## HOME HEALTH AIDE (HHA) UNIT XII SKILLS EVALUATION CHECKLIST BPSS – REGULATED SCHOOLS

		DI SS - KEGUI	ATED SCHOOL	LO		
ННА	Student Name:					
Schoo	ol Name:					
Instr	uctor:		BPSS	Instructor Lice	nse #:	
	Training Dates: (Start Date):	' '				
Dates	s of 8 Hour Internship: (Start Date):	/	(End D	ate):/	_/	
Inter	nship Site:					
 Inter	nship Address:					
	isinp ruuress.					
_		(Star				
	g Unit XII a student must successfully dem					
	Homecare Curriculum and the Health-Rei					
	onal skills must also be successfully dem					
	ed skills addresses the Personal Care Ai ssful demonstration of an additional 18 mar					
	her the lab/skills class <u>or</u> during the internst					
	iance on this required checklist and the con					
<del>vomp.</del>				Indicate	la to the statement ap	
		Date Skill was	<u>Date</u> Student	where student	<u>Initials</u> of	
	Clinical Skills	demonstrated	successfully demonstrated	demonstrated	Teacher at	Comments
	Chincai Skins	by the	skill by him	skill: at <u>School</u>	School (S) or	Comments
		instructor	or herself	<u>(S)</u> or	Internship (I)	
			or nersen	<u>Internship (I)</u>		
1.	Proper Handwashing*					
2.	Proper Body Mechanics					
3.	Tub or Shower Bath					
4.	Turning the Client in Bed					
5.	Bed Bath*					
6.	Shampoo in Bed					
7.	Back Rub					
8.	Nail Care					
9.	Shaving the Client					
10.	Mouth Hygiene and Care*					
11.	Assisting with Eating					
12.	Assisting with Dressing					
13.	Assisting with using the Elastic Support Stockings					
14.	Helping Client to Walk*					
15.	Making an Unoccupied Bed					
16.	Making an Occupied Bed*					
17.	Use of a Bedpan*					
18.	Use of Urinal					
	Assisting w/ Use of Condom					
19.	Catheter					
20	Assisting with Cleaning the Skin &					
20.	Catheter Tubing					
21.	Assisting w/ emptying Urine					
41.	Drainage Bag					

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23. Z			ATED SCHOOL	<u>.</u>		
24.	Positioning of Client in Bed					
24.	Transfer Client to Sitting Position					
	Helping Client to sit on Bed					
25.	Helping a Client to Stand					
26	Transfer to Wheelchair, Chair or Commode*					
27	Positioning Client in Wheelchair or Chair					
	Transfer from Wheelchair to toilet					
29	Transfer from Wheelchair to Shower & Assist w/ Shower					
30	Transfer from Wheelchair to Stool or Chair in Tub					
	Weighing a Client					
	Measuring Intake					
	Measuring Urinary Output					
	Assisting w/ Changing Clean					
34.	Dressing					
	Handling the Infant					
-	Infant Bath					
	Assist w/ use of Hydraulic Lift					
	Slide Board Transfer					
	Checking the Right Person*					
	Checking the Right Medication*					
	Checking the Right Dose*					
	Checking the Right Time*					
43.	Checking the Right Route*					
Knowledge Evaluations (Tests must be kept in the student folder)						
(Tests		<u>Date</u> of Test	Instructor <u>Initials</u>	Pass (P) or Fail (F)?	If first Failed, <u>Date</u> of Pass	Instructor <u>Initials</u>
(Tests Unit I		<u>Date</u> of Test			Failed, <u>Date</u> of	
,	Introduction to Home Care  Working Effectively w/	<u>Date</u> of Test			Failed, <u>Date</u> of	
Unit I	Introduction to Home Care Working Effectively w/ Homecare Clients	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II	Introduction to Home Care Working Effectively w/ Homecare Clients Working w/ the Elderly	<u>Date</u> of Test			Failed, <u>Date</u> of	
Unit I Unit II	Introduction to Home Care Working Effectively w/ Homecare Clients Working w/ the Elderly Working w/ People who are	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II Unit II Unit IV	Introduction to Home Care Working Effectively w/ Homecare Clients Working w/ the Elderly Working w/ Children Working w/ People who are Mentally Ill Working w/ People w/	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II Unit II Unit IV Unit V	Introduction to Home Care Working Effectively w/ Homecare Clients Working w/ the Elderly Working w/ Children Working w/ People who are Mentally III Working w/ People w/ Developmental Disabilities Working w/ People w/	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II Unit II Unit IV Unit V	Introduction to Home Care  Working Effectively w/ Homecare Clients  Working w/ the Elderly Working w/ Children Working w/ People who are Mentally Ill Working w/ People w/ Developmental Disabilities Working w/ People w/ Physical Disabilities  Ecod Nutrition & Meal	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II Unit II Unit IV Unit V Unit V	Introduction to Home Care Working Effectively w/ Homecare Clients  Working w/ the Elderly Working w/ Children Working w/ People who are Mentally III Working w/ People w/ Developmental Disabilities Working w/ People w/ Physical Disabilities Food, Nutrition & Meal Preparation Empily Spending &	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II Unit IV Unit V Unit V Unit V	Introduction to Home Care Working Effectively w/ Homecare Clients Working w/ the Elderly Working w/ Children Working w/ People who are Mentally Ill Working w/ People w/ Developmental Disabilities Working w/ People w/ Physical Disabilities Food, Nutrition & Meal Preparation Family Spending & Budgeting Care of the Home & Personal Belongings	Date of Test			Failed, <u>Date</u> of	
Unit I Unit II Unit II Unit IV Unit V Unit V Unit V Unit V	Introduction to Home Care Working Effectively w/ Homecare Clients Working w/ the Elderly Working w/ Children Working w/ People who are Mentally Ill Working w/ People w/ Developmental Disabilities Working w/ People w/ Physical Disabilities Food, Nutrition & Meal Preparation Family Spending & Budgeting Care of the Home & Personal Belongings	Date of Test			Failed, <u>Date</u> of	

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	Clinical Skills	Date Skill was Demonstrated by the Instructor	Initials of Instructor Demonstrating Skill	Date Student Successfully Demonstrated Skill - by him or herself	<u>Initials</u> of Instructor Signing off on Skill	Comments/ Demonstrated in Lab or Internship?
1) A-1	Proper Hand Washing*					
2) B-1	Cleaning a glass thermometer*					
3) B-2	Measuring an oral temperature w/ glass thermometer*					
4) B-8	Measuring the pulse and respirations*					
5) B-9	Measuring blood pressure*					
6) D-1	Transfer to a sitting position*					
7) D-2	Helping client to sit at side of bed*					
8) D-3	Helping a client to stand*					
9) D-4	Assisting with passive range of motion exercises *					
10) D-5	Assisting w/ postural drainage*					
11) E-9	Assisting w/ use of oxygen concentrator*					
12) E-10	Assisting w/ use of oxygen reservoir*					
13) E-11	Assisting w/ use of medication, nebulizer and air compressor*					
14) F-1	Positioning on the back*					
15) F-2	Positioning on the side*					
16) G-1	Assisting w/ changing a clean dressing*					
17) H-1	Assisting w/ changing an ileostomy or colostomy pouch*					
18) H-5	Assisting w/ routine					
10) 11 3	tracheotomy care*					
	Knowledge Evaluations nust be kept in the student folder)	<b>Date</b> of Test	Instructor <u>Initials</u>	Pass (P) or Fail (F)?	If first Failed, <u>Dat</u> of Pass	<u>e</u> Instructor <u>Initials</u>
Unit A	Orientation to Health Oriented Tasks					
Unit B	Performing Simple Measurements & Tests					
Unit C	Complex Modified Diets					
Unit D	Assisting w/ Prescribed Exercise Program					
Unit E	Assisting w/ use of Prescribed Medical Equipment, Supplies & Devices					
Unit F	Assis w/ Special Skin Care					
Unit G	Assist w/ a Dressing Change					
Unit H	Assisting w/ Ostomy Care					

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NOTES & COMMENTS:	
Home Health Aide has successfully demon	performance record evaluation depicted above is true and correct and that the named astrated all indicated skills; has done the required 8 hours of internship at the place and letion of the internship has been entered as "certified" on the Registry. A copy of this ven to the Home Health Aide (HHA).
<u>HOME</u>	HEALTH AIDE (HHA) TRAINING PROGRAM <u>DIRECTOR OR INSTRUCTOR</u>
SIGNATURE:	DATE:
НО	OME HEALTH AIDE (HHA) INSTRUCTOR
SIGNATURE:	DATE:
Ī	HOME HEALTH AIDE (HHA) TRAINEE
SIGNATURE:	DATE.

BPSS – MAY 2016