

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

HHA Student Name: _____	
School Name: _____	
Instructor: _____	BPSS Instructor License #: _____
HHA Training Dates: (Start Date): ____/____/____ - (End Date): ____/____/____	
Dates of 8 Hour Internship: (Start Date): ____/____/____ - (End Date): ____/____/____	
Internship Site: _____	
Internship Address: _____	

(Start Date): _____ (End Date): _____ (Start Time): _____ (End Time): _____

During Unit XII a student must successfully demonstrate the skills listed. The checklist is from the Department of Health (DOH) *Appendix in the Homecare Curriculum and the Health-Related Tasks Curriculum*. There are 12 required skills, which are bolded with an *. Any 2 additional skills must also be successfully demonstrated during the supervised skills training in the lab/skills class. This first set of required skills addresses the Personal Care Aide (PCA) portion of the HHA training. The HHA *Health-Related Tasks* require the successful demonstration of an additional 18 mandated skills, which are numbered and begin on page 3. These tasks may be demonstrated in either the lab/skills class or during the internship and must be evaluated according to the DOH guidelines. The school should document compliance on this required checklist and the completed sheet kept in the student's file, with a copy given to the student upon completion.

#	Clinical Skills	Date Skill was demonstrated by the instructor	Date Student successfully demonstrated skill by him or herself	Indicate where student demonstrated skill: at <u>School (S)</u> or <u>Internship (I)</u>	Initials of Teacher at School (S) or Internship (I)	Comments
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					
19.	Assisting w/ Use of Condom Catheter					
20.	Assisting with Cleaning the Skin & Catheter Tubing					
21.	Assisting w/ emptying Urine Drainage Bag APPROVED					

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22.	Positioning of Client in Bed					
23.	Transfer Client to Sitting Position					
24.	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					
28.	Transfer from Wheelchair to toilet					
29.	Transfer from Wheelchair to Shower & Assist w/ Shower					
30.	Transfer from Wheelchair to Stool or Chair in Tub					
31.	Weighing a Client					
32.	Measuring Intake					
33.	Measuring Urinary Output					
34.	Assisting w/ Changing Clean Dressing					
35.	Handling the Infant					
36.	Infant Bath					
37.	Assist w/ use of Hydraulic Lift					
38.	Slide Board Transfer					
39.	Checking the Right Person*					
40.	Checking the Right Medication*					
41.	Checking the Right Dose*					
42.	Checking the Right Time*					
43.	Checking the Right Route*					

Knowledge Evaluations (Tests must be kept in the student folder)		<u>Date of Test</u>	<u>Instructor Initials</u>	<u>Pass (P) or Fail (F)?</u>	<u>If first Failed, Date of Pass</u>	<u>Instructor Initials</u>
Unit I	Introduction to Home Care					
Unit II	Working Effectively w/ Homecare Clients					
Unit III	Working w/ the Elderly					
Unit IV	Working w/ Children					
Unit V	Working w/ People who are Mentally Ill					
Unit VI	Working w/ People w/ Developmental Disabilities					
Unit VII	Working w/ People w/ Physical Disabilities					
Unit VIII	Food, Nutrition & Meal Preparation					
Unit IX	Family Spending & Budgeting					
Unit X	Care of the Home & Personal Belongings					
Unit XI	Safety & Injury Prevention					
Unit XII	Personal Care Skills					

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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	Initials 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 tracheotomy care*					

	Knowledge Evaluations (Tests must be kept in the student folder)	Date of Test	Instructor Initials	Pass (P) or Fail (F)?	If first Failed, Date of Pass	Instructor Initials
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:

We hereby certify that the clinical skills performance record evaluation depicted above is true and correct and that the named Home Health Aide has successfully demonstrated all indicated skills; has done the required 8 hours of internship at the place and date(s) listed above and only upon completion of the internship has been entered as “certified” on the Registry. A copy of this completed evaluation checklist has been given to the Home Health Aide (HHA).

**HOME HEALTH AIDE (HHA) TRAINING PROGRAM
DIRECTOR OR INSTRUCTOR**

SIGNATURE: _____ DATE: _____

HOME HEALTH AIDE (HHA) INSTRUCTOR

SIGNATURE: _____ DATE: _____

HOME HEALTH AIDE (HHA) TRAINEE

SIGNATURE: _____ DATE: _____

BPSS – MAY 2016

APPROVED
MAY 20 2016
Bureau of Proprietary
School Supervision