



A Quality HomeHealthCare Agency

Employee Application

EMPLOYEE FILE OF:

CONFIDENTIAL

Home Health One LTD.

Employee's Name: _____

EMPLOYEE'S CHECKLIST

The employee must have the following items in his/her file to be completed. Please check when items are inserted into file:

	In File	Not In File
1. Completed Application If Not, Missing:		
2. Orientation Checklist		
3. Glucometer Competency Assessment		
4. Employee Handbook (Release Form w/ Signature)		
5. Clinical Skilled Assessment		
6. OSHA Training		
7. Confidentiality Agreements a. Employer b. Client		
8. Job Description (Signed)		
9. Medical Data: a. Health Exam / Record (current)		
10. Tuberculosis Surveillance Record		
11. Waiver Hepatitis B Vaccination		
12. Clinical Competency Evaluations		
13. Employment Eligibility Verification (INS)		
14. W-4 Information *(the agency is issuing 1099 at the end of year, the worker is responsible to pay taxes as required)		
15. Employment Agreement (Payroll Schedule, Pay Rate, Reception) a. Areas of Coverage (If Applicable)		
16. Hire Date (Column 1) & Termination Date (Column 2)		
17. Identification (2) from List A. Book a. Driver's License (Current) b. State ID (Current) c. Social Security Card (Copy)		
18. Current License Applicable a. Clinical Licensures (Copy) b. CPR Card (Current) c. Auto Insurance (Copy)		
19. Applicable Performance Evaluations as indicated (timely)		
20. Record at current In-service		
21. Others		

Personal Data

Home Health One LTD.

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the Personnel Director

- You must fully and accurately complete this Application for Employment. Incomplete applications will not be considered.
- This application for employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application of Employment.

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE INITIAL		
ADDRESS				
TELEPHONE NO.:		SOCIAL SECURITY NO.:		
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If hired, can you supply the required documentation to verify your lawful right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:				
POSITION APPLIED FOR:				
Date Available for Work:		Salary Desired:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If Part-Time, Days Available:				
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you ever been employed by Home Health One LTD.? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give dates: FROM ____ / ____ / ____ TO ____ / ____ / ____ & Location:				
Referred by:				
EDUCATIONAL BACKGROUND				
	NAME & SCHOOL LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS / CORRESPONDENCE SCHOOLS			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Home Health One LTD.

EMPLOYMENT HISTORY

Provide the following from your past and current employers, assignments or volunteer activities- starting with the most recent (use additional sheets if necessary).

EMPLOYER	TELEPHONE	DATES EMPLOYED	TYPE OF WORK
ADDRESS			
JOB TITLE		HOURLY RATE STARTING	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE FINAL	
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
EMPLOYER	TELEPHONE	DATES EMPLOYED	TYPE OF WORK
ADDRESS			
JOB TITLE		HOURLY RATE STARTING	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE FINAL	
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
EMPLOYER	TELEPHONE	DATES EMPLOYED	TYPE OF WORK
ADDRESS			
JOB TITLE		HOURLY RATE STARTING	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE FINAL	
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Home Health One LTD.

REFERENCES

Give the name of three business / work references, not related to you, whom you have known at least one year. If not applicable, list three school or personal references that are not related to you.

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED
1.			
2.			
3.			

PROFESSIONAL LICENSES, REGULATIONS AND/OR CERTIFICATION

TYPE	STATE ISSUED	EXPIRATION DATE	LICENSE NUMBER

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purposes of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA and Section 504 of the Rehabilitation Act.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In consideration of my employment, I agree to conform to Home Health One LTD. rules and regulation, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by Home Health One LTD.

I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ **Date:** _____

Home Health One LTD.

ORIENTATION CHECKLIST

Home Health Aide

Employee Name	Date of Employment
---------------	--------------------

	INITIALS	DATE
AGENCY INTRODUCTION		
1. Introduction to Staff Members		
2. Agency Layout		
3. Phone System		
4. Mailboxes		
AGENCY INFORMATION		
1. Philosophy, Principles and Objectives		
2. Organizational Chart		
3. Scope of Services/ Role of Other Disciplines		
4. Patient Confidentiality and Responsibility		
5. Patient Bill of Rights		
6. Advance Directives		
PERSONNEL POLICIES		
1. Name Badge		
2. Completion of Required Agency Forms for Employment: Personnel File Checklist		
3. Hepatitis B Vaccine		
4. Job Description		
5. Employee Manual		
• Probation		
• Evaluation		
• Grievance procedures		
• Benefits		
• Payroll Policies		
DAILY ROUTINE RESPONSIBILITIES		
1. Case Management/ Staff Assignments		
2. Weekly Schedules/ Scheduling of Visits		
3. On call Procedures: Call Back Book		
4. Per Diem Staff; Procedures for Daily Assignments		
5. Day Sheets/ Organization of Visits		
6. Payroll/Mileage Tabulation/ Timecards		
7. Beeper Use		
8. Communication Techniques/ Call In Schedule		
9. Paper Work Turn In		
10. Lab Deliveries		
POLICY & PROCEDURE MANUAL REVIEW		
1. Manuals		
2. Emergency/ Procedures		
3. Accidents/Incidents: Occurrence Report		
4. Blood and Body Fluid Precautions/ Infection Control		
MEDICARE REVIEW		
1. Explanation of Home Health Care Guidelines and Reimbursement		

Home Health One LTD.

SUPERVISION OF PATIENT CARE		
1. Review of Home Health Aide Job Description		
2. Home Health Aide Care Plan		
3. Home Health Aide Visit Report		
4. Home Health Aide Supervisory Visit		
GLUCOMETER OPERATION AND MAINTENANCE		
PAPER WORK REVIEW		
1. Patient Chart and Divisions		
2. Initial visit Documentation; Initial visit Packet		
• Guidelines for Patient Evaluation/Initial Assessment and Ongoing Process		
3. Paperwork Flow:		
• Referral and Treatment Care Plan		
• 485,486,487		
• Interim Orders		
• Socio-economic Sheet		
• Patient Care Plan		
• Skilled Nursing Visit report		
• Case Conference/ Progress Notes		
• Clinical Notes		
• Lab. Results Flow Sheet		
• Discharge Summary		
• Post-Hospitalization Plan of Treatment Update		
• Transfer Summary		
AGENCY AND COMMUNITY RESOURCES		
1. Contract Services		
2. DME Ordering and Use in Home		
3. Staff Meetings		
4. In-Service Requirements		
QUALITY ASSURANCE		
1. Clinical Records Reviews		
FIELD EXPERIENCE		
1. Observation Visits with Designated Preceptor/ Observation of Physical Assessments		
2. Patient visits with Preceptor Observing/ Performance of Physical Assessment		
3. Caseload Arrangement/ Patient Visits		
UNSAFE CONDITIONS		

Signature of Employee: _____ Date: _____

Signature of Person(s) responsible for orientation:

1. _____ Date: _____

2. _____ Date: _____

Home Health One LTD.

GLUCOMETER COMPETENCY ASSESSMENT

Employee Name: _____

Initial Competency: _____ Every 3 Year Competency: _____

Employee was observed/ competency assess in the use of a glucometer in the following areas:

Standard	Yes	No
1. Performance of test on unknown specimen		
2. Quality control performance maintained		
3. Cleaning/ maintenance of equipment		
4. (Other)		
5. (Other)		

Comments:

Employee demonstrated competency in lab testing with the glucometer.

Signature of Applicant: _____ Date: _____

Signature of Observer: _____ Date: _____

Home Health One LTD.

GLUCOMETER

COMPETENCY EVALUATION

Name: _____

PERFORMANCE CRITERIA	DATE COMPETENCY EVALUATED	METHOD USED (OBSERVATION, SIMULATION, CHART AUDIT, OR TESTING)
1. Washes hands; dons gloves.		
2. Turns on glucose meter.		
3. Prepares meter by validating the proper calibration with strips to be used; checks expiration dates; records results on Quality Control Log.		
4. Prepares the finger to be lanced y having client wash hands.		
5. Selects finger; cleanses with alcohol pad.		
6. Pricks the client’s finger lateral to the fingertip using lancet type device obtaining a large hanging drop of blood.		
7. Applies blood to strip area.		
8. For meters with a “wipe system”: <ul style="list-style-type: none">– Times the blood contact with the strip– Wipes off blood with a firm stroke using cotton ball at appropriate time– Inserts strip into meter for final result/result		
9. For meters with a “no wipe system”, allows blood to remain on the strip until results appear on meter.		
10. Covers lanced finger with gauze/tissue until bleeding subsides.		
11. Disposes of lancet in puncture resistant container.		
12. Removes glove; washes hands.		
13. Documents in clinical record as appropriate.		
Additional Comments: Signature & Title of Evaluator: _____ Date: _____		

Home Health One LTD.

Employee Acknowledgement

I hereby acknowledge receipt of the Home Health One LTD. Handbook.

I understand that the Handbook is not a contract and that neither the Handbook nor any of its individual terms nor any other policy statement, employment practice or employment form used by Home Health One LTD. constitute or represents a binding contractual commitment between Home Health One LTD. and me or a guarantee or assurance of continued employment.

Notwithstanding anything contained in the Handbook, or in any current or future policy statement, employment practice form, and notwithstanding anything I may have been told orally, I agree that Home Health One LTD. may discharge me at any time, without warning and without cause or reason, and that, likewise, I may terminate my employment at any time without reason.

I further understand that no Home Health One LTD. has authority to enter into any agreement with me for any specified period of time or to make any binding representations or agreements contrary to the forgoing, except and only to the extent as might otherwise expressly be provided in a written employment agreement signed by the Administrator of Home Health One LTD. and by myself.

Employee's Name (print)

Employee's Signature

Date

Home Health One LTD.

HIPAA (Health Insurance Portability and Accountability Act) Privacy Act of Individually Identifiable Health Information

Purpose:

To ensure that all workforce members are educated in reasonably safeguarding protected health information from any intentional use that result from disclosure to any unauthorized person or group. Effective date for compliance is April 14, 2003.

Definition of Protected Health Information:

Any and all personal information about a patient which includes, but not limited to *Name, Address, SS & HIC Numbers, Diagnosis, Treatment Plan, Etc...*

Permitted Disclosures:

Disclosure of information is permitted under certain circumstances. For example, disclosure is permitted to law enforcement officers investigating a crime, in case of medical emergencies, or to any health official from the Department of Health. A visiting field employee has the right to his or her best judgment on whether to disclose a patient's private information to an individual that requests it. (i.e. family member , caretaker)

Safeguard Practices:

Assessments: Keep all assessments in a closed folder when not currently working on them. Do not leave on patients table unattended or in your car in the open.

Visit Reports: When not being written, all notes must be kept in a folder or envelope. Any notes with patient information that was written in error must be shredded or torn in a way that it would be impossible for reconstruction.

Notes: Any information written on a post-it or scratch paper must be either be safeguarded or disposed of in the same manner as your visit reports.

Home Health One LTD.

CAN SKILLED KNOWLEDGE ASSESSMENT

Employee Name:	Position:	Date of Hire:
----------------	-----------	---------------

PERFORMANCE SKILLS	PRIOR EXPERIENCES / COMPETENCY IN SKILL PERFORMANCE / USE OF PROCEDURE	NEEDS REVIEW / IN-SERVICING
Wash Hands		
Performs oral Hygiene		
Performs Oral Care		
Shave a resident		
Performs Nail Care		
Take Oral Temperature		
Take Pulse		
Measure Respiration		
Measures Blood Pressure		
Make Unoccupied Bed		
Make Occupied Bed		
Feed a Resident		
Dress a Resident		
Make Final Unit Check		
Measures Weight		
Measures Height		
Place Resident in Side-Lying Position		
Perform Passage Range of Motion		
Calculate Intake and Output		
Transfer Resident to Wheelchair Using a Safety Belt		
Give Partial Bath		

Signature of Employee: _____

Date: _____

Signature of Person(s) responsible for orientation:

1. _____

Date: _____

2. _____

Date: _____

Home Health One LTD.

Acknowledgement of OSHA Training

I have been instructed and understand the OSHA standards on Bloodborne Pathogens, Fire Safety, Back mechanics and other potentially infectious materials.

I have been given the opportunity to have any questions answered regarding these standards and agree to follow these standards in all instances of occupational exposure as a Home Health One LTD. employee.

I understand where and how to obtain and use personal protective equipment which I need in order to implement this standard.

OSHA STANDARD

DATE COMPLETED

Bloodborne Pathogen

Fire Safety

Universal Precautions

Back Mechanics

Home Health One LTD. Representative

Date

Employee

Signature

Date

Home Health One LTD.

Release of Information Authorization

I empower Home Health One LTD. and its agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, worker's compensation agencies or individual, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. That receipt may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

By my signature below, I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements and or omissions will be just cause for the termination of my employment.

Last Name	First Name	M.I.
-----------	------------	------

Previous Maiden Name

Address

Social Security Number	Date of Birth
------------------------	---------------

Driver's License Number	State of License
-------------------------	------------------

I am in agreement that a photocopy of this authorization can be accepted with the same authority as the original, and that this release expires one year after the date of origination.

Signature	Date
-----------	------

Home Health One LTD.

CONFIDENTIALITY OF INFORMATION AGREEMENT

Date: _____

I agree to the following terms as an employee of Home Health One LTD.

I understand that during my employment at Home Health One LTD., I will have access to confidential patient/family, agency and personnel information. I understand that all patient/family information is to be held confidential, and will only be used for the purpose of fulfilling my job responsibilities, I will not communicate information about my assigned clients from one client to another, or to anyone not involve in their care, including family members, personnel other than the professional and for personnel who require such information to treat the client, other organizations, the news media, or the general public. I further agree not to communicate in a negative about Home Health One LTD. or its employees to patients/families, news media or other organizations. Any communications about a client must have prior written consent of the client or the client's legal guardian. I understand that breach of this agreement will result in termination and possible civil actions.

I further agree to abide by Home Health One LTD. Health Insurance Portability and Accountability Act Policies.

Employee Name (Please Print)

Employee Signature

Date

CONFIDENTIALITY OF CLIENT INFORMATION

POLICY

Agency personnel must read and sign their acknowledgment of the following statement:

By accepting employment with Agency, I agree to carefully refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so. I will not share any medical information with other clients or visitors without clear instruction provided to the agency. I acknowledge that All information seen or heard regarding clients, directly or indirectly, is completely confidential and is not to be discussed, even with my family or coworkers. My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics, but can also involve an employee in legal proceedings. I will not share any Information about clients or the agency with the media. This is essential for protection of both the client and Agency.

I have read and understood the above statement and agree to abide by these policies.

I understand that a breach of policy may result in disciplinary action and possible dismissal from employment.

Employee Signature

Date

Witness Signature

Date

Home Health One LTD.

HOME HEALTH AIDES

JOB DESCRIPTION

The Home Health Aides ensures quality and safe delivery of home health care services. They assist in the provision of home health care services that reflect the home health care agency philosophy and standards of home health and nursing care of assigned clients. And ensure quality and safe delivery of home health aide services.

DUTIES AND RESPONSIBILITIES

1. Ensures quality and safe delivery of home health care services.
 - Participates in the development of implementation of client plans of care per home health care agency policy and procedure.
 - Participates in client case conferences according to home health care policy and procedure, as appropriate.
 - The provided home health aide services reflect client plans of care.
 - Information regarding client plans of care is submitted to the home health care Registered Nurse in a timely manner.
 - Client clinical record documentation reflects delivery of quality and safe home health care services.
2. Implements current home health aide services.
 - Client's plan of care is discussed with the home health care Registered Nurse on a regular basis.
 - Client's clinical records are documented per home health care agency policy.
 - Client assignments and report are received from home health care Registered Nurse.
 - Infection Control and safety policies and procedures are implemented per home health care agency policy and procedures.
 - Identified client needs are communicated to the Home Health Care Registered Nurse in a timely manner.
 - Clinical Care is implemented per home health care agencies and procedures.
 - Client's overall appearance reflects good personal hygiene.
 - Client's environment is neat and orderly.
 - Procedures and treatments are implemented accurately and documented appropriately.
 - Observation of client's condition is accurately reported to the Home Health Care Registered Nurse in a timely manner.
 - Clients are assisted to meet socialization needs.
 - Assignments are organized and completed on time.
 - Client request are responded to promptly.
 - Proper body mechanics are utilized consistently.
 - The Home Health Care Registered Nurse is notified upon return to the Home Health Care Agency.
 - Daily client reports are given to the Home Health Care Registered Nurse.
3. Fulfills additional performance responsibilities as assigned and as necessary.
 - Additional performance responsibilities are fulfilled accurately and in a timely manner.
4. Promotes effective written/verbal communication.
 - Skill in conflict resolution is demonstrated.
 - A positive work environment is promoted for home health care staff members.
 - Participation in monthly home health care staff meetings are demonstrated and documented.
 - Documentation of information regarding changes in home health care agency operations and policies and procedures is communicated to the home health care agency staff members in a timely manner.

Home Health One LTD.

- Consistent and concise lines of authority and responsibilities are maintained.
 - Participation in appropriate committee meetings are demonstrated per home health care policy and procedure.
 - Cooperation with home health care agency staff members and the Director of Nursing of Home Health.
 - Care pursuant to home health care agency philosophy and objectives is demonstrated.
 - Participation in home health care agency events is demonstrated.
 - Documentation of information regarding interpretation of home health care agency philosophy, objectives and long-range plans are demonstrated as necessary.
 - Consultation with the Director of Nursing of Home Health Care is initiated as issues and concerns require.
5. Uses equipment and supplies effectively and efficiently.
- Utilization of equipment and supplies in a cost-effective manner is demonstrated.
 - Accurate utilization of equipment and supplies is demonstrated.
 - Information regarding malfunctioning equipment and inadequate supplies are given to the appropriate individuals.
6. Complies with home health care agency policies and procedures.
- Home Health Aide job performance is demonstrated to be in compliance with home health care agency policies and procedures
 - Maintenance of confidentiality of client information is demonstrated per home health care agency policy and procedure
 - Infection Control and safety measures are implemented per home health care agency policy and procedure.
 - Client concerns are reported to proper person per home health care agency policy and procedures.
7. Promotes and maintains an agency environment that is in compliance with federal, state and local regulatory agencies.
- Consultation with Home Health Care Registered Nurse and Director of Nursing of Home Health Care regarding federal, state and local rules and regulations are demonstrated.
 - Regulatory documentation forms are completed and submitted in a timely manner.
 - Educational programs are documented in Home Health Aide Personnel files.
8. Assists in promoting education for client's families.
- Participates in education programs to assist in educating clients and client's families.
 - Attends and participates in agency's in-service trainings, a required 12 hours in-service training for each 12 month period of employment.
9. Participates in personal and professional growth and development.
- Personal job objectives are developed and implemented.
 - Current knowledge in the delivery of home health care services are demonstrated.
 - Participation in educational programs are consistently demonstrated.

POSITION QUALIFICATION

1. High School Graduate required.
2. Home Health Aide Certification required as obtained through successful completion of an approved program.
3. Experience in-home health care or related health care field preferred.
4. Evidence of sympathetic attitude toward care of the sick
5. Demonstrated ability to read, write and carry out directions.
6. Evidence of maturity and ability to deal effectively with job demands.
7. Good verbal and written communication skills required.

Home Health One LTD.

JOB DESCRIPTION REVIEW

I have read and understood the job description for the position of Home Health Aide.

Signature of Applicant: _____ Date: _____

Medical Data

Home Health One LTD.

EMPLOYEE HEALTH RECORD

Note: This section must be completed by employee and signed prior to employment.

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
POSITION	DATE OF BIRTH	SOCIAL SECURITY NO.:

Please indicate with an (X) if you have any of the following:

	Severe Headache		High Blood Pressure
	Vision Impairment		Low Blood Pressure
	Hearing Difficulties		Back Problems
	Speech Impairment		Arthritis/ Bone Problem
	Fainting/Dizzy Spells		Stomach Ulcer
	Allergy/wheezing/asthma		Bowel Problems/Hernia
	Frequent Colds		Menstrual Difficulties
	TB/Any Communicable Disease		Venereal Disease
	Chronic Coughing		Diabetes
	Chest Pain/Pressure		Kidney Problems/Disease
	Varicose Veins		Skin Allergies/Disease
	Hepatitis		Alcoholism/Drug Addiction
	Heart Problems		Nervous Breakdown

- A. Are you under the care of a physician? Yes No
- B. Are you taking any medication? Yes No
- C. Have you had operation/ been hospitalized? Yes No
- D. Have you had any serious accident? Yes No
- E. Have you had a positive reading on a Tine or PPD? Yes No

If you answered YES to any of the above, please explain:

If required in your position, would you be willing to have screening test for drug/alcohol done on your blood/urine as a condition of employment: Yes No

I hereby give my permission to release the results of any test and/ or information regarding my health status to Home Health One LTD. I understand that I must have a biennial PPD to retain active employment with Home Health One LTD.

Signature of Employee: _____ **Date:** _____

Home Health One LTD.

Note: This section must be completed by Health Examiner / Physician.

REQUIRED BY Home Health One LTD.	DATE	RESULTS
A. Physical Exam (pre-employment)		
B. PPD (Tuberculin) Test- Mantoux type (If possible Chest x-ray required)		
Only if mandated by state or contracts:		
C. Rubella Titer/ Vaccine		
D. Diphtheria-Tetanus Booster		

PHYSICAL EXAM	NORMAL	ABNORMAL	H&P FINDINGS	COMMENTS
SKIN				
EYES				
RESPIRATORY				
CV				
GI				
URINARY				
NERVOUS				
MUSCULO- SKELETAL				

I certify that the above person is free from symptoms indication the presence of infectious disease and does not have any condition, which interfere with the performance of his/her duties.

Physician Signature: _____ Physician Name: _____

Date: _____ Telephone No.: _____

Home Health One LTD.

EMPLOYEE TUBERCULOSIS SURVEILLANCE RECORD

LAST NAME			FIRST NAME			MIDDLE INITIAL	
ADDRESS							
BIRTHPLACE							
CITY			COUNTY			STATE	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			KNOWN POSITIVE <input type="checkbox"/>		KNOWN NEGATIVE <input type="checkbox"/>		
Date of previous 2 Step Mantoux, if known:							
EMPLOYMENT DATE				TERMINATION DATE			
DEPARTMENT				TITLE			
Know Contact to TB Date / Extent of Exposure:							
TUBERCULIN TEST			REACTION			CHEST X-RAY	
DATE GIVEN	LOT NUMBER NAME OF ANTIGEN	DOSE	DATE	MM	SIGNATURE	DATE	READING

Home Health One LTD.

DECLINATION OF HEPATITIS B VACCINATIONS, WAIVER, RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT

Please read carefully as this is a legally binding document. Please understand that in refusing vaccination and signing this document you will be waiving and releasing on behalf of yourself, your spouse and your dependents all claims as a result of disease, death or for injuries, including but not limited to the aggravation of any pre-existing ailment or condition; disability and disfigurement; pain and suffering; medical care, treatment and services, lost earnings, profits and salaries; lost earning capacity; the reasonable expense of necessary help in the home; as well as any property damage that might be sustained arising directly or indirectly out of your refusal to receive the vaccinations.

Acknowledgement of Risk of Refusal to Receive Vaccinations Clause:

I understand that due to occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine when completing my pre-class medical work-up. However, I decline Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Appendix A to 29 CFR Part 1910.1030
Department of labor-OSHA
Occupational Exposure to Blood Borne Pathogens.

Waiver of Claim for Injury Clause:

I do hereby fully release, hold harmless, discharge and defend Home Health One LTD. as well as any and all of its officers agents, servants, employees, independent contractors and volunteers from any all claims as a result of disease, death or from injuries, including but not limited to the aggravation of any pre-existing ailment or condition; disability and disfigurement, pain and suffering; medical care, treatment and services; lost earnings, profits and salaries, lost earning capacity; the reasonable expense of necessary help in the home; as any and all property damage I, my spouse or my dependents might sustain arising directly or indirectly out of my refusal to participate in the above-captioned Hepatitis B Vaccination Program.

I have read and fully understand the Waiver, Release of All Claims and Indemnity Agreement. I understand that the terms hereof are contractual and are not a mere recital.

Participant's Signature: _____ Participant's Name: _____

Date: _____

Witness' Signature: _____ Date: _____

*Home Health Aide
Evaluation*

Home Health One LTD.

HOME HEALTH AIDE COMPETENCY EVALUATION

Name: _____ Social Security # _____

Demonstrated on: Client (C) / Peer (P)

	Yes	No	C	P	COMMENTS	DATE	Supervisor Initial
1. Ability to communicate with patient and family in appropriate manner and explains procedures prior to initiating.							
2. Accurately observes, reports and documents significant findings in a competent way.							
3. Ability to measure and records temperature (oral, rectal, and axillary), pulse, respiration, and blood pressure of a patient accurately using aseptic technique.							
4. Ability to utilize Universal precautions for prevention of infection.							
5. Ability to identify reportable body functions.							
6. Ability to maintain a clean, safe and healthy environment for the patient.							
7. Ability to recognize an emergency situation and respond appropriately. If not observed can respond correctly to emergency care of :							
BITES A. BURNS B. CARDIAC ARREST C. HEART ATTACK D. OBSTRUCTED AIRWAY E. POISONING F. SEIZURES G. SHOCK							
8. Ability to verbalize Agency policy on emergency measures and reporting changes/ problems to SN.							
9. Ability to recognize physical, emotional, and developmental needs of clients and provide support.							
10. Ability to administer bathing procedures: observe the principles of aseptic technique and avoiding physical and emotional jeopardy while promoting comfort.							
A. BED BATH B. SPONGE BATH C. TUB BATH D. SHOWER							
11. Ability to comb/shampoo the hair of a bed-bound patient and assist with application of shampoo observing the principles of aseptic technique and avoiding physical jeopardy while promoting comfort.							
12. Ability to provide safe fingernail and toenail care to patient as assigned maintaining skin integrity in accordance with agency policy.							
13. Ability to inspect skin for redness and evidence of skin breakdown and to provide skin care to areas prone to skin breakdown.							
14. Ability to provide or assist with oral hygiene, denture care, mouth care and apply lubricant as necessary.							
15. Ability to assist patient with toileting, elimination, catheter care, and pericare using aseptic technique while promoting privacy and comfort.							
16. Ability to transfer patient safely, identify safety hazards and protect patient and self from physical harm.							
17. Ability to assist patient in ambulation and utilizing assistive devices safety and monitor for pain and discomfort.							
18. Ability to give range of motion exercises to affected joints and provide support above and below joints and							

Home Health One LTD.

instruct or caregiver in ROM.							
19. Ability to assist and encourage patient with adequate nutrition and fluid intake, document I & O accurately and report problems to RN/Office.							
20. Ability to assist patient to maintain body alignment smooth clothes/linens to avoid irritations and position patient to rotate pressure points.							
21. Ability to change linen in an occupied bed and position patient safety turning and after procedure utilizing effective body mechanics.							
22. Ability to Identify changes, problems, complaints, unusual occurrence that need to be reported to the SN, therapist or agency office.							
23. Understand and respect patient's rights							
24. Understand and practice confidentiality policy.							
25. Others							
26. Others							

TOTAL POINTS: _____

COMMENTS:

GOALS FOR NEXT EVALUATION:

Signature of Home Health Aide

Date

Signature of Supervisor/Title

Date

Signature of Administrator /DON

Date

Home Health One LTD.

COMPETENCY EVALUATION TEST PART I

I. OBSERVATION AND REPORTING

1. Mr. Jones' pulse rate is usually 64-70. When you take it today, it is 52. You should:
 - a. Wait 30 minutes and recheck it.
 - b. Tell the client to go to the doctor.
 - c. Call the nurse or supervisor immediately.
2. Mr. Smith tells you he feels as if he is going to vomit after taking his new medicine the doctor ordered, so he is not taking it. You should:
 - a. Tell him he must take it if he wants to get well.
 - b. Tell his wife to make him take it.
 - c. Tell him to take it with 7-up
 - d. Tell him you will call the supervisor about what he should do.
3. While bathing the client, the Home Health Aide has an opportunity to
 - a. Talk about your personal life.
 - b. Think about your personal life.
 - c. Visit the family.
 - d. Observe the skin condition, mobility and movement of the client.
4. When reporting a change in client's pulse, temperature or respiration, you need to satisfy all the following except:
 - a. Method of measuring body temperature (oral, rectal, axillary).
 - b. The exact time the temperature, pulse and respirations were taken.
 - c. Any other complaints the client may be expressing (pain, stress etc.)
 - d. Why you were late getting to the client's home.
5. When reporting or recording information it is important to:
 - a. Report and record exactly how you feel about the situation.
 - b. Report and record exactly what you see.
 - c. Report and record what the family feels is wrong.
 - d. Report and record what the nurse feels is wrong.
6. Temperature, pulse and respiration is TPR:
 - a. True
 - b. False
7. Normal oral temperature is 98.6:
 - a. True
 - b. False

II. INFECTION CONTROL

1. Good Hand washing technique is important because:
 - a. It prevents the spread of germs.
 - b. From back to front.
 - c. It's good for the client's morale.

Home Health One LTD.

2. The perineal area is washed:
 - a. From front to back
 - b. From back to front.
 - c. It doesn't matter.

3. When coming into contact with body fluids such as blood, gloves should be worn by the Home Health Aide
 - a. True
 - b. False

4. When handling dirty linens and clothing, it is best to:
 - a. Put the dirty linens and clothing on the floor.
 - b. Shakes linens and clothing before washing them.
 - c. Place dirty linens and clothing in clothes hamper or plastic bag until they can be washed.

5. Precautions to take to control infection include all the following. But :
 - a. Wash hands after handling soiled items such as linens, clothing and garbage.
 - b. Cover nose and mouth when sneezing or coughing.
 - c. Cover any cuts and breaks in the skin that the Home Health Aide may have.
 - d. Go to work even when you are ill.

6. A client is coughing, he needs tissues to cover his mouth and (circle one : best answer)
 - a. Bed pan
 - b. Paper Bag
 - c. Steamer in his/her room.

7. Mr. Stone' foley catheter is attached to a drainage bag. The drainage bag should always be kept:
 - a. Below the level of his bladder.
 - b. Lying next to client on the bed.
 - c. Twelve (12) inches above the level of his bladder.

III. BASIC ELEMENTS IN BODY FUNCTIONING AND ABNORMALITIES REPORTED TO R.N.

1. A five (5) pound weight gain in two days:
 - a. Is normal and nothing to worried about.
 - b. Shows that the client has been eating too many sweets.
 - c. Should be reported to the nurse.

2. Mrs. Smith's catheter bag contains a very large amount of dark red urine. You should :
 - a. Encourage her to drink more fluids.
 - b. Empty the bag.
 - c. Call your supervising nurse as soon as possible.

3. Red spot over the client's hip joint.
 - a. Might develop into bedsore.
 - b. Is normal sign of old age.
 - c. Bowel movements occurring every other day.

4. When observing the client's bowel habits, the following should be reported to the nurse immediately:
 - a. Symptoms of pain, abdominal swelling or cramps.
 - b. Clients not passing gas.
 - c. Bowel movements occurring every other day.

Home Health One LTD.

5. Ms. White who lives alone is usually talkative during her bath. Today she says very little, appears anxious and worried and has difficulty speaking. When would you report Ms. White's change of condition to your supervisor?
 - a. At the next conference.
 - b. At the end of the day.
 - c. As soon as possible after making the observation.

6. Mr. Smith's blood pressure was 120/80 yesterday. Today it is 160/100. The Home Health Aide should:
 - a. Wait 15 minutes and recheck the blood pressure.
 - b. Tell the client he should go to the doctor.
 - c. Call the Nursing Supervisor immediately.

7. A non-function arm is one that:
 - a. Is unable to perform usual activities.
 - b. Can do exercises.
 - c. Is cold all the time.

IV. MAINTENANCE OF A CLEAN, SAFE AND HEALTHY ENVIRONMENT

1. Put a pillow in the client from the bed to a wheelchair, it is always necessary to:
 - a. Put a pillow in the chest.
 - b. Put a blanket over the seat and back.
 - c. Lock the wheelchair brakes.
 - d. Unlock the wheelchair brakes.

2. Prior to assigning the client into a tub or shower, as a safety factor, you should check for:
 - a. A rubber mat for the tub or shower.
 - b. Lotion for his/her skin.
 - c. Comfortable water temperature.
 - d. Both A & C.

3. Regardless of the type of bath given to the elderly, the temperature of the water is important because:
 - a. You cannot get them clean unless it is not enough.
 - b. You have to follow the procedure manual.
 - c. Elderly skin is more delicate and burns easily.
 - d. We have to keep the family happy.

4. Wrinkles in the client's bed linens may cause:
 - a. No problems.
 - b. The linens to wear out.
 - c. Contractures.
 - d. Bedsores.

5. Which of the following statements is not true?
 - a. Puddles of water or other liquids should be mopped up immediately to avoid falls.
 - b. Always be sure electrical cords are not lying in open walk areas.
 - c. If someone in a house uses a cane or walker. it is a good idea to cushion the floor by using lots of throw rugs.
 - d. Cleaning supplies and other dangerous substances should be kept in a safe, secure cabinet or area.

Home Health One LTD.

6. Which one of the following should you not do when you are giving a bed bath? (Circle one:)

- a. Fold the washcloth over your hand to make a mitt.
- b. Open a window wide for good ventilation.
- c. Protect the client's modesty as you wash the chest and abdomen.
- d. Change the water as necessary.

7. When Filling and applying a hot water bottle, you would do all of the following except:

- a. Cover it with a flannel bag or wrap it in a towel.
- b. Lay it flat and press gently to push out air before closing it.
- c. Fill it with boiling water so it stays warm longer.
- d. Fill it one half to two thirds full of water.

V. RECOGNIZING EMERGENCIES AND KNOWLEDGE OF EMERGENCY PROCEDURES

1. Mr. Jones lives alone and never goes out of the house. When you arrive at his home, the door is locked and, although it is the middle of the day, you can see the lights turned on in the living room. Then you knock, you can hear a low moan coming from somewhere in the house. You should:

- a. Come back later.
- b. Get to the nearest telephone and call your Home Health Agency.
- c. Break a window and climb in.
- d. Keep knocking until he opens the door.

2. Fire safety instruction is important because:

- a. The supervisor says it is.
- b. The client will think you are great.
- c. It prepares you to know proper emergency action in case of fire.
- d. It will look good on your visit record.

3. Upon arriving at your client's home, she tells you that she spilled boiling water on her hand while trying to cook. You should:

- a. Cover the area with Vaseline.
- b. Apply cold water or ice to area if there is no break in the skin and notify the supervisor.
- c. Scold the client for being in the kitchen.

4. Your client, who is awake and alert, begins to complain of heaviness in the chest and nausea. You should:

- a. Run to the neighbors for help.
- b. Begin CPR.
- c. Call your supervisor immediately and follow instruction given by the supervisor.
- d. Give him some heart medicine you know he used to take for chest pain.

5. If your client falls while you are in the home, You should not do which one of the following:

- a. If excessive bleeding occurs, apply a pressure dressing with a clean cloth or sterile gauze.
- b. Move the client to the bed to make him more comfortable.
- c. Watch for a symptoms of shock paleness, skin cold and clammy, nausea, etc.
- d. Call your supervisor immediately.

6. If an unconscious client begins to vomit, you should first:

- a. Protect him from hurting himself.
- b. Note the length of time and the characteristics of the seizure.
- c. Notify the Nursing Supervisor after the seizure.
- d. All of the above.

Home Health One LTD.

VI. PHYSICAL, EMOTIONAL AND DEVELOPMENTAL NEEDS-REQUEST FOR PRIVACY AND PROPERTY:

1. Mr. Dodd is eating lunch when you arrived at his home. Your assignment is to take his vital signs and assist him in and out of the bathtub. Which one of the following answers is correct?
 - a. Tell him to finish his lunch late because you have three more clients to see today.
 - b. Tell him to finish his lunch, then do the bath and take his vital signs last.
 - c. Allow him to finish his lunch, rest for at least ten (10) minutes, take his vital signs and then do the bath.
2. When performing any procedure in which body part is exposed, keep the client covered with a blanket as much as possible.
 - a. This is important because the client has the right to dignity and privacy.
 - b. It is not necessary to do this because it is easier to give care without having blankets get in the way.
 - c. It is better to just turn up the heat to keep the client warm.
3. A client, Miss Green, tells you she is very upset with you and demands you to tell her the supervisor's name so she can call and report you. The correct action is :
 - a. Tell her you are doing the best you can.
 - b. Leave her home and go to the next client.
 - c. Refuse to see her again.
 - d. Give her the supervisor's name and phone number.
4. Your client asks you what his diagnosis is and if he is going to die. You should:
 - a. Ignore the question.
 - b. Tell him that you do not know the answer, but that you will have your nursing supervisor come and talk to him.
 - c. Tell him to call his doctor.
5. Mrs. Kline, an aide, is caring for Mr. Cox, a terminally ill cancer client. A neighbor phones her and says. "Mr. Cox is very sick, I hear he is dying, Is that true? " Mrs. Kline's best reply would be:
 - a. "Yes, Mr. Cox does have a cancer"
 - b. "How do you know Mr. Cox's condition?"
 - c. "Mr. Cox is doing really well, considering he does have cancer."
6. Mrs. Dean accuses Mary, and Aide, of stealing her watch. Mary did not take the watch, but Mrs. Dean does not believe her. What should Mary do?
 - a. Ask the other aides who cared for Mrs. Dean if they took the watch.
 - b. Ask Mrs. Dean why she does not believe her.
 - c. Offer to buy Mrs. Dean a new watch.
 - d. Notify the supervisor immediately.
7. When working with an elderly clients, the general goal of care is to:
 - a. Provide constant supervision and total care.
 - b. Provide emergency care and supervision.
 - c. Promote self-care and independence within the limits of the person's ability.

Home Health One LTD.

VII. COMMUNICATION SKILLS

1. Your client tells you he/she has felt sick to their stomach and weak all morning. This is unusual for client. What would you do first?
 - a. Call the client's family.
 - b. Tell the client not to worry.
 - c. Report this information to the nurse.
2. Your Client's daughter expresses concern about the mother's impending death. You should:
 - a. Not pay attention to her because you are there to care for the client, not her.
 - b. Let her know how you feel about her mother's dying.
 - c. Ask her if she would like to tell you more about her concerns and feelings.
 - d. Tell her that everything will be okay.
3. A client in a state of depression will usually be:
 - a. Overactive.
 - b. Tearful.
 - c. Interested in group activities.
 - d. Out of contact with reality.
4. You are about to give your client a bath. You should:
 - a. Do it quietly as possible so you do not awaken the client who is sleeping.
 - b. Explain the procedure you are going to perform to the client.
 - c. Open the window to let some fresh air in the room.
5. Your client seems very upset to you this morning. Which response would encourage the client to tell you how he/she is feeling?
 - a. "If you take a walk, you'll probably feel better."
 - b. "Did you have an argument with someone?"
 - c. "I think I'll ask your family why you are upset."
 - d. "You seem upset this morning, you can tell me how you're feeling?"
6. If your client is hard of hearing you should:
 - a. Try not to bother him/her with conversation.
 - b. Be sure the T.V. is very loud.
 - c. Attempt to speak to the client using sign language.
 - d. When speaking to the client be sure to be close enough and speak at a level the client can hear what you are saying.
7. Listening is important for effective communication.
 - a. True
 - b. False

VIII. ADEQUATE NUTRITION AND FLUID INTAKE

1. The client reason for cooking vegetables in small amount of water and boiling them as short of time as necessary is to:
 - a. Preserve the vitamins.
 - b. Retain the color of the vegetables.
 - c. Keep the vegetables firm.
 - d. Improve the flavor.
2. In a diet, meat provides the greatest source of which nutrient?
 - a. Minerals
 - b. Fats

Home Health One LTD.

- c. Vitamins
 - d. Proteins
3. In which organ is urine produced?
- a. Bladder
 - b. Ureter
 - c. Kidneys
 - d. Urethra
4. Which nutrient is essential for the growth of bones and teeth?
- a. Vitamin B
 - b. Calcium
 - c. Iodine
 - d. Iron
5. The four basic food groups are:
- a. Fruits and vegetables; bread and cereal; desserts; milk and milk products.
 - b. Fruits and vegetables; meat; eggs; fish and poultry; breads and cereals; desserts.
 - c. Milk and Milk products; cheese and eggs; fruits and vegetables; bread and cereals.
 - d. Fruits and vegetables; milk and milk products; bread and cereals; meats, eggs, fish and poultry.
6. A person on a restricted salt diet should be encouraged to eat:
- a. Ham
 - b. Broiled lamb chops
 - c. Fried liver and bacon
 - d. Smoked and salmon steak.
7. The average adult should drink (unless otherwise directed by their doctor) :
- a. Six to eight glasses of water a day.
 - b. Ten to twelve glasses of water a day
 - c. Four glasses of water a day.

VIV. RECOGNIZING EMERGENCIES AND KNOWLEDGE OF EMERGENCY POCEDURES

1. Mr. Jones lives alone and never goes out of the house. When you arrive at his home, the door is locked and, although it is the middle of the day, you can see the lights turned on in the living room. Then you knock, you can hear a low moan coming from somewhere in the house. You should:
- a. Come back later.
 - b. Get to the nearest telephone and call your Home Health Agency.
 - c. Break the window and climb in.
 - d. Keep knocking until he opens the door.
2. Fire safety instruction is important because:
- a. The supervisor says it is.
 - b. The client will think you are great.
 - c. It prepares you to know proper emergency action in the case of fire.
 - d. It will look good on your visit record.
3. Upon arriving at your client's home, she tells you that she spilled boiling water on her hand while trying to cook. You should:
- a. Cover the area with Vaseline.
 - b. Apply cold water or ice to the area if there is no break in the skin and notify the Supervisor.

Home Health One LTD.

- c. Scold the client for being in the kitchen.
4. Your client, who is awake and alert, begins to complain of heaviness in the chest and nausea. You should:
 - a. Run to the neighbors for help.
 - b. Begin CPR.
 - c. Call your Supervisor immediately and follow instruction given by the Supervisor.
 - d. Give him some heart medicine you know he used to take for chest pain.
5. If your client falls while you are in the home, you should **not** do which one of the following:
 - a. If excessive bleeding occurs, apply a pressure dressing with a clean cloth or sterile gauze.
 - b. Move the client to the bed to make him more comfortable.
 - c. Watch for symptoms of shock-paleness, skin cold and clammy, nausea, etc.
 - d. Call your Supervisor immediately.
6. If an unconscious client begins to vomit, you should first:
 - a. Protect him from hurting himself.
 - b. Note the length of time and the characteristics of the seizure.
 - c. Notify the Nursing Supervisor after the seizure.
 - d. All of the above.

GIVEN BY: _____

TITLE : _____

DATE : _____

SCORE: _____