

ALABAMA PUBLIC HEALTH BUREAU OF HOME AND COMMUNITY SERVICES
HOME HEALTH AIDE ORIENTATION CHECKLIST

TITLE	INSTRUCTOR INITIALS	DATE	EMPLOYEE INITIALS
Section I: Health and Emergency Procedures			
A. Introduction to Home Care and Alabama Public Health			
B. BHCS Administrative Policies			
C. The Role of the Home Health Aide			
D. Home Health Aide Responsibilities			
E. Supervision			
F. Safety Regulations			
Section II: Home Health Aide Role			
A. Observation of a Home Health Visit			
B. Improving Use of Time and Energy			
C. Charting the Telephony Service Visit			
Section III: Patient Care			
A. Patient Care			
B. Body Care			
C. Maintaining a Clean, Safe, and Healthy Environment			
D. Home Maintenance When Disease is Present			
E. Safety Precautions			
F. Occupational Safety and Health Administration			
G. Personal Protective Equipment			
H. Reporting Exposure			
I. Skills Validation			
J. Observing Body Function			
K. Understanding and Working with Older Patients			
L. Observations about Medications			
M. Understanding and Working with Special Patients			
N. Death and Dying			
O. Medical Records			
Section IV: Home Health Aide Role			
A. Nutrition, Meal Planning and Activity			
Section V: Care of Patient Confined to the Bed			
A. Body Mechanics and Positioning the Patient			
B. Personal Care of the Patient Confined to the Bed			
C. The Role of the Home Health Aide			
D. Home Health Aide Responsibilities			
Section VI: Personal Care Orientation			
A. Rehabilitation			
B. Personal Care of Patient not Confined to the Bed			

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TITLE	INSTRUCTOR INITIALS	DATE	EMPLOYEE INITIALS
Section VII: Cardiopulmonary Resuscitation			
A. Cardiopulmonary Resuscitation Training			
Section VIII: Health and Emergency Procedures			
A. First Aid for Emergencies			
B. Seizure Precautions			
C. Emergency Procedures			
Section IX: The Home Health Aide Written Competency Exam			
Successful Completion of the Home Health Aide Written Competency Exam (Score of 70% or higher)			
Section X: Supervised Practical Training			
Successfully Complete 16 Hours of Supervised Practical Training			

Signing below provides acknowledgement that the above information has been covered and an opportunity was provided to ask questions.

Employee Signature

Date

Instructor Signature

Date

Instructor Signature

Date

COMMENTS
