

HOME HEALTH AIDE TRAINING PROGRAM
HEALTH-RELATED SKILLS PERFORMANCE RECORD EVALUATION
Personal Care Aide (PCA) to Home Health Aide (HHA) Upgrade – BPSS Licensed Schools

STUDENT NAME: _____

SCHOOL NAME: _____

INSTRUCTOR: _____ BPSS Teacher License #: _____

DATE of HHA CLASSROOM TRAINING: From ___ / ___ / ___ to ___ / ___ / ___

DATE of 8 HOUR INTERNSHIP: From ___ / ___ / ___ to ___ / ___ / ___

NAME and ADDRESS OF INTERNSHIP: _____

Students in a PCA to HHA Upgrade may only use this checklist. The 18 skills below are mandated by the Department of Health and must be tested during the health-related part of the Home Health Aide training. Students can demonstrate their skills - on live subjects - in either the skills lab or at the internship site, depending on the equipment needed and the needs of the live subject. Test performance for the theory portion of the program must also be recorded and can be found on page 2. Units of study are listed. The original checklist must be filed with the student's records, with a copy provided to the student.

Required Clinical Skill and Unit from DOH Curriculum	Date Demo. by Instructor	Instructor Initials	Date <u>Successfully</u> Demo. By Student	Instructor Initials	Demonstrated in Lab or Internship? Mark "L" or "I"
1) A-1. Proper Hand washing					
2) B-1 Cleaning a glass thermometer					
3) B-2 Measuring an oral temp. with 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 with postural drainage					
11) E-9 Assisting with use of oxygen concentrator					
12) E-10 Assisting with use of oxygen tank and liquid oxygen reservoir					
13) E-11 Assisting with 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 with changing a clean dressing					
17) H-1 Assisting with changing an ileostomy or colostomy pouch					
18) H-5 Assisting with routine tracheotomy care					

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Knowledge Performance Evaluations	Date	Instructor Initials	Pass or Fail?	If first failed, what date was test passed?	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: Assist. w/ Special Skin Care					
Unit G: Assist. w/ a Dressing Change					
Unit H: Assisting w/ Ostomy Care					

NOTES/COMMENTS:

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Personal Care Aide who is upgrading to Home Health Aide has successfully demonstrated all indicated skills, and has done the required 8 hours of internship at the place and date(s) listed above. A copy of this completed evaluation checklist has been provided to the Home Health Aide.

1. Signature and Name of HHA Training Program Director:

_____ Date _____

2. Signature of HHA Instructor: _____ Date _____

3. Signature, Name and license numbers of licensed teacher supervising the Internship, if different from classroom instructor:

_____ Date _____

Name (Printed): _____ BPSS teacher license: _____

4. Signature of HHA Trainee: _____ Date _____

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