JOB DESCRIPTION
HOME HEALTH AIDE / CERTIFIED NURSING ASSISTANT

The Home Health Aide / Certified Nursing Assistant is a non-professional employee trained to provide personal care and related services in the home for the sick or disabled. He/she functions under the direction, instructions, and supervision of the staff nurse or therapist (when therapy only is furnished).

QUALIFICATIONS

The Agency shall employ only Home Health Aides / Certified Nursing Assistants who:

A. Have been determined to be "competent" to provide home health services and have successfully completed a State-established or other training program that meets the federal requirements of §484.36(a) and a competency evaluation program or State licensure program that meets the federal requirements or §484.36(b) or (e), or a competency program or State licensure program that meets the federal requirements.

An individual is not considered to have completed a training and competency evaluation program, or a competency evaluation program if, since the individual's most recent completion of this program(s), there has been a continuous period of twenty four (24) consecutive months during none of which the individual furnished services described in § 409.40 of the federal regulations for compensation.

B. Have successfully completed a 75-hour home health aide course, with at least 16 hours devoted to supervised practical training; or a Certified Nursing Assistant course. The individual being trained must complete at least 16 hours of classroom training before beginning the supervised practical training.

The training curriculum must include the following subject areas:

1. Communication skills;
2. Observation, reporting and documentation of patient status and services provided;
3. Reading and recording temperature, pulse, and respiration;
4. Basic infection control procedures;
5. Basic elements of abnormal body functions that must be reported to the aide's supervisor;
6. Maintenance of a clean, safe, healthy environment;
7. Recognizing emergencies and knowledge of emergency procedures;
8. Physical, emotional, and developmental characteristics of the populations served by the Agency, including the need for respect for patient privacy and property;
9. Appropriate and safe techniques in personal hygiene and grooming, including bed bath; sponge, tub, or shower bath; shampoo, sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination.

10. Safe transfer techniques and ambulation;

11. Normal range of motion and positioning;

12. Adequate nutrition and fluid intake;

13. The role of the aide in the home;

14. Differences in families;

15. Food and household management; and

16. Any other task that the home health Agency may choose to have the home care aide perform per State and Federal allowances i.e., other health-related topics pertinent to home health services.

C. Have satisfactorily completed on-the-job training and testing program satisfactory to the requirements of the Agency.

1. Successful completion of a **written (competency) evaluation** with a passing score of at least 90 correct answers out of 104 on the test (per state regulations). This competency evaluation will be completed before an application for employment is provided. If a candidate for employment does not pass the initial written competency evaluation, they may return in thirty (30) days to re-take the evaluation.

2. Successful completion of **performance (competency) evaluation** of all basic skills and subject areas. This will be completed with the first visit(s) the HHA/CNA makes with RN supervision and assessment of skills. The HHA/CNA is not to perform any tasks in which he/she has been evaluated as “unsatisfactory” except under direct supervision by a licensed nurse until he/she receives training in the task and passes a subsequent evaluation with “satisfactory”.

D. If the HHA/CNA is to assist with self-administered medication, they must receive a minimum of 2 hours of training, pursuant to Florida Statutes 400.488. This training must be prior to assuming this responsibility.

E. Agree to undergo supplemental training by Agency personnel, as may be required by the Agency.

F. Have completed the 9th grade, with ability to read, write, speak and comprehend the English language. High school graduates or GED preferred.

G. Have an interest in and a sympathetic attitude toward caring for the sick at home.

(Revised 12/00)
H. Have the emotional maturity necessary for establishing and maintaining a good rapport with patient and family members.

I. Demonstrate the ability to be able to work within a multi-disciplinary team setting.

J. Demonstrate the ability to work in field situations and navigate within assigned districts.

K. Have and maintain an automobile to be used for work.

PHYSICAL DEMANDS

The physical demands described here are representative to those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

While performing the duties of this job, the employee is occasionally required to stand, walk, sit, use hands to finders, handle or feel, reach with hands and arms, and talk or hear. The employee is occasionally required to stand, walk, climb or balance, stoop, kneel, crouch or crawl and taste or smell. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.

Employees are required to wear personal protective equipment according to organization policy. Any employee who while operating a motor vehicle is required to comply with the Florida State law regarding seatbelt usage (e.g. seatbelts are required to be used).

DUTIES

A. Will perform those personal care activities as assigned by the RN or therapist of the Agency which may include assisting the patient with:

1. Personal hygiene (Example: bathing, grooming, hair care, shaving, deodorant application, skin care with lotions and/or powder, foot care, and ear care. Q-tips are not to be used;

2. Nail care and oral hygiene which are needed to facilitate treatment or prevent deterioration. (Nail cutting or filing will NOT be done);

3. Assistance in administering medications that are ordinarily self-administered, only upon a documented request by and the written
informed consent of a patient or the patient's surrogate, guardian or attorney-in-fact. This includes:

iii. Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient;

ii. In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container;

iii. Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.

iv. Applying topical medications;

v. Returning the medication container to proper storage; and

vi. Keeping a record of when a patient receives assistance with self-administration.

4. Changing bed linens and making bed;

5. Eating and maintaining adequate nutrition and fluid intake when appropriate;

6. Dressing (clothes);

7. Ambulation and transfers (For Example: assisting patients to the toilet/commode or with bedpans and with elimination needs, assisting patients in and out of bed, assisting with ambulation, and assisting with other transfers and positional needs as appropriate);

8. Incidental household services which are essential to patient health care. (For example, light housekeeping, straightening room, and laundry);

9. Other activities as instructed by a health care professional (employee) of the Agency for a specific patient, as needed. These services are limited to the following:

i. Assisting with the change of a colostomy bag, shampooing, reinforcement of (non-sterile) dressing;

ii. Assisting with the use of devices for aid to daily living. (For Example: A walker, a wheelchair or a hoyer lift);
iii. Assisting with prescribed exercises which the home care aide and the patient have been taught by a health professional agent (employee) of the Agency;

iv. Assisting with prescribed ice cap or collar, doing simple urine tests for sugar, acetone, or albumin, measuring and preparing special diet, and;

v. Measuring intake and output of fluids.

B. Will understand and apply basic infection control principles and procedures. Will contact supervisor with any concerns related to infection control.

C. Will read and record patient's temperature, pulse, and respiration. May read and record patient's blood pressure if instructed to do so by Agency's health care professional.

D. Will follow the Plan of Care as instructed by Agency's health care professional.

E. Will keep records of personal health care activities.

F. Will observe physical and gross behavioral changes in the patient and will report to the registered nurse.

G. Will observe and report any changes in the patient's condition or family situation to the registered nurse.

H. Will follow the visit schedule and indicate changes in schedule as appropriate.

I. Will promptly contact patients and an Agency supervisor whenever unable to visit a patient as scheduled.

J. Will communicate appropriately with patient/family and Agency personnel.

K. Will attend required in services and meetings as identified by the Agency. (Must have 12 hours of in service per calendar year.)

L. Will abide to all Policies and Procedures of the Agency and rules, regulations, codes of ethics, guidelines, and codes in federal, state and local laws which are concerned with the practice of their discipline and the provision of home health care services.

M. Will perform other duties as assigned.

The Home Health Aide / Certified Nursing Assistant WILL NOT do the following:

(Revised 12/09)
A. **WILL NOT** change sterile dressing(s);

B. **WILL NOT** irrigate body cavities such as giving an enema;

C. **WILL NOT** irrigate a colostomy or wound;

D. **WILL NOT** perform a gastric lavage or gavage;

E. **WILL NOT** catheterize a patient;

F. **WILL NOT** assist in the self-administration, when it pertains to:
   1. Mixing, compounding, converting or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
   2. The preparation of syringes for injection or the administration of medications by any injectable route;
   3. Administration of medications through intermittent positive pressure breathing machines or a nebulizer.
   4. Administration of medications by way of a tube inserted in a cavity of the body.
   5. Administration of parenteral preparations;
   6. Irrigations or debriding agents used in the treatment of a skin condition;
   7. Rectal, urethral or vaginal preparations;
   8. Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed", unless the order is written and specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent patient;
   9. Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

G. **WILL NOT** apply heat by any method;

H. **WILL NOT** care for a tracheotomy tube;

I. **WILL NOT** cut nails; and,
J. **WILL NOT** provide any personal health service which has not been included by the health care professional (employee) in the patient care plan.

K. **WILL NOT** lend or borrow money or articles from clients.

L. **WILL NOT** smoke in the patient's/client's home.

M. **WILL NOT** solicit agency patients/clients for personal employment without agency's involvement, within 90 days of patient's/client's discharge from services.

**PERSONAL APPEARANCE / CELL PHONE USAGE**

The Home Health Aide/Certified Nursing Assistant will at all times in the patient's presence, be in complete agency uniform (scrubs) including name badge and close toed shoes. Agency policy also stipulates that no perfume should be worn and jewelry kept to a minimum while in the patient's home.

The Home Health Aide/Certified Nursing Assistant will refrain from any cell phone usage while in the patient's home, unless the call is from this Agency's Supervisor.

 Complaints from the patient and/or caregiver regarding these policies will result in termination.
REPORTS TO

The Home Health Aide / Certified Nursing Assistant reports to the supervising nurse and/or therapist and office Supervisory Nurse.

I have reviewed the above listed job description and had opportunities to ask questions regarding the same. I understand this job description and agree to abide by it.

_________________________  _______________________
EMPLOYEE SIGNATURE               DATE

_________________________  _______________________
AGENCY REPRESENTATIVE               DATE

NON-SOLICITATION

As an employee of A.I.T. HOME HEALTH, INC., I specifically agree that I will not solicit patients to provide services without A.I.T. HOME HEALTH, INC.'s referral involvement until ninety (90) days has passed since the termination of patient’s services. In the event I violates this non-solicitation clause, I hereby agree to pay the sum of Five Thousand Dollars ($5,000) to A.I.T. HOME HEALTH, INC., as a finders fee for each violation.

_________________________  _______________________
EMPLOYEE SIGNATURE               DATE

_________________________  _______________________
AGENCY REPRESENTATIVE               DATE