**Home Health AIDE TRAINING PROGRAM**

**Procedure PERFORMANCE EVALUATION FORM**

HHA STUDENT:

HHA TRAINING PROGRAM:

RN INSTRUCTOR:

DATE OF HHA TRAINING: FROM       TO

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| **PERFORMANCE PROCEDURES** | **DATE INITIAL DEMO. BY INSTR.** | **RN Instructor****INITIALS** | **DATE FINAL****SUCCESSFUL RETURN DEMO. BY****STUDENT** | **RN Instructor****INITIALS** | **COMMENTS** |
| **Required Procedures** |       |       |       |       |       |
| Handwashing |       |       |       |       |       |
| Donning and Doffing PPE  |       |       |       |       |       |
| Heimlich maneuver |       |       |       |       |       |
| Cleaning a glass thermometer |       |       |       |       |       |
| Measuring an oral temperature with a glass thermometer |       |       |       |       |       |
| Measuring the pulse and respirations |       |       |       |       |       |
| Measuring blood pressure |       |       |       |       |       |
| Transfer to a sitting position |       |       |       |       |       |
| Helping a client to sit at the side of the bed |       |       |       |       |       |
| Helping a client to stand |       |       |       |       |       |
| Assisting with passive range of motion exercises |       |       |       |       |       |
| Assisting with postural drainage |       |       |       |       |       |
| Assisting with the use of the oxygen concentrator |       |       |       |       |       |
| Assisting with the use of the oxygen tank and liquid oxygen reservoir |       |       |       |       |       |
| Assisting with the use of medication |       |       |       |       |       |
| Assisting with the use of nebulizer and air compressor |       |       |       |       |       |
| Assisting with the use of the CPAP machine |       |       |       |       |       |
| Positioning on the back |       |       |       |       |       |
| Positioning on the side |       |       |       |       |       |
| Assisting with changing a clean dressing |       |       |       |       |       |
| Assisting with changing an ileostomy or colostomy pouch |       |       |       |       |       |
| Assisting with routine tracheostomy care |       |       |       |       |       |
| **Optional Procedures** |       |       |       |       |       |
| Measuring a temperature with a non-contact digital thermometer |       |       |       |       |       |
| Measuring an oral temperature with an electronic thermometer |       |       |       |       |       |
| Measuring a rectal temperature with a glass thermometer |       |       |       |       |       |
| Measuring a rectal temperature with an electronic thermometer |       |       |       |       |       |
| **PERFORMANCE PROCEDURES** | **DATE INITIAL DEMO. BY INSTR.** | **RN Instructor****INITIALS** | **DATE FINAL****SUCCESSFUL RETURN DEMO. BY****STUDENT** | **RN Instructor****INITIALS** | **COMMENTS** |
| Assisting with the use of an ace bandage |       |       |       |       |       |
| Assisting with the use of condom catheters |       |       |       |       |       |
| Assisting with cleaning the skin and catheter tubing |       |       |       |       |       |
| Assisting with the emptying of the urinary drainage bag |       |       |       |       |       |
| Assisting with the use of a commercially prepared enema |       |       |       |       |       |
| Assisting with the use of a soap solution enema |       |       |       |       |       |
| Assisting with the use of a douche |       |       |       |       |       |
| Assisting with the use of a commercially prepared douche |       |       |       |       |       |
| Assisting with emptying an open-end ileostomy or colostomy pouch |       |       |       |       |       |
| Assisting with cleaning a reusable pouch |       |       |       |       |       |
| Assisting with a colostomy irrigation |       |       |       |       |       |
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| NOTES/COMMENTS:

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| Attestation Signature(s) |

We hereby certify that the procedure performance student evaluation form depicted above is true and correct and that the named HHA student has successfully completed all procedures. A copy of this completed evaluation checklist has been provided to the HHA student. |
| **Date** | **Name/Title of RN Instructor** | **Signature** | **Initials** |
|       |       |  |       |
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