proficiency and competency related to the elements of the employee's job. One way competencies should be assessed is through observation and documentation review completed by the supervisors; or in the case of medical staff, peer review may be used to assess competency. Proficiency and competency are assessed on an annual basis on those work performance standards they **do not** perform on a regular basis.
 - A. Supervisors assess all clinical staff on an annual basis to ensure proficiency in:
 - i. Mock Codes-All Clinical Staff
 - ii. Out-Patient Emergency Behavior Management- All Outpatient Clinical Staff
 - iii. Emergency Cart-All Clinical Staff
 - iv. Glucometer Competency-All Inpatient Nursing Staff
 - v. AWOL Policy Absent without Leave for in-patient staff only (MHDS 4.069)-All Inpatient Nursing Staff
 - B. Medical Staff will be assessed annually through peer review to ensure proficiency in:
 - i. Diagnosis
 - ii. Writing Medication Prescriptions
 - iv. Medication Reconciliation
- 3. Staff who manage or come in contact with hazardous materials are required to complete an annual review of the following policies and demonstrate knowledge of the content:
 - A. NNAMHS Policy NN-IC-14 Control of Environmental Contaminants (Cleaning Schedule)
 - B. NNAMHS Policy NN-IC-15 Hazardous Waste Handling and Disposal
 - C. NNAMHS Policy NN-IC-19 Post-Exposure Evaluation and Follow-up
 - D. NNAMHS Policy NN-IC-20 Preventing Toxic and Hazardous Substance Exposure
 - E. NNAMHS Policy NN-IC-21 Exposure Evaluation and Follow-up -Consumer

Education Documentation

1. A copy of the orientation and annual statement of trainings will be recorded in the employee's educational record.

- Employees and supervisors may request a copy of a specific training record at any time by contacting the administrative assistant assigned to the Performance Improvement Department.
- Trainings arranged in NEATS are documented in the employee's NEATS transcript. Employees can access their transcript through the NEATS site.
- 4. Employees are responsible for documenting their attendance at agency sponsored trainings by signing attendance logs and maintaining attendance receipts or certificates provided.
- 5. Employees are responsible to ensure they have completed all required trainings and competencies and that such training has been documented in the training and competency spreadsheets available on the desktop links. These training records must be provided to the supervisor by the employee one month prior to the date of the annual appraisal for inclusion in the appraisal process.
 - A. Completion of training must be considered in the overall performance rating.
- 6. Any lapse in training or loss of occupational license or certification due to a lapse in training may result in discipline up to and including termination of employment

III. REFERENCES

NNAMHS Policy NN-HR-24 Avatar and EMR Training

NNAMHS Policy NN-IC-15 Hazardous Waste Handling and Disposal

MHDS Policy 2.001 Client Rights

MHDS Policy
 MHDS Pol

MHDS Policy 2.015 Conflict Prevention and Response Training Certification Requirements

MHDS Policy 2.053 LOCUS Assessment

MHDS Policy 2.068 Email Use

MHDS Policy 2.067 Cultural Competence

MHDS Policy 4.016 Training Policy

MHDS Policy 4.030 Basic Documentation Guidelines for Medical Records

MHDS Policy 4.037 Professional Behavior

MHDS Policy 4.029 Suicide Risk Procedure

MHDS Policy 5.005 Orientation of New Employees

MHDS Policy 5.006 Work Performance Standards/Employee Development Reports

MHDS Policy 6.001 HIPAA Policies

MHDS Policy 6.014 Employee Training Requirements.

MHDS Policy 6.069 Management of AWOL Episodes

IV. DEFINITIONS

- 1. Training /Education: A formalized means of providing information to enable an employee to learn required information to better utilize their skills and abilities. Testing is included.
- 2. Proficiency in Performance: The measureable, observable ability to perform the essential functions of the role. It is a measure of how well the employee has anchored the knowledge attained through educational opportunities and is able to apply it to the job.
- 3. Clinical Employees: All licensed clinicians, Psychiatric Caseworkers, Mental Health Counselors and Mental Health Technicians.