

HOME HEALTH AIDE

VERIFICATION OF ORIENTATION HOURS AND SKILLS VALIDATION CHECKLIST

CLINICAL PROCEDURE/SKILL	DATE COMPLETION OF COMPETENCY VALIDATION IN CLASSROOM	INITIALS OF SUPERVISOR/ DESIGNEE	DATE COMPLETION OF COMPETENCY VALIDATION IN HOME	INITIALS OF SUPERVISOR/ DESIGNEE	COMMENTS
AMBULATION, CANE					
AMBULATION, CRUTCHES					
AMBULATION, WALKER					
BACK RUB					
BATH, BED					
BATH, SHOWER					
BATH, SPONGE					
BATH, TUB					
BED LINEN CHANGE, OCCUPIED					
BED LINEN CHANGE, UNOCCUPIED					
BED MOBILITY, MOVING PATIENTS IN BED					
BED PAN AND URINAL					
BED RAILS, USE OF					
BODY MECHANICS AND BODY ALIGNMENT					
CARDIOPULMONARY RESUSCITATION					
CATHETER CARE, EXTERNAL MALE					
CATHETER CARE, INDWELLING					
COMMUNICATION, REPORTING OF CHANGES & SYMPTOMS					
COMMUNICATION, SKILLS					
COUGH AND DEEP BREATHING EXERCISES					
DOCUMENTATION IN THE MEDICAL RECORD					
DRESSING ASSISTANCE, BRACE					
DRESSING ASSISTING, CLOTHES					
DRESSING ASSISTING, PROSTHESIS					

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ELASTIC STOCKINGS, APPLICATION OF					
FEEDING PATIENTS					
FOOT CARE					
GASTROSTOMY TUBE, CARE OF					
HAND HYGIENE					
INFECTION CONTROL, BAG TECHNIQUE					
INFECTION CONTROL, PPE					
INFECTION CONTROL, PROCEDURES					
INTAKE AND OUTPUT					
MAINTENANCE OF CLEAN AND SAFE ENVIRONMENT					
MECHANICAL LIFT, USE OF					
NUTRITION AND HYDRATION					
NUTRITION, SPECIAL DIETS					
RANGE OF MOTION, PASSIVE					
PATIENT RIGHTS, EVIDENCE OF RESPECT FOR PATIENT RIGHTS					
PERSONAL CARE, NAILS					
PERSONAL CARE, ORAL HYGIENE					
PERSONAL CARE, PERICARE					
PERSONAL CARE, SHAMPOO, CONFINED TO BED					
PERSONAL CARE, SHAMPOO, NOT CONFINED TO BED					
PERSONAL CARE, SHAVING					
PERSONAL CARE, SKIN CARE					
POSTMORTEM CARE					

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SKIN CARE, GENERAL					
SKIN CARE, RECOGNIZING & REPORTING CHANGES IN					
SEIZURE PRECAUTIONS					
TRANSFER, BODY MECHANICS (BACK INJURY PREVENTION)					
TRANSFER, GAIT BELT					
TRANSFER, MANUAL LIFT (BED, CHAIR)					
TRANSFER, MECHANICAL LIFT (HOYER)					
TRANSFER, SAFE PATIENT HANDLING					
TRANSFER, SIDE-TO-SIDE					
TRANSFER, STAND-PIVOT					
VITAL SIGNS, PULSE					
VITAL SIGNS, TEMPERATURE					
VITAL SIGNS, RESPIRATIONS					
WEIGHING PATIENTS					

Employee's Signature	
RN Trainer Signature	Initials
RN Trainer Signature	Initials
RN Trainer Signature	Initials
RN Trainer Signature	Initials
RN Trainer Signature	Initials

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Complete this checklist as each part is covered and/or validated over the course of the orientation. All parts of orientation will be successfully finished and the form completed before the Home Health Aide makes independent visits. Place the completed form in the Employee's Personnel File as verification of complete orientation and skills validation.

COMPLETE AS FOLLOWS:

- Employee's Name- Enter the name of the Aide exactly as it appears on the payroll/personnel records, last name first.
- Enter Date of Employment. For the contract employee, use the effective date of the contract.
- Enter Subunit(s) that the Home Health Aide is employed.
- Enter the date the employee was screened through the Nurse/Aide Abuse Registry.
- Enter the name of the RN that screened the employee through the Abuse Registry.
- Enter the State Written Examination Number.
- Enter the Score that the employee received on the State Written Exam.
- The RN administering the exam signs this section.
- Enter the date the exam was given.

VERIFICATION OF ORIENTATION HOURS:

- List date, number of hours completed and the signature of the Clinical Manager/Supervisor /Designee verifying the hours for each date of orientation. Only the training in the Home Health Aide Orientation Curriculum or training related to the required 13 Home Health Aide skills will be listed in the hours of training.
- Total the orientation hours listed. **A minimum of 75 hours is required for Home Health Aide Orientation.**

SKILLS VALIDATION:

Skills will be taught and validated according to the Clinical Procedures and Resources and Delmar's Fundamental & Advanced Nursing Skills, including a

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review of the listed Exclusions and Edits.

- Enter the date of completion and/or skills validation in the classroom.

Enter the initials of the Clinical Manager/Supervisor /Designee that verified the content completion and/or skills validation in the classroom.

Skills will be validated in the home care setting during the 16 Hours of Supervised Practical Training by the Supervisor /Designee.

- Enter the date of skills validation in the home care setting. Note the four skills at the end of the checklist that cannot be validated in the home. The grayed out sections of these skills should be left blank.
- Enter the initials of the Supervisor /Designee that verified the skills in the home.
- Enter any comments needed regarding the skills check off. This column can be left blank.

SIGNATURES:

- The new employee will sign this section to validate successful completion of orientation.
- The Supervisor/Designee will sign this section to validate successful completion of orientation.