

Employee/Contractor Name:

DOCUMENTS REQUIRED: (Aide)

1. State of Florida Certification for Nursing Assistant with 40 hours Certificate for Home Health Aide, OR 75 hours for Home Health Aide.
2. CPR Card
3. Twelve (12) hours of In-service during the current year including HIV/AIDS, OSHA, Domestic Violence, Self-Administration of Medication.
4. HIV/AIDS Certificate (ORIGINAL 4 hrs and Update)
5. OSHA Certificate (Update)
6. Domestic Violence Certificate
7. Driver License
8. Auto Insurance
9. Proof of Citizenship/Residency (Voter registration, Resident Card, etc)
10. Social Security Card
11. Physical Examination (less than six (6) months or new request)
12. Criminal Background check (less than 2 years, or 1 money order for \$ 23.00)

JOB DESCRIPTION  
HOME HEALTH AIDE/ CNA

TITLE: Home Health Aide/ CNA

"Home health aide" means a person who is trained or qualified, as provided by rule, and who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, or assists in administering medications as permitted in rule and for which the person has received training established by the agency under s. 400.497(1).

Must be complete at least forty hours of training in: communication skills, observation, reporting, and documentation of patient status and the care provided, reading and recording temperature, pulse, and respiration, basic infection control procedures, basic elements of body functions, that must be reported to the registered nurse supervisor, maintenance of a clean, safe, and healthy environment, recognition of emergencies and knowledge of emergency procedures, physical, emotional, and developmental characteristics of populations served, appropriate and safe techniques in personal hygiene and grooming, including bed bath, sponge, tub, or shower bath, shampoo, tub or bed, nail and skin care, oral hygiene. Safe transfers techniques and ambulation, normal range of motion and positioning, adequate nutrition and fluid intake, the role of the aide in the home, differences in families, food and household management.

Home Health Aides/CNA assisting with self-administered medication, must receive a minimum of 2 hours of training (which can be part of the 75 hour home health training), prior to assuming this responsibility. Training must cover state law and rule requirements with respect to the assistance with self-administration of medications in the home, procedures for assisting the resident with self-administration of medication, common medications, recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions.

Training must be performed by or under the general supervision of a registered nurse. The HIV and AIDS educational requirements also must meet, a minimum of 2 hours of initial training and 1 hour biennially of in-service training in HIV and AIDS. The training should include universal precautions and infection control procedures to ensure proper practices are followed. Training must be provided to obtain and maintain a certificate in cardiopulmonary resuscitation.

Each home health aide must be able to read the prescription label and any instructions. Individuals who cannot read must not be permitted to assist with prescription medications. Ensure HIPAA guidelines and procedures are maintained.

Lines of authority and reporting responsibilities: Report to the Director of Nursing/Nurse Supervisor, Administrator.

The Home Health Aide/CNA shall perform the following duties:

1. All the personal care activities contained in a written assignment by a licensed health professional employee, or contractor, and which include activities such as
  - a. Assisting the patient with personal hygiene
  - b. Assisting the patient with ambulation/physical transfer
  - c. Assisting the patient with eating
  - d. Assisting the patient with dressing
  - e. Assisting the patient with shaving
2. Maintenance of a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's or client's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient or client. Patient related activities as taught to the Home Health Aide/CNA by a Licensed Health Professional employee for specific patient. Such activities include:
  - a. Assisting with change of colostomy bag, reinforcement of dressing
  - b. Measuring temperature, pulse, respiration, or blood pressure
  - c. Measuring intake and output of fluids
  - d. Assisting with the use of devices for aid to daily living example, a walker or wheelchair.
  - e. Assisting with prescribed range of motion exercise (such exercise are limited to those taught to the Home Health Aide/CNA and the patient by a professional employee)
  - f. Assisting with prescribed ice cap or collar
  - g. Doing simple urine tests for sugar, acetone, and albumin.
  - h. Measuring and preparing special diets.
3. Keeping records of personal health care activities
4. Observing appearance and gross behavioral changes in the patient and reporting to the registered nurse.
5. Supervision of self-administered medication in the home limited to: obtaining medication container from the storage area for the patient, ensuring that the medication is prescribed for the patient, remind the patient that is time to take the medication as prescribed, and observing the patient self-administering the medication.

6. The Home Health Aide/CNA may also provide the following assistance with self-administered medication, as needed by the patient, in accordance with 400.488.F.S.:
  - a. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self-administration of medication.
  - b. Open and close the medication container or tear the foil of prepackaged medications
  - c. Assist the resident in the self-administration process, such as steadying of the arm, hand, or other parts of the patient's body so as to allow the self-administration of medication
  - d. Assist to the patient by placing unused doses of solid medication back into the medication container.

7. THE HOME HEALTH AIDE/CNA SHALL NOT PERFORM THE FOLLOWING TASKS

- a. Changing of sterile dressings.
- b. Irrigating body cavities such as giving enema
- c. Irrigating a colostomy or wound
- d. Performing a gastric irrigation or enteral feeding
- e. Catheterizing a patient
- f. Administering medications
- g. Applying heat by any method
- h. Caring for a tracheotomy tube
- i. Any personal health service which has not been included by the Registered Nurse in the patient care plan

PHYSICAL REQUIREMENTS:

1. Able to speak, read and write in English.
2. Able read assignments, follow directions,
3. Able to communicate and respond clearly on telephone and respond to patient's spoken needs.
4. The ability to physically transfer, lift or assist patients whose average weight is 160 pounds with or without the aid of mechanical devices.
5. Able to spend 80% of the work standing and/or moving about.
6. Able to walk, climb stairs, stoop, twist, bend and squat to perform essential job functions.

MENTAL REQUIREMENTS:

1. Able to concentrate on detail with frequent interruptions.
2. Able to follow, complete and remember daily routines and requirements.
3. Able to comprehend and utilize professional education materials.
4. Able to cope with the mental and emotional stress of the position.

In cases where a home health aide or CNA will provide assistance with self-administered medications, an assessment of the medication for which assistance is to be provided shall be conducted by a licensed health care professional to ensure the unlicensed caregiver provides assistance in accordance with their training and with the medication prescription. A licensed health care professional shall inform the patient/caregiver, that the patient may receive assistance with self-administration medication by unlicensed person. The patient/caregiver must give written consent for this arrangement.

Home Health Aide shall be supervised by the Registered Nurse or the Director of Nursing at all times.

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Employee/Contractor

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Administrator

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Date

# ORIENTATION PROGRAM

NAME: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

<b>I:</b>	<b>DATE</b>	<b>SIGNATURE</b>
1. Job Description	_____	_____
2. Contractual Items	_____	_____
3. Orientation of Agency ( Philosophy, Policies, Organization Chart )	_____	_____
4. Time slips for services Provided	_____	_____
5. Developing Plan of Treatment	_____	_____
6. Daily Report and Clinical Notes Requirement	_____	_____
7. Lines of Communication & Supervision	_____	_____
8. Visit Defined	_____	_____
9. Case Conference	_____	_____
10. Mileage	_____	_____
11. Safety Management	_____	_____
12. Infection Control	_____	_____

<b>II:</b>	<b>DATE</b>	<b>SIGNATURE</b>
1. Introduction to Office Personnel	_____	_____

<b>III:</b>	<b>DATE</b>	<b>SIGNATURE</b>
1. Personnel Policies Review & Discussion Payroll Procedure	_____	_____
2. Schedule of Pay, Time, Hours of Work	_____	_____
3. Coordination of Services	_____	_____
4. Dress Code	_____	_____
5. Insurance Benefits	_____	_____
6. Reporting Illness	_____	_____
7. Staff in-service meetings	_____	_____

<b>IV:</b>	<b>DATE</b>	<b>SIGNATURE</b>
1. Field Assignments Days and Type  of Patient Services	_____	_____
2. Criteria of Admission of Patients to Home Health Agency	_____	_____
3. Completion of necessary form for admission to service	_____	_____
4. Skilled care vs. non-skilled	_____	_____

**DAY TWO:**

**DATE**

**SIGNATURE**

**I. Discussion of Referral Sources**

- 1. Hospital: Social worker, liaison  
discharge planner
- 2. Doctor
- 3. Family
- 4. Social Agencies (ie. HRS)
- 5. Staff

\_\_\_\_\_

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**II.**

- 1. Hospital: Social worker, liaison,  
discharge planner
- 2. Contractual agreement with Rn's
- 3. Contractual agreement w/LPN's
- 4. Contractual agreement with HHA
- 5. Contractual agreement with PT

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**III. Regulations governing unskilled staff:**

- 1. Type of care to be provided
- 2. Supervision of care
- 3. Necessary unskilled staff forms

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**IV.**

- 1. Format of Documentation of services provided  
to patient.
- 2. Charting for Home care patients
- 2. Charting to contract agency

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**V. Discharge of patients from  
Home Health**

\_\_\_\_\_

**VI. Explanation of the role of supervisor and the  
methods which will be used for evaluating  
Performance and identifying needs.**

\_\_\_\_\_

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF THE AGENCY AND HAVE HAD THE OPPORTUNITY TO HAVE ALL OF MY QUESTIONS/CONCERNS ADDRESSED TO MY COMPLETE SATISFACTION.

I AGREE TO ABIDE AND UPHOLD ALL POLICIES AND PROCEDURE, AND HAVE BEEN ADVISE THAT FAILURE TO DO SO MAY RESULT IN TERMINATION OF EMPLOYMENT.

I ALSO AGREE THAT AS A CONDITION OF EMPLOYMENT THAT I WILL PROVIDE THE AGENCY WITH A FOURTEEN (14) DAY WRITTEN NOTICE OF INTENT TO TERMINATE EMPLOYMENT.

\_\_\_\_\_  
EMPLOYEE SIGNATURE/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

Employee/Contractor Name: \_\_\_\_\_

## NURSE AIDE QUIZ

Employee/Contractor Name: \_\_\_\_\_

Please match each word with the correct definition.

- |                  |  |
|------------------|--|
| _____ Ambulatory | 1. Temperature, pulse, and respiration |
| _____ Catheter   | 2. At liberty                          |
| _____ Stool      | 3. Immediately                         |
| _____ TPR        | 4. Sugar and acetone                   |
| _____ BP         | 5. Nothing by mouth                    |
| _____ Ad Lib     | 6. Able to Work                        |
| _____ Stat       | 7. Intake and output                   |
| _____ S & A      | 8. Blood Pressure                      |
| _____ NPO        | 9. Waste, bowel movement               |
| _____ I & O      | 10. Tube to remove urine               |

Directions: Please circle the letter next to the best answer to the question. There is only one correct answer.

1. If a patient who is recovering from a long illness is cranky and puts on his signal light frequently for little things, which of these actions by the aide would be most helpful to the patient and the nursing staff?

- a. Leave the mans room as quickly as possible each time you answer the light.
- b. Go to see him sometimes when he has not signaled and asked if there is anything he would like.
- c. Ask him why he is so fussy, or suggest that he needs to be more reasonable.
- d. Say as little to him as possible.

2. Mrs. T. has been in bed for several days, and he is now supposed to wake up. Before she gets up, she will be helped to sit on the side of the bed and “dangle” for a few minutes. THE MOST IMPORTANT reason for this is to:

- a. Prevent dizziness or fainting.
- b. Make it easier to put on her robe and slippers.
- c. Make her feel less afraid to get up.
- d. Provide time to get a chair and pillows to proper position.

3. In turning over a weak, elderly patient to rub his back, the aide finds a slightly red area about the size of a quarter at the base of his spine. The aide will report, this. What would it be best to do for the patient before reporting the finding?

- a. Omit the back rub and just powder his back.
- b. Rub his back well and tape a large doughnut around the red spot.
- c. Apply an antiseptic to the spot and avoid rubbing the lower part of the back.
- d. Rub his back thoroughly and leave him supported on his side.

4. If pulse beats occur at the rate of two per second for a few beats, then one per second, then two per second again, the pulse is called:

- a. Irregular
- b. Bounding
- c. Compressible
- d. Thready

5. When a person breathes in and then breathes out, the breathes in and out again, this is counted as:

- a. One respiration
- b. Two respirations
- c. Three respirations
- d. Four respirations

6. On her way to the bathroom, Mrs. C. falls and complains she has much pain in her leg and hip. You should:
- a. Get her up before she gets cold.
  - b. Rub her hip and leg.
  - c. Go get a neighbor to help get her up.
  - d. Call an ambulance or the emergency number.
7. Mr. X. wakes up having trouble breathing and pain in his chest. He starts to sweat. You should:
- a. Just pretend everything is all right.
  - b. Get him up to walk.
  - c. Call an ambulance or the emergency number.
  - d. Open the windows to cool him off.
8. Mr. T. has had his morning insulin. That afternoon he becomes shaky, nervous and weak. You should:
- a. Let him sleep.
  - b. Give him orange juice or sugar water, agnate call a doctor.
  - c. Wait a few hours to see if it passes.
  - d. Tell him to behave himself.
9. The first thing you do when you start to move a patient from bed to chair or back again is:
- a. Make sure the furniture will not move.
  - b. Keep your knees locked and pull.
  - c. Grab from behind and lift.
  - d. Do not try unless there are two people in the house.
10. Which is the best breakfast for Mrs. Z., who is on a low salt diet?
- a. Fried eggs, crisp bacon, buttered toast, milk orange juice.
  - b. Hot cereal made without salt and fresh orange juice.
  - c. Toast, jelly, and tea.
11. Mr. L. has a stroke and is paralyzed on the right side. He gets up in a chair twice a day for a short time. When he is in bed, you should:
- a. Keep him on his right side so he can do things with his left hand.
  - b. Keep him on his back for left side, with his swollen right arm and leg up on the pillows.
  - c. Tie his paralyzed arm in a sling.
  - d. Keep him lying on his back.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

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**OFFICE USE ONLY**

SCORE \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HOME HEALTH AIDE/CNA COMPETENCY TEST

## PRACTICAL PART

Competency shall be determined through Observation of the Aide's Performance of each Activity  
Employee/Contractor Name: \_\_\_\_\_

ACTIVITY	Observed Date	Competent Date	Comments/Initials
Demonstrate Vital Signs Reading and Recording			
1- Temperature - Oral			
2- Temperature - Pediatric			
3- Blood Pressure			
4- Pulse - Apical			
5- Pulse - Radial			
6- Respirations			
7- Demonstrate Safe Techniques for Assisting with Ambulation			
8- Assisting with self administration of Medication			
9- Demonstrate Safe Techniques for Assisting with ROM			
10- Demonstrate Safe Techniques for Assisting with Positioning			
11- Demonstrate Safe Techniques for Assisting with Personal Care & ADL's			
Demonstrate Use of Assistive Devices			
12- Cane			
13- Crutches			
14- Walker			
15- Wheelchair			
16- Hoyer lift (optional)			
Demonstrate Proper Body Mechanics			
17- Transferring self			
18- Transferring patient			

Comments:

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