

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
Community Services/Adult Special Populations

Signed live copy filed
with PARC Chairperson

Title: Training Policy for DDDS
Employees and Contractors

Approved by: _____
(Division Director or Designee)

Written/
Revised by: DDDS Policy Committee

Original
Development Date: January 1996

Revision Date: March 2004

** Replaces the following policies:
Orientation & Training for Day Services
Orientation & Training for Residential Staff
Orientation to DMR

I. PURPOSE

To provide initial and on-going training for employees who support individuals with DD so that they (employees) acquire the knowledge, skills and sensitivity to meet the needs of the individuals.

II. POLICY

Employees shall engage in appropriate training to ensure that support is respectful and fosters personal growth.

III. APPLICATION

All DDDS Community Services/Adult Special Populations employees and contractual agents

IV. DEFINITIONS

- A. New-Employee Orientation: Prior to working in a program area, new staff shall participate in new employee orientation which includes the following DHSS/DDDS policies: Abuse, Neglect, Mistreatment, Financial Exploitation and Significant Injury policy, DHSS Policy Memorandum #46, Policy Memorandum #5, the federal mandate Health Information Portability and Accountability Act, Individual Rights Complaint Policy and Proclamation of Beliefs and Guiding Principles and Basic Driver Information.
- B. Site Specific Orientation: Familiarization with, and adaptation to a job position and a particular program area to include the consumers and their support needs. Additional areas to be covered include the specific regional procedures and on-the-job training. On-the-job training shall minimally include a review of each individual's ELP.
- C. Orientation Checklist: A list of skills and knowledge essential for an employee to perform effectively in a particular job and area. Completion of this checklist verifies that orientation has been completed.
- D. Training Topic: An identified required training subject.
- E. Initial Training: Instruction received by new employees which provides them with the guiding principles and service philosophy, as well as the fundamental skills necessary for satisfactory job performance within the DDDS service delivery system.
- F. Annual Training: Instruction geared toward professional development, which is designed to enhance staff performance relevant to position, the needs of individuals receiving services and regional service needs.
- G. Recertification Training: Instruction received on a prescribed schedule necessary to verify that employees remain proficient in a given skill area.

- H. Training Voucher: A form that verifies the completion of training.
- I. Training Waiver: A form approved by a TAPD Administrator that extends the timeline for required training due to extenuating circumstances.
- J. Substitution of Training: Prior related training that may be approved by a TAPD Administrator as a substitution for a required training topic.
- K. Stakeholders: Service recipients, representatives of service delivery and advocates.
- L. Train the Trainer: Authorization process to be eligible to teach classes as stipulated in this policy.
- M. Curriculum Committee: A group comprised of contractual agents and TAPD staff with stakeholder representation.
- N. Training and Professional Development (TAPD): The DDDS office responsible for administration of the statewide training program for staff employed by or contracted with DDDS.

V. STANDARDS

- A. Training shall reflect the Division's mission statement and shall support the inherent belief in the rights and dignity of all individuals.
- B. Training needs shall be identified and prioritized within the service delivery system to meet the on-going individual and systems changes.
- C. Training on existing and new federal and state laws, as they pertain to service delivery and as directed by Division and Departmental administration, shall be provided/communicated.
- D. Required training shall include new employee, initial and on-going training standards for all employees or contractual agents, to include time frames for training completion. (See exhibits A, B, C, D).
- E. TAPD shall routinely offer all required and elective courses with adequate training opportunities, by qualified trainers. Training substitutions and training waivers shall be permitted. (See exhibit F)
- F. Requests for training substitutions shall be submitted to a TAPD Administrator for review and disposition.
- G. DDDS and agency supervisors shall be responsible for ensuring there is an adequate number of trained staff on duty, based on the needs of the individuals. Supervisors shall plan accordingly for trips or unexpected absences and shall be responsible for scheduling employees for training and orientation to meet minimum policy guidelines.
- H. Contractors shall be responsible for maintaining a current training record for each employee with original vouchers and/or original "Training Verification". (See exhibit J)

- I. The TAPD Department shall be responsible for maintaining a current training record for each DDDS Community Services/Adult Special Populations employee.
- J. Applicable training from other states may be transferable and considered an appropriate substitution with the exception of any training covered by the legal authority of Delaware. Proof of out of state training shall be required and shall be maintained in the employee’s training record.
- K. Employees shall complete a nationally recognized cardiopulmonary resuscitation course, such as offered through The American Heart Association, The American Red Cross and the National Safety Council before working alone with any individual. The State shall recognize the recertification standard of these affiliate agencies. For example, the American Heart Association certification is good for two years and the American Red Cross is good for one year. This standard applies to all employees including van drivers.
- L. Prior to implementing a planned personal restraint, employees shall complete individual specific training and PEACE training, by a certified “PEACE” trainer.
- M. Each agency shall track and ensure that employees are retrained in “Assistance with Medication” when medication errors exceed their agency standard or are identified in a corrective plan of action.
- N. TAPD shall provide training resources to contractors, such as training opportunities and training materials. Appropriate training sources shall be maintained and new sources developed.
- O. Managers/supervisors shall facilitate the development of employee job skills.
- P. Master records shall be maintained of current curricula for each course and certified trainers for each course.
- Q. Compliance with training standards, i.e. new employee, initial and on-going training, are the responsibility of the agency director/designee or state supervisor. Direct supervisors shall be responsible for ensuring that employees learn, understand and practice specific job duties and expectations.
- R. Compliance with this policy shall include a minimum of semi-annual compliance report completed by the contractor and submitted to TAPD Director. These reports are due July 31 for the period of January 1 to June 30 and January 31 for the period of July 1 to December 31. (Exhibit G)
- S. Routine monitoring of training compliance shall be conducted.
- T. TAPD shall conduct audits of agency training records as needed.

VI. PROCEDURES

Responsibility	Action
TAPD & Curriculum Committee	1. Reviews training curriculum to ensure that that they respect the rights and dignity of individuals served.

<u>Responsibility</u>	<u>Action</u>
	2. Reviews and identifies employee training needs on an on-going basis.
	3. Revises and/or develops curriculum based on the aforementioned information.
TAPD	4. Secures or develops training curricula as Federal or State laws are communicated.
	5. Publishes two (2) training calendars per year with adequate training opportunities.
	6. Authorizes “Train the Trainers” and maintains a list of approved trainers.
TAPD Administrators	7. Cultivates and encourages relationships with training sources such as the University of Delaware/Center of Disabilities Studies.
	8. Initiates relationships and partnerships with new training sources as the need for varied training topic emerge.
TAPD Director	9. Reviews Requests for Training Substitutions and makes disposition.
Agency Director/Designee, State Supervisor	10. Assigns a mentor to a new employee to complete new employee training and site specific orientation.
	11. Schedules training classes within appropriate time frames.
TAPD Staff	12. Notifies the appropriate supervisor if an employee doesn’t meet the competency or participation requirements.
Agency Director/Designee, State Supervisor	13. Initiates appropriate action based on above (#12).
Agency Designee, TAPD Staff	14. Enters training information into employee record including date of hire, orientation checklist and training vouchers
Agency Director	15. Completes Compliance Report by July 31 and January 31 and sends to TAPD Director.

VI. REFERENCES

None

VIII. EXHIBITS

- A. State Run Day Programs/Contracted Day Service Providers
- B. Residential Staff
- C. Regional Staff
- D. Orientation Checklist
- E. Request For Training Waiver
- F. Request For Training Substitution
- G. Bi-Annual Training Compliance Report
- H. Flowchart of Contract Agency Training Compliance Monitoring
- I. Training Voucher
- J. Course Verification Form

Exhibit A

State Run Day Programs/Contracted Day Service Providers

Topic:	New Employee Orientation	Intro. To D.D.	Rights	Intro. To ELP	Assistance with Meds	CPR	Infection Control	First Aid	Emergency Procedures	PEACE	Defensive Driving
Direct Service Staff & Supervisors	* 30 Days	90 Days	90 Days w/ annual update	90 Days	90 Days w/ annual update	*90 Days w/ Recert every 2yrs (AHA) or Recert every 1 yr. (ARC)	90 Days	90 Days w/ Recert every 3 yrs (ARC).	*90 Days	90 Days w/ annual update	N/A
Transport Staff	*30 Days	90 Days	90 Days w/ annual update	N/A	N/A	*90 Days w/ annual recert	90 Days	90 Days w/ 3yrs recert.	*90 Days	90 Days w/ annual update	90 Days

***To Be Alone With Service Recipients**

New Visions I and II is an acceptable substitute for Rights and Intro. To D.D.

Residential Staff

Direct Support Staff & Managers/Supervisors	Topic	Time Frame
	New Employee Orientation	*30 Days
	Intro. To Developmental Disabilities	90 Days
	Rights	90 Days w/ annual recert
	Intro to ELP	90 Days
	Assistance with Medication	90 Days w/ Annual Update
	CPR	*90 days w/ Recert every 2 yrs (AHA) or Recert every 1 yr. (ARC)
	Infection Control	90 Days
	First Aid	90 Days w/ Recert every 3 yrs (ARC)
	Home Fire Safety	*90 Days w/ Annual Update
	PEACE	90 Days w/ annual recert
	Health Awareness	90 Days
	New Vision I & II	N/A
	Dietary Awareness	90 Days w/ annual update

***-To Be Alone with Service Recipients**

New Visions I and II is an acceptable substitute for Rights and Intro. To D.D.

DDDS Regional Staff

	Clerical	BA, RN,CM, Support Staff,	OBRA & Adult Special Populations
Topics			
New Employee Orientation	30 Days	30 Days	30 Days
Intro to DD	N/A	90 Days	90 Days
Rights	90 Days	90 Days	90 Days
Intro to ELP	N/A	90 Days	90 Days
Assistance with Meds	N/A	90 Days	90 Days
CPR	N/A	*90 Days w/ Recert every 2 yrs (AHA) Or Recert every 1 yr. (ARC)	*90 Days w/ Recert every 2 yrs. (AHA) Or Recert every 1 yr. (ARC)
Infection Control	N/A	90 Days	90 Days
First Aid	N/A	90 Days	90 Days
Home Fire Safety	N/A	90 Days	N/A
PEACE	N/A	90 Days w/ annual recert	90 Days
Health Awareness	N/A	90 Days	90 Days
New Vision I & II	N/A	365 Days	365 Days
Dietary Awareness	N/A	90 Days	90 Days

***- required to be alone with service recipients**

New Visions I and II is an acceptable substitute for Rights and Intro. To D.D.

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Training and Professional Development**

Request for Training Waiver

TO: Office of Training and Professional Development

FROM: _____

AGENCY: _____

DATE: _____

EMPLOYEE NAME: _____

DATE OF HIRE: _____

An extension of time is requested for the training class _____.

Reason of extension: _____

Length of extension: _____.

Request Approved

Request Declined

TAPD Director or Designee

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Training and Professional Development**

Request for Training Substitution

TO: Office of Training and Professional Development

FROM: _____

AGENCY: _____

DATE: _____

EMPLOYEE NAME: _____

DATE OF HIRE: _____

A training substitution is requested. _____.

Class description and copy of training
verification: _____

Request Approved

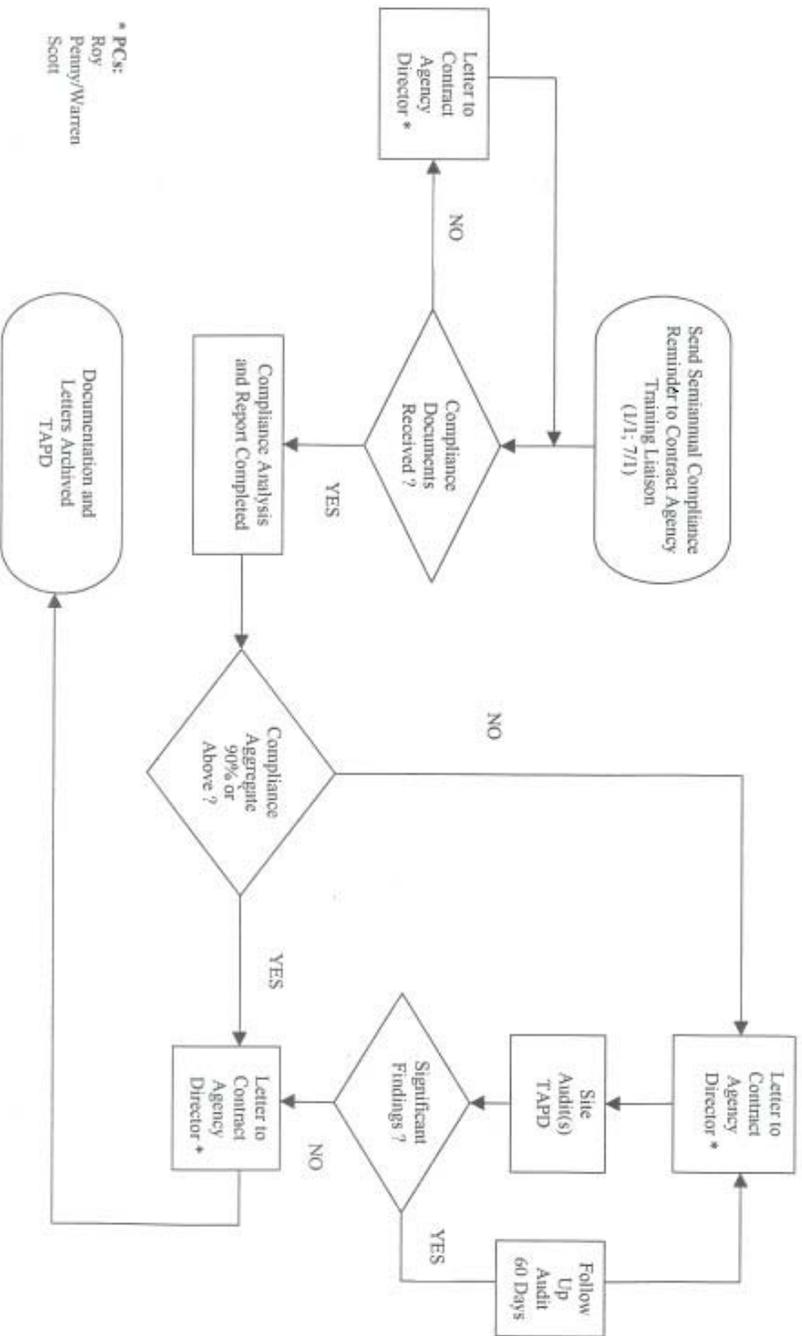
Request Declined

TAPD Director or Designee

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
Bi-Annual Training Compliance Report
Guidelines for Completion of Report Form

1. Training Compliance is calculated for compliance on the last day of the period being evaluated. January 1 through June 30 is calculated as of June 30 and July 1 through December 31 is calculated as of December 31.
2. Each program site operated by the agency under the DDDS contract is listed on the form.
3. The number of current staff on the last day of the period assigned to the site is listed in the # of staff column. This number does not include people who are on extended leave, i.e. FMLA, workers comp, military leave.
4. If a staff person has received the training listed for all of the requirements that they are required to meet by the date of the report, they are counted as being in compliance. Examples:
 - An employee who has been employed 4 months on the date of the report must have received training for all requirements up to and including 3 month requirements in order to be counted as in compliance.
 - An employee who has been employed more than 2 years must have received training for all of the requirements which would include having current recertifications.
5. Staff who have been on extended leave would have the equivalent of their leave time added to the time allowed to meet particular training requirements. Example:
 - An employee who was on FMLA leave for 12 weeks would have 12 weeks added to the due date for their recertifications.
6. Total # of staff multiplied by total # required classes. Take that number, subtract # of missed classes. Take that # and divided by total # possible classes = % compliance.
7. Agency totals are computed by totaling each of the “# of ...” Columns and then by computing a total Compliance Rate.
8. Reports are due to **Karen Smith** by July 31 for June 30 and January 31 for December 31.

Flowchart of Contract Agency Training Compliance Monitoring



* PCs:
Roy
Penny/Warren
Scott

**Delaware Health and Social Services
Division of Developmental Disabilities Services**

Community Services Training Voucher

Name: _____

Agency: _____

Class Name: _____ Class

Date: _____

Employee Signature

Instructor Signature



Delaware Health and Social Services
Division of Developmental Disabilities Services
Office of Training and Professional Development

Course Verification Form

Date of Hire	Date: _____
New Employee Orientation	Date: _____
Orientation Checklist	Date: _____
VII. <u>Intro to Developmental Disabilities</u>	Date: _____
VIII. <u>Assistance with Medications</u>	Date: _____
CPR	Date: _____
Introduction to ELP	Date: _____
Rights ECD	Date: _____
Infection Control	Date: _____
Emergency Procedures	Date: _____
First Aid	Date: _____
Home Fire Safety	Date: _____
Crisis Prevention and Intervention [PEACE]	Date: _____
Health Awareness	Date: _____
Dietary Awareness	Date: _____
Optional Training	Date: _____
Community Integration & Empowerment	Date: _____
Careers, Assist. Technology, and Education	Date: _____
General Communication	Date: _____
Mgmt. Introduction to Supervision	Date: _____
Mgmt. Team Building	Date: _____
Mgmt. Teaching, Motivating & Coaching	Date: _____
Mgmt. Time Management	Date: _____

Attendance for the courses listed above has been verified and this form will serve as documentation of the individuals satisfactory completion of the training courses as indicated.

Employee Name: _____ **Date of Hire:** _____

DDDS Representative: _____
(Name and signature)

Verification Date: _____