

TRUMBULL COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Policy

Section 4.3

STAFF ONGOING TRAINING

Training shall occur on an annual basis via staff meetings, in-services, seminars and conferences. All transportation, direct service, and professional staff shall complete a minimum of ten (10) hours of training each program year. All staff members shall be required to complete training and professional growth activities necessary for maintenance of his/her required registration, certification or license. In-service training shall be documented by the Superintendent/designee and maintained in the respective employee's personnel file.

Annual staff training will include the following:

- A. An in-service which stresses body mechanics, prevention aspects, and safe suggested means of lifting, carrying, and moving.
- B. An overview of Board Policies and Procedures.
- C. Fire suppression.
- D. Assault prevention and intervention.
- E. Abuse/neglect reporting/recognition.
- F. CPR – every year. First Aid – every three (3) years.
- G. Management of communicable diseases.
- H. Exclusion from the program for health reasons.
- I. Handling of illness on-site and return to the program.
- J. Universal health precautions infection control.
- K. Delegated nursing.
- L. Bill of Rights.

Annual staff training for ancillary staff (i.e., physical developmental specialist, language development specialist, occupational therapist, physical therapist, etc.) providing services for children ages birth to age three and supervisors of the early intervention program shall complete a minimum of four (4) clock hours of in-service annually in early intervention.

Annual staff training for early intervention educational aides shall be commensurate with the requirements established in OAC 5123:2-5-05 for the registered program assistant, either special temporary, temporary, provision or professional grade.

Additional staff training may include the following areas for each department:

I. Monitoring of Services

- A. Internal Mechanisms
 - 1. Human Rights Committee
 - 2. Safety Committee
 - 3. Behavior Support Committee
 - 4. Others

- B. External Mechanisms
 - 1. CARF
 - 2. Ohio Department of Education
 - 3. DODD
 - 4. Case Management
 - 5. Wage/Hour
 - 6. Other

II. Medical Issues

- A. Medical/Unusual Incidents
 - 1. Handling seizures.
 - 2. Accidental injuries.
 - 3. Other medical problems i.e., diabetes.
 - 4. DNR policies.
 - 5. Board policies and procedures.
- B. Use of Medications
 - 1. Common types.
 - 2. Proper uses.
 - 3. Possible side effects.

III. Goal Planning/Skill Development Process

- A. Early Intervention
 - 1. Family centered programming.
 - 2. Developing cultural sensitivity.
 - 3. The Eleven Essential Components of Early Intervention Programming.
 - 4. Minimizing the future development of disabilities.
 - 5. Transition to preschool programming.
- B. Pre-School/School-Age Population
 - 1. Requirements by law – County, State, Federal, Other.
 - 2. IEP process.
 - 3. Monitoring of goals.
- C. Adult Services
 - 1. Requirements by law – County, State, Other.
 - 2. IP Process.
 - 3. Monitoring of Goals.
- D. Residential Services
 - 1. Requirements by law – County, State, Federal, Other.

IV. Intake and Follow-Up for County Board Services

- A. Application process.
- B. Determination process.
- C. Placement into proper component.
- D. Follow-Up

1. To assure services are delivered.
2. To assure services are appropriate.
3. To assure services are needed.

V. Miscellaneous Issues

- A. Dignity of risk.
- B. Advocacy.
- C. Family/significant other support or involvement.
- D. Introduction to DD.

VI. Normalization Issues

- A. Sexuality.
- B. Appearance.
- C. Money.
- D. Medical care.
- E. Use of community services.
- F. Recreation opportunities.

VII. Behavior Support

VIII. Signing

IX. Program/Community Relations

X. Facilities Management

XI. Principles of Team Processes

Adopted: 1/26/98
Revised: 9/27/01
Updated: 7/24/2012

Reference:
5123:2-1-02