Do licensed nurses and certified nursing assistants need to take this training?

**Answer:** Yes, unless the nurse or certified nursing assistant has current certification in adult first aid. Many nurses have not used their skills relative to first aid in quite some time. In addition, the standards of practice issued by the American Red Cross and the American Heart Association change over time, and it is important to be compliant with current standards.

My assisted living is connected to a long-term care facility with nurse’s onsite at all times. Does the staff of the assisted living residence still need to be first aid certified?

**Answer:** The regulation requires that there be at least one person onsite at all times that is currently certified in adult first aid. The nurse must have evidence of current certification in adult first aid and be onsite in the assisted living residence.

We attended a first aid certification course and were instructed on the use of EpiPens and told to have an EpiPen in the facility first aid kit. Is that permissible?

**Answer:** No, you cannot have an EpiPen in your first aid kit. Unlicensed staff are not authorized or trained to assess residents to determine an EpiPen should be used. However, it is not a violation of regulations for staff to be trained on the use of an EpiPen. An EpiPen may only be administered upon a current physician order for a specific resident and for specific reasons. There must written policies and procedures and documented evidence of staff training in the use of the EpiPen for the specific resident. The EpiPen must be stored in the specific resident’s medication storage container. There cannot be a “house” EpiPen in the facility first aid kit. The American Red Cross and American Heart Association were contacted about this issue.

We were told to give aspirin for chest pain and keep aspirin in the facility first kit. Is that permissible?

**Answer:** No. Aspirin cannot be administered to a resident unless the resident has a current physician order for aspirin and it is given for the reason specified in the order. Unlicensed staff is not qualified to assess a resident and administer a medication based upon an assessment. Aspirin is contraindicated for certain medications, for example, cuomadin.

How do I document that I have shared my lift assist policy with my local emergency responder?

**Answer:** There are many ways to satisfy this requirement. Ideally, the local emergency responder would provide the facility with a letter acknowledging that they were provided with the facility’s lift assistance policy. This may be possible in smaller communities, however, may not be realistic in a larger metropolitan areas. Therefore, it is acceptable to send a copy of your lift assistance policy to your local emergency responder with a cover letter explaining the reason you are sending the policy. The cover letter should be dated, signed and should also indicate to whom the letter was sent. You may wish to send the letter *return receipt requested* (for a small price, you will have proof that it was delivered to them).

What needs to be in my lift assist policy?

**Answer:** The policy must specify how staff will determine when they will assist a resident who has fallen or is found down, and when they will contact the local emergency responder. The policy should set forth what actions staff should take when they find a resident down or they witness a fall. For example, is there a set of questions to be asked of the resident first and based upon the responses a determination is made to call for emergency assistance; are vital signs to be taken. Is staff always to call a supervisor or nurse to observe the resident and make a determination? What if the nurse is not available? What criteria does the nurse or supervisor use to make the determination?
Do I have to review CPR directive information with residents if I have already done so?

**Answer:** No, however, you must comply with the new regulation about specific times you are required to review their CPR directives with them, i.e., documentation of review at least annually or upon a significant change in health condition. Documentation of the review must be signed and dated by both the facility and resident or resident representative.

How should we provide evidence that staff know where CPR directive information is kept?

**Answer:** This information should be addressed in facility policies and procedures and documentation of the review should be maintained in each employee’s personnel file. It is imperative that staff can immediately locate CPR directives to ensure residents’ wishes are honored.

Reviewing CPR directive information every time a resident has a significant change in condition is burdensome.

**Answer:** Consumers, members of the ALR subcommittee that worked on these issues and board of health members supported this requirement. The regulation states significant change in health condition. This requirement pertains to a life altering illness or medical issue in which a resident or legal representative’s wishes may change. Example: resident was a full COR, and becomes diagnosed with aggressive pancreatic cancer. This new diagnosis may result in the resident changing his/her option to have CPR performed.

Do we have to use only the trainers that were on the list provided by the Department?

**Answer:** No, as long as they are approved trainers of the American Red Cross standard/basic first aid for adults or American Heart Association’s heart saver first aid course. This information was gathered as a resource for providers.

What if the first aid training is offered by an entity other than the American Red Cross or the American Heart Association – i.e. the certification card does not state that the course meets the certification standards of the American Red Cross or American Heart Association?

**Answer:** The first aid certification must show that it meets the standards of either the American Red Cross or the American Heart Association. If that is not stated on the certification card, there must be published documentation that identifies the source authority for the first aid training so that we can verify that the source is published by nationally recognized authorities and available to the general public – i.e. the source must documented in a published document. The facility has the burden of obtaining the source authority. The source authority document must be attached to employee’s copy of the first aid card.