Guidelines for Approval and Operation of a

Home Health Aide Training Program



University of the State of New York

State Education Department

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Office of Career and Technical Education

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Part I: Orientation

# Introduction

These guidelines address the evaluation, initial, and continuing approval of New York State Home Health Aide Training Programs (HHATPs) under the jurisdiction of the Office of Career and Technical Education (CTE) in the New York State Education Department (NYSED). These programs include secondary and adult level programs in public high schools and Boards of Cooperative Educational Services (BOCES). The NYSED oversees the HHATPs delivered by educational facilities, which must meet training and competency evaluation requirements established to align with New York State Department of Health (NYSDOH).

The training and evaluation requirements and approval processes set forth in this guide are consistent with Part 484 of Title 42 of the Code of Federal Regulations (42 CFR) and Section 700.2 of Title 10 of the New York Code Rules and Regulations (10 NYCRR). The requirements specify content areas that must be addressed for a program to receive approval (e.g., minimum training hours; qualifications of RN director coordinator and RN nurse instructor; minimum curriculum requirements; methodology for state review; and the competency evaluation program—written and performance skills). The NYSDOH has been identified as the primary agency in New York State responsible for the implementation of these federal regulations. As a part of their implementation of federal and state requirements, the NYSDOH partners with the NYSED to approve and oversee Home Health Aide (HHA) programs. These guidelines have been revised to align with the NYSDOH guidance of August 2021 which may be found at: <https://www.health.ny.gov/professionals/home_care/docs/hhatp_guide.pdf>. Highlighted content indicates changes/revisions.

## Home Health Aide Certification

In order to provide HHA services in New York State, a person must successfully complete a HHATP or competency evaluation program conducted only by a NYSED or NYSDOH-approved HHATP. A certificate of completion is issued by the approved program/school through the New York State Home Care Worker Registry (HCWR).

## Documentation of Successful Completion of the Home Health Aide Training Program

HHATP certificates are issued by the training program through the HCWR found on the Health Commerce System (HCS). HHATPs must follow the directives and advisories promulgated by the operator of the HCWR regarding documentation of completion of training and the issuance of certificates. Original certificates must be issued to individuals who have successfully completed program within the required timeframes.

All training programs require a senior official. This person must be authorized to execute a legally binding instrument on behalf of the school. The senior official is required to sign a sworn statement, made under penalty of perjury and notarized, certifying that each person listed on the certification form has successfully completed the training. The lead official is the sole person of the school/program that has administrative privileges in the HCWR to add or revise personnel. The senior official is the second signature on the HHA certificates along with the nurse instructor.

The instructions are in the Home Care Registry (HCR) User Manual beginning on Page 84. Approved programs should contact the NYSDOH HCR at 1-877-877-1827 or HCREG@health.ny.gov for any registry assistance. Prior to being able to access the HCS, a HCS account must first be created and may be accomplished through contacting the Commerce Account Management Unit (CAMU) helpdesk at 1-866-529-1890 or hinhpn@health.ny.gov.

The HHA must be provided with a copy of the completed Home Health Aide Procedure Performance Evaluation Form (Appendix B). The training program must maintain a copy of each HHA’s training certificate and student evaluation form for at least six years.

## Maintaining Home Health Aide Certification

An individual who successfully completes an approved HHATP must be employed as a HHA in an Article 36 or 40 approved agency within any consecutive 24-month period from the receipt of initial certification to be considered qualified to continue to provide HHA services. If there has been a 24-month lapse in furnishing [services](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=d206a13ea8d40d5a1d001fd4c784e825&term_occur=999&term_src=Title:42:Chapter:IV:Subchapter:G:Part:484:Subpart:B:484.80) for compensation, the individual must complete another program. The HHA who wishes to re-employ after a 24-month lapse in employment as a HHA will be eligible to take the competency evaluation program in lieu of the standardized training program. The competency evaluation program is not provided by the NYSED approved programs and may only be offered by NYSDOH approved programs.

## Program Monitoring

All programs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Quality management processes focus on the overall operation of the training program and must address at a minimum the following:

* Monitoring for compliance with the requirements in this guide
* Monitoring of contracts
* Analysis and evaluation of program’s educational outcomes that address the effectiveness of the:
	+ Instructors
	+ Lesson plans
	+ Equipment and other materials utilized to achieve learning objectives, e.g., videos, textbooks, etc.
	+ Evaluation of the supervised practical training site(s)
	+ Student evaluation of the program, including effectiveness of communication between instructor and students
	+ Analysis and evaluation of testing results, admission standards and program completion rates
	+ Development and implementation of strategies for improvement of the HHATP
* Submission of a program continuation application to the NYSED in the year in which a site visit is not conducted, to include the annual Continuation and Summary Evaluation (Form E) as outlined above.

## Maintaining Training Records

The HHATP must have a procedure to retain, for a period of at least six years, a training record for each student who has successfully completed HHA training and/or competency evaluation, including:

* Attendance documentation for classroom and supervised practical training
* Each student’s completed written tests and evaluation forms
* Copy of student certificates of completion

Electronic record keeping is acceptable. Program providers must have the ability to provide these records upon request by the NYSED or any other legally entitled entity. An appropriate electronic backup of these records must be ensured.

# Definitions

|  |  |
| --- | --- |
| Client/Patient | The individual to whom health care services are provided |
| Competency-based Education | An educational process planned and managed by the teacher that shares with the student specific objectives, including the acceptable conditions and levels of achievement of observable actions or behaviors that the student will be expected to consistently demonstrate to meet those objectives |
| Home Health Aide | An unlicensed individual who has successfully completed a NYSDOH/NYSED-approved HHATP and has been entered into the HCWR. A HHA performs appropriate tasks in support of a professional plan of care as delegated by a licensed nurse |
| Laboratory | An extension of the classroom that provides adequate contemporary equipment, supplies, and workstations for students to practice skills before demonstrating competency in a clinical patient care setting. |
| RN Director Coordinator | The individual who is approved by the NYSED and assigned the administrative responsibility and accountability of the program; must be a currently registered professional nurse in New York State (RN, associate degree or higher), have two years of RN experience, one of which must be in a licensed home care agency. |
| RN Nurse Instructor | The individual who is approved by the NYSED to develop lesson plans and teach the curriculum; coordinates theory, clinical experiences, and maintains program standards; must be a currently registered professional nurse in New York State (RN, associate degree or higher), have two years of RN experience, one of which must be in a licensed home care agency.  |
| Supervised Clinical Experience or Supervised Practical Training (SPT) | Training in a client/patient’s home or other health care setting in which the student demonstrates knowledge while performing skills on an individual under the direct supervision of an approved RN nurse instructor. Per CFR Part 484.36, a mannequin may not be used for SPT purposes. This training time may be allocated throughout the program, as appropriate, or performed at the end of all classroom and lab training. |

# Program Requirements

A HHATP must include classroom instruction of theory and supervised practical training. The student must receive a minimum of 75 hours of training including a minimum of: 59 hours classroom and 16 hours of supervised practical training. Required testing, competency evaluation, and orientation/ observation are not included in the 75 hours. Supervised practical training (SPT) means training in a client/patient home or other health care setting in which the student demonstrates knowledge while performing tasks on an individual under the direct supervision of the RN nurse instructor approved by the NYSED as a part of overall program approval (please refer to requirements for RN Nurse Instructor). The setting(s) used for practical training and the number of training hours provided must be based on each student’s learning needs. Supervised practical training may take place in any setting where patient care can occur except in nursing homes (long-term care/ skilled nursing facilities). A minimum of 16 hours of classroom instruction is required prior to the start of the supervised practical training. Students may only perform duties for which previous instruction has been provided.

The maximum number of students to the approved RN nurse instructor ratio is 20:1 in the classroom setting, 10:1 in the skills laboratory, and 1:1, 3:1 or 8:1 (site dependent) for supervised practical training, as appropriate for the required home care patient settings. The number of students must be consistent with the available space in the classroom and appropriate to the supervised practical training location.

## Curriculum

Core values underlie all aspects of care in health sciences, in all care settings, and profoundly influence effectiveness and client satisfaction across the full range of performance. All students must incorporate and demonstrate in their skills and knowledge the understanding and integration of the following core values:

* the dignity and worth of each client as an individual;
* respect for the range of diversity of individuals; and
* a demonstration of a therapeutic relationship i.e., the value of autonomy and control, adapting to clients’ preferences and routines and limits, maintaining privacy and confidentiality, providing care in a caring, compassionate manner and encouraging individuals to be as independent as possible.

In addition, the impact of the actual setting/environment on the client and the client’s adjustment to care must be understood and responded to throughout the program.

The program must address the psychosocial, physical, and environmental needs, as well as nursing and medical needs of clients. Students must develop the attitudes and behaviors needed to promote healthy and independent functioning of the client. Secondary level and adult level HHA programs in BOCES and public schools must identify use of the NYSED health sciences education core:

* Academic Foundation
* Communication
* Health Care Systems
* Education and Career Preparation/Employability Skills
* Legal responsibilities
* Ethics
* Safety Practices
* Teamwork
* Health Maintenance Practices
* Technical Skills
* Information Technology in Healthcare

Each HHATP must identify and clearly state its goals and objectives and must include measurable performance criteria specific to both the curricular subject material and clinical content required by the NYSED.

In order to assure that all HHATPs are teaching comparable content, HHATPs are required to base instruction, including lesson plans, on the content of the NYSDOH Home Care Curriculum (HCC), found in Appendix A, and [Health Related Tasks Curriculum (HRTC)](https://www.health.ny.gov/professionals/home_care/curriculum/docs/health_related_tasks_curriculum.pdf).

The training program's teaching staff may exercise discretion in determining the amount of time required to adequately teach each of the subject areas, however, the minimum training time required must be met for each subject area and the training hours must total a minimum of 75 hours.

Other resources may be used at the discretion of the approved RN nurse instructor supervising the approved HHATP.

## Program Training Hours

The minimum number of hours required by the NYSED for the implementation of a HHATP:

**Secondary and Adult HHATP**: 75 total program hours: 59 hours of theory (the NYSDOH HHATP required curriculum and NYSED health sciences education core) and 16 hours of supervised practical experience. The supervised practical experience must include a minimum of 16 hours of patient care performance skills in an approved setting other than a long-term care facility. Orientation, observational/shadowing, and like experiences are not to be included in the 16 hours.

Hours may be increased, but they cannot be fewer than the prescribed minimums.

## Evaluation of the Student

HHATP providers are also responsible for ensuring that each HHA student is competent in each skill and procedure taught in the training program. Health science core, skills, and procedures must be reviewed prior to introduction of a student into the client/patient setting however, competency evaluation may be integrated throughout the training program or may be conducted subsequent to classroom and supervised practical training. A minimum of 16 hours of classroom training is required prior to the start of the supervised practical training. Competency must be evaluated by an approved RN Nurse Instructor.

The following methods must be utilized in the evaluation of competency:

* Written and/or oral examinations that demonstrate the student’s knowledge of the information presented in the classroom training; and
* Observation and demonstration by the student of his/her competency in performing the required skills in the laboratory or patient care setting.

To evaluate each HHA student’s competence in performing the minimally required home health skills, each HHATP must utilize the NYSDOH aligned Procedure Performance Evaluation Form (Appendix B). Test questions must comprehensively test the student in all areas of the curriculum. If a student is retaking a test after an unsuccessful attempt, this test must be a different version from the previous test taken. A minimum score of 80% is required to ensure mastery of subject material.

## Confidentiality of Tests and Examinations

The program is required to have procedures for maintaining the confidentiality of all HHATP tests and examinations. All testing materials must be kept strictly confidential.

## Screening

Training programs are expected to develop procedures for screening for the appropriateness of students. Students should be selected on the basis of such factors as sympathetic attitude toward the care of the sick; ability to read, write, and carry out directions; maturity and ability to deal effectively with the inherent demands of an HHA’s responsibilities. Students enrolled into a HHATP must be at least 16 years of age prior to entering the clinical setting.

## Documentation of Competency

A Procedure Performance Evaluation Form (Appendix B) shall be maintained for each student. The student evaluation form must include documentation of the proficiently demonstrated competencies, student name, and approved RN nurse instructor printed name and signature along with initials, who has evaluated the student’s performance of each task and the date successfully completed. This record is to include each of the skills, as prescribed by the NYSDOH (Appendix B).

The skills evaluation document must consist of, at minimum, clear records of:

* duties/skills expected to be learned in the program;
* date of initial demonstration by approved RN instructor, with instructor initials;
* date of student successful return demonstration, with initials of approved RN instructor who supervised the performance; and
* corresponding approved program RN instructor signature.

HHA training program certificates are issued by the training program through the HCWR found on the HCS. HHATPs must follow the directives and advisories promulgated by the HCWR regarding documentation of completion of training and the issuance of certificates. The original certificate must be issued to the individual who has successfully completed the program within the 10-business day timeframe required by the HCWR.

## Location, Equipment, and Space to be Utilized for the Training

At a minimum, the training site should include a classroom area for didactic presentation of curricular content and a laboratory area with equipment and supplies that enable instructors and students the ability to adequately demonstrate clinical tasks. The training site must have the following: tables/desks and chairs, running water, kitchen and laundry facilities or a mock kitchen, audiovisual equipment, storage space, electrical outlets, and lighting. The space should be adequate to suit both the number of students and the equipment. Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

## Suggested Equipment List

* Alcohol wipes
* Bed
* Bed pan and fracture pan
* Bedside commode
* Blood pressure cuff and teaching stethoscope
* Cane
* Clothing for dressing demonstration
* Condom catheter
* Dentures and denture cup
* Doll for baby care and bottle
* Dressing supplies - gauze, tape
* Elastic stockings
* Electric razor
* Emesis basin
* Empty medication bottle with label
* Eyeglasses
* Gait belt
* Gloves
* Hand cleanser
* Hydraulic lift
* Incontinence pads
* Linens - sheets, towels, washcloths
* Lotion
* Measuring pitcher/graduate container
* Orange stick/nail file
* Ostomy supplies - skin barrier, sealant, pouch with fastener, adhesive, disc/wafer, and deodorizer
* Oxygen supplies: Nasal cannula, mask, concentrator, portable tank, nebulizer with tubing, reservoir and mouthpiece
* Paper towels
* Pillows
* Razor and shaving cream
* Scale for weights - balance, digital
* Slide board
* Soap
* Thermometer
* Toothbrush and toothpaste
* Tracheostomy care - cannula, inner cannula, trach straps, trach cleaning kit/supplies
* Urinal
* Urinary catheters
* Urinary drainage bag
* Walker
* Wash basin
* Waste bag
* Wheelchair

Each student should have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

## Personal Care Aide

Personal Care Aides (PCAs) are permitted to perform fewer health-related tasks than HHAs. PCAs are trained in approved personal care activities through the completion of a NYSED-approved training program, which may be accomplished through the completion of, at a minimum, the initial 40 hours (Basic Core) of an approved HHATP. Programs desiring to deliver PCA as part of the NYSED-approved HHATP must first obtain prior approval. Application for approval of a PCA training program would be included on the **HHATP Form A**.

The required performance standards, as indicated on the Procedure Performance Evaluation Form (Appendix B), must be successfully demonstrated to, and assessed by an approved RN Nurse Instructor.

PCA training program certificates are issued by the training program through the HCWR found on the HCS. HHATPs must follow the directives and advisories promulgated by the HCWR regarding documentation of completion of training and the issuance of certificates. The original certificate must be issued to the individual who has successfully completed the program 10-business day timeframe required by the HCWR.

## Certified Nurse Aide Transition

Certified Nurse Aides (CNAs) employed in residential health care facilities (RHCFs, commonly known as nursing homes, long-term care, or skilled nursing facilities) provide personal care and health-related services which are comparable, in many areas, to the activities and tasks performed by HHAs. A CNA who is employed in a nursing home is required to be certified in accordance with the provisions of Section 415.26 of Title 10 of NYCRR. In order to obtain nurse aide certification and be listed in the New York State RHCF Nurse Aide Registry, an individual must successfully complete a state-approved nurse aide training program and pass the state-authorized competency examination. Application for approval of a CNA transition program would be submitted on **HHATP Form F**.

To offer a CNA transition program, providers must have the capability to augment a nurse aide's training with classroom and supervised practical training in those skills not included in the nurse aide training program, at a minimum of 28 hours. Such skills include but are not limited to: assistance with the use (not administration) of medications; handling the patient's money; maintaining a clean, safe home environment; safety, accident prevention and responses to emergencies in the home; taking of blood pressure; and observing, recording and reporting in the home care setting.

A CNA who is registered in the New York State RHCF Nurse Aide Registry is not required to repeat training in the content and skills learned in a previous training program. However, the HHATP must assure that the CNA is competent in such skills, through successful demonstration, prior to providing additional training and issuing of a HHA certificate. Documentation of the successful completion and proof of competency in the content and skills required must be kept in the individual’s file.

Nurse Aide Transition (to HHA) training program certificates are issued by the training program through the HCWR found on the HCS. HHATPs must follow the directives and advisories promulgated by the HCWR regarding documentation of completion of training and the issuance of certificates. The original certificate must be issued to the individual who has successfully completed the program 10-business day timeframe required by the HCWR.

## Home Health Aide Student Identification

Each HHA student shall be clearly identified as a student during the supervised practical training portion of the program. This identification must be easily discerned by clients, family members, visitors, and staff.

# Program Application and Approval Process

## Initial Approval

HHATPs shall submit the application for review and approval consideration by the NYSED. After reviewing the completed application package, a representative of the Department may, prior to approval, make a site visit to examine the physical layout of the training site or sites. After this review successful applicants will receive a program approval letter. In cases where applications cannot be approved, applicants will be sent correspondence that details deficiencies that must be corrected for the program to be approved.

Following approval of the application, the educational institution will receive notification from the NYSED and be entered into the HCWR. A program must have submitted the application and received written approval before training begins.

Subsequent visits may also be made once approval is granted to observe classroom instruction and/or in conjunction with survey visits. Initial HHATP approval is granted for a period of up to two years.

NOTE: If the training program makes any significant changes within the two-year approval period, including changes in faculty or sites for training and/or supervised practical training, a change in the status of RN director coordinator or RN nurse instructor, or curriculum, the program MUST notify the Office of CTE of such changes in writing, within 10 business days of the change. Failure to notify this Office of a change in status of an approved RN Nurse Instructor or the addition of a new RN Nurse Instructor may result in immediate disapproval of program.

To begin the approval process, the program must submit [forms found in Part II](#_Application_Forms_and): the Application for a Home Health Aide Training Program Cover Sheet (Form A), RN Director Coordinator Approval (Form B), RN Instructor Approval (Form C), and Curriculum Identification and Facilities Verification (Form D), including all attachments and supporting documentation requested. This material will be reviewed by representatives of the appropriate NYSED office for compliance with the federal and state curriculum and program requirements. Applications must be complete to be reviewed for approval consideration. The Site Visit Evaluation Self-Study (Form G) may be used to guide programs through the site visit process. Please do not submit Form G with the application.

## Continuing Approval

Continuing approval of programs will be based on submission of the HHATP Application Cover Sheet (Form A) and HHATP Continuation and Summary Evaluation (Form E) to the NYSED Office of CTE. Applications for continuing approval must be submitted 90 days prior to expiration of the current two-year approval. The training program must approve and issue at least one original certificate a year to remain an active approved program. One full 75-hour training program class must be conducted within the two-year period to maintain an ongoing training program approval.

An onsite program review will be conducted every two years to determine approved program’s continuing compliance. The RN program director will use the Site Visit Evaluation Self-Study (Form G) in preparation for the site evaluation. Please do not submit Form G to the NYSED CTE Office.

## Rescinding Approval

The NYSED may rescind approval of a HHATP if a training program is found to be out of compliance with the federal and state applicable training requirements of 42 CFR, Part 484 and 10 NYCRR, §§ 700.2. Egregious, systemic, cumulative, or repetitive deficient findings or failure to submit an acceptable plan of correction may constitute grounds for rescinding approval. The entire training program approval may be revoked for a period of at least two years. The secondary public school or BOCES will then be required to re-apply after the two-year period, for consideration, to resume training.

## Faculty and Credentials

These requirements, at a minimum, are derived from federal regulation 42 CFR 484.36(a)(2)(ii), as it relates to faculty and credentials.

## RN Director Coordinator

A RN director coordinator must be designated along with the RN nurse instructor(s). The RN director coordinator has the administrative responsibility for the coordination of training activities and program oversight.

The HHATP must be provided by or under the direction of a currently licensed NYS registered professional nurse who:

* has two years of nursing experience, and
* at least one year of which must be in the provision of home health care services in an Article 36 or Article 40 approved agency.

## RN Nurse Instructor

The HHATP must be provided by a currently licensed NYS registered professional nurse who:

* has two years of nursing experience, and
* at least one year of which must be in the provision of home health care services in an Article 36 or Article 40 approved agency.

The RN Director Coordinator Approval (Form B) and/or RN Nurse Instructor Approval (Form C) for the HHATP must be submitted to the NYSED at least 90 days prior to the instructor teaching any classes. The Program Coordinator and/or the Instructor Approval Form will be reviewed and upon approval entered into the HCWR by the NYSED. The NYSED will communicate in writing the approval or disapproval of any RN director coordinator or RN nurse instructor applying to direct or teach a home health training program.

The training program must notify the NYSED Office of CTE of any change in the status of approved RN director coordinator or RN nurse instructor, such as resignations or extended leave within 10 business days of change. Failure to notify the NYSED Office of CTE of a change in status of an approved RN director coordinator or RN nurse instructor or the addition of a new RN director coordinator or RN nurse instructor may result in immediate rescinding of the program’s approval. It is not necessary to notify the NYSED Office of CTE of substitutions for the instructor as long as the substitute is an approved RN nurse instructor for that program in the HCWR.

Approved RN nurse instructor(s) responsibilities include:

* Coordinating the didactic portion of the program,
* Conducting the supervised practical training, and
* Performing all competency evaluations.

## Clinical Affiliation Agreements

An affiliation agreement is a legal contract between the educational institution and the nursing facility and/or health care agency in which the supervised practical training portion of the program is being conducted. The agreement must be written and duly signed by both parties. If the educational institution affiliates with more than one agency, each agency must be listed on the HHATP Form A and an agreement with each agency must be submitted with the application (see Sample Affiliation Agreement, Appendix C). A valid contract for each indicated clinical agency must be maintained on file at all times.

The contract must:

* specify a starting date;
* be reviewed annually and revised as needed;
* state the rights and responsibilities of the educational institution, the affiliating agency, and the students;
* include a termination clause; and
* contain a non-discrimination clause consistent with state and federal regulations.

# Record Keeping and Reporting Obligations

## Program Records

The agency delivering the program must develop a record-keeping system which will maintain the following information:

* A record of all students admitted to the program, dates of attendance and a record of the skills the students mastered, e.g., a performance evaluation task list.
* The names of the program RN Director Coordinator and RN Nurse Instructor and a record of his or her credentials. (In some instances, these may be the same individual.)

## Reporting Changes in Approved Programs

The NYSED must be notified of any major proposed changes in a HHATP. The following list represents some of the changes and information to be submitted for prior approval:

|  |  |
| --- | --- |
| If there is a change in… | Information needed… |
| The delivery agency | Submit the Application Cover Sheet (Form A). |
| The school/site name | Submit the Application Cover Sheet (Form A), noting change in school/site name. |
| The clinical site(s) | Submit a mutually signed affiliation agreement for each new site along with Application Cover Sheet (Form A), noting change in school/site name. |
| The RN Director Coordinator or RN Nurse Instructor | Submit the Application Cover Sheet (Form A), RN Director Coordinator Approval (Form B) and/or RN Nurse Instructor Approval (Form C) with required documentation. |
| The curriculum | Submit the Application Cover Sheet (Form A) and Curriculum Identification and Facilities Verification (Form D). |

If there is a complete revision of course structure, the agency must resubmit the entire application packet. A separate and complete application is required for the request of an additional site/program.

Part II: Application Forms and Instructions

# General Instructions

The forms found in this section constitute a complete application for approval of a HHATP. Make sure that all forms are complete and that all attachments and supporting documents are included as missing information will delay review and consideration for program approval.

Three months prior to the anticipated start date of the HHATP, submit the completed application to the NYSED CTE office as below. *Retain copies for your records.*

|  |  |
| --- | --- |
| Program type | Send application to: |
| Secondary and Adult HHATP in public secondary and BOCES agencies | New York State Education DepartmentOffice of Career and Technical Education89 Washington Avenue, Room 315 EBAlbany, New York 12234 |

# Application Forms and Attachments

A complete application packet is comprised of the following forms and attachments:

**Form A:** Application Cover Sheet

* Copy of Clinical Affiliation Agreement(s)

**Form B:** RN Director Coordinator Approval

* Copy of current New York State Professional Nurse Registration
* Acceptable professional work experience

**Form C:** RN Nurse Instructor Approval

* Copy of current New York State Professional Nurse Registration
* Acceptable professional work experience

**Form D:** Curriculum Identification and Facilities Verification

* Curriculum, if indicated

# Forms and Attachment Completion Reminders

Submit the following application form(s). Retain copies for your records.

|  |  |
| --- | --- |
| Form | Remember to… |
| **Form A:** Application Cover Sheet | Supply *all* information requested.Submit an individual application (Application Cover Sheet - Form A) for each program (multiple sites, secondary and adult programs, e.g., a BOCES with multiple campuses that use a common curriculum). |
| **Form B:** RN Director Coordinator Approval**Form C:** RN Nurse Instructor Approval | * Individuals must be hired and approved prior to the program’s start for the program to receive approval.
* Prior to the submission of forms, programs are to verify all criteria for a [RN Director Coordinator](#_RN_Director_Coordinator) and/or [RN Nurse Instructor](#_RN_Nurse_Instructor) are met.
* Collect required documentation for RN Director Coordinator and/or RN Nurse Instructor(s).
* Program RN Director Coordinator or RN Nurse Instructor must complete and sign the forms, then have forms signed by the school administrator.
* Send Form B and Form C with required documentation.
 |
| **Form D:** Curriculum Identification and Facilities Verification | Indicate which curriculum is being used. If a locally developed curriculum is used, submit the curriculum and performance objectives. |
| **Form E:** Continuation and Summary Evaluation | This form must be submitted, along with relevant documentation, to request approval of program changes. It must also be submitted on the off-year of the bi-annual site visit to indicate status of program. |
| **Form F:** Certified Nurse Aide Transition | This form must be submitted to apply for approval of a CNA Transition to HHA along with the Cover Sheet (Form A). |

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| FORM A: HHATP Application Cover Sheet |
| Submit an individual application for each program (multiple sites, secondary and adult). |
| A. Program Information |
| School District or BOCES:       | Program Number: (Ex. 24XXXX)       |
| [ ]  New Program Request[ ]  Change(s) Request: [ ]  Site/Facility [ ]  RN Director Coordinator [ ]  RN Instructor [ ]  Curriculum[ ]  Deactivate program (No longer delivered/not meeting regulatory requirements)[ ]  Site Visit/Continuing Program Approval  |
| Level: [ ]  Secondary [ ]  AdultPCA requested: [ ] CNA to HHA Transition requested (Form F attached): [ ]  | School/Site Name:      Address:      County:       |
| RN Director Coordinator: | RN Instructor: |
| Name:       | Name:       |
| Work Address:       | Work Address:       |
| Phone:       | Phone:       |
| E-mail address:       | E-mail address:       |
| B. Course Detail |
| RN to student ratio:Lab(10:1 max):     Clinical(8:1/3:1/1:1):      | *Minimum required hours*:*Secondary and Adult* - 75 total hours: 59 class and 16 supervised practical training (long-term care facilities are not permitted hours)Class hours:      Clinical hours:      Total hours:      PCA requested (if so, indicate hours):     CNA to HHA Transition requested (if so, indicate hours):      | Number of course offerings per year:      | Number of students per class(20:1 max):      |
| C. Supervised Clinical Experience Site |
| *List all home care agencies used and attach a copy of clinical affiliation agreement for each. Use additional sheets if needed*. |
| Name | Address | Phone | Expiration Date |
|       |       |       |       |
|       |       |       |       |
| Attestation Signatures |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* |
| RN Director Coordinator Signature: | Date:       |
| School Administrator Signature: | Date:       |
| **For State Use Only** |
| Approval: | Yes [ ]  | No [ ]  | NYSED Staff Person: | Date: |

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| FORM B: HHATP RN Director Coordinator Approval |
| Submit this form with the application cover sheet (Form A). Attach a separate form for each program site. |
| School District or BOCES: | Program Number: (Ex. 24XXXX) |
| RN Director Coordinator: Name:Work Address:Phone: E-mail address: | School/Site Name: Address: |
| Required Documentation | Yes | No |
| 1. Professional Credential: current New York State Professional Nurse Registration License #

 (attach)1. Professional Work Experience: verification of two years RN experience, one of which must be in a licensed home care agency (attach)
 | [ ]  [ ]  | [ ] [ ]  |
| Attestation Signatures |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* |
| RN Director Coordinator Signature: | Date: |
| School Administrator Signature: | Date: |
| Mailing Instructions |
| New York State Education DepartmentSecondary and Adult HHATP programs in Office of Career and Technical Educationpublic secondary and BOCES agencies 89 Washington Avenue, Room 315 EB Albany, New York 12234 |

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| FORM C: HHATP RN Nurse Instructor Approval |
| Submit this form with the application cover sheet (Form A). Attach a separate form for each program site. |
| School District or BOCES: | Program Number: (Ex. 24XXXX) |
| RN Instructor: Name:Work Address:Phone: E-mail address: | School/Site Name: Address: |
| Required Documentation | Yes | No |
| 1. Professional Credential: current New York State Professional Nurse Registration License #

 (attach)1. Professional Work Experience: verification of two years RN experience, one of which must be in a licensed home care agency (attach)
 | [ ]  [ ]  | [ ] [ ]  |
| Attestation Signatures |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* |
| RN Nurse Instructor Signature: | Date: |
| RN Director Coordinator Signature: | Date: |
| School Administrator Signature: | Date: |
| Mailing Instructions |
| New York State Education DepartmentSecondary and Adult HHATP programs in Office of Career and Technical Educationpublic secondary and BOCES agencies 89 Washington Avenue, Room 315 EB Albany, New York 12234 |

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| FORM D: HHATP Curriculum Identification and Facilities Verification |
| School District or BOCES: | Program Number: (Ex. 24XXXX) |
| Level: Secondary [ ]  Adult [ ]  |
| Curriculum Identification | Yes | No |
| 1. This program uses the *NYSDOH required curriculum and NYSED health science core*.
2. This program uses locally developed curriculum, inclusive of the required *NYSDOH required curriculum and NYSED health science core*. If yes, a copy of the curriculum must be submitted.
3. For new programs seeking approval and programs using locally developed curriculum, a copy of the curriculum is included.
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| Facilities Verification | Yes | No |
| The facility space and equipment provide a training area which has: Adequate room size (as outlined in guide), lighting and ventilation; sufficient number and placement of electrical outlets; tables and chairs; Supplies and equipment as would be found in a residential facility and necessary to deliver the required skills; storage for supplies and records; and  Presence of a sink with running water | [ ] [ ] [ ]  | [ ] [ ] [ ]  |
| Attestation Signatures |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* |
| RN Nurse Instructor Signature: | Date: |
| RN Director Coordinator Signature: | Date: |
| School Administrator Signature: | Date: |
| Mailing Instructions |
| New York State Education DepartmentSecondary and Adult HHATP programs in Office of Career and Technical Educationpublic secondary and BOCES agencies 89 Washington Avenue, Room 315 EB Albany, New York 12234  |

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| FORM E: HHATP Continuation and Summary Evaluation**(Page 1 of 2)** |
| If a change in RN Director Coordinator, RN Instructor, curriculum, clinical or classroom site are anticipated or planned, submit the application cover sheet (Form A), approval form for RN Director Coordinator (Form B), approval form for RN instructor (Form C), approval form for Curriculum Identification and Facilities Verification (Form D), and valid clinical contracts, with the proposed changes at least four weeks prior to allow for review and approval.All programs are required to have policies and procedures describing their quality management program and the annual evaluation of the training program. Submission of a continuing application to the NYSED in the year in which a site visit is not conducted (every other year), to include this form and its attestation signature certifying, under penalty of perjury, that an annual evaluation of the program has been conducted and all policies and procedures are compliant with federal and state regulations. |
| School District or BOCES: | Program Number: (Ex. 24XXXX) |
| Level: [ ]  Secondary [ ]  Adult | School/Site Name: Address: |
| RN Director Coordinator: Name:Work Address:Phone: E-mail address: | RN Instructor: Name: Work Address:Phone: E-mail address |
| Program Continuation |
| The following change(s) are proposed (corresponding forms attached):  [ ]  Clinical or classroom site[ ]  RN Director Coordinator[ ]  RN Nurse Instructor[ ]  Curriculum[ ]  Deactivate program (no longer delivered/not meeting regulatory requirements)[ ]  No changes have been made to this program since the last NYSED on-site evaluation |

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| Attestation Signatures |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* |
| RN Director Coordinator Signature: | Date: |
| School Administrator Signature: | Date: |
| Mailing Instructions |
| New York State Education DepartmentSecondary and Adult HHATP programs in Office of Career and Technical Educationpublic secondary and BOCES agencies 89 Washington Avenue, Room 315 EB Albany, New York 12234 |

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| **FORM E: HHATP Continuation and Summary Evaluation****(Page 2 of 2)** |
| School District or BOCES: | Program Number: (Ex. 24XXXX) |
| Program Summary Evaluation |
| Quality management processes are to focus on the overall operation of the training program and must address at a minimum the following:* Monitoring for compliance with the requirements in this guide
* Monitoring of contracts
* Analysis and evaluation of program’s educational outcomes that address the effectiveness of the:
	+ Instructor(s)
	+ Lesson plans
	+ Equipment and other materials utilized to achieve learning objectives, e.g., videos, textbooks, etc.
	+ Evaluation of the supervised practical training site(s)
	+ Student evaluation of the program, including effectiveness of communication between instructor and students
	+ Analysis and evaluation of testing results, admission standards and program completion rates
* Development and implementation of strategies for improvement of the HHATP
 |

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| FORM F: Certified Nurse Aide to Home Health Aide Transition |
| A CNA who is registered in the New York State RHCF Nurse Aide Registry is not required to repeat training in the content and skills learned in a previous training program. However, the HHATP must assure that the CNA is competent in such skills, through successful demonstration, prior to providing additional training and issuing of a HHA certificate. Documentation of the successful completion and proof of competency in the content and skills must be kept in the individual’s file. |
| School District or BOCES: | Program Number: (Ex. 24XXXX) |
| Level: [ ]  Adult (only) | School/Site Name: Address: |
| RN Director Coordinator: Name:Work Address:Phone: E-mail address: | RN Instructor: Name: Work Address:Phone: E-mail address: |
| CNA Transition to HHA Delivery Mode |
| Supporting documentation for each of the following is attached:[ ]  The approved HHA RN instructor for the specific program site to deliver the training modality; [ ]  CNA status to be identified for each enrolled student (blank enrollment form);[ ]  Method for determination of student competency of overlapping skills (blank skills sheet);[ ]  Theory content and skills to be delivered for the new units (curricular outline with hours identified); [ ]  HHA performance skills demonstration and competency (skills sheet);[ ]  Supervised clinical experience in a licensed home care agency by the operationally approved RN instructor (number of hours, ratio and approved clinical site) |
| Attestation Signature |
| *I certify that the above information is correct and attest to program compliance with regulatory requirements:* |
| RN Director Coordinator Signature: | Date: |
| Mailing Instructions |
| New York State Education DepartmentSecondary and Adult HHATP programs in Office of Career and Technical Educationpublic secondary and BOCES agencies 89 Washington Avenue, Room 315 EB Albany, New York 12234 |

## FORM G: HHATP Site Visit Evaluation Self-Study

The following sample evaluation is provided to assist in preparation for the site visit by representatives of the NYSED. During the on-site visit, you will be asked to produce evidence of compliance with the regulations (e.g., a copy of each student’s performance record). The evaluator will review the items found in the following checklist to assess the program’s compliance. This form is for your use and should not be submitted with your application.

|  |  |  |
| --- | --- | --- |
| Program Content | Yes | No |
| A. The program minimum of 75 total hours must include: a minimum 59 hours of HHA theory and 16 hours of practical training experience. Both secondary and | [ ]  | [ ]  |
| adult programs are required to include the NYSDOH curriculum and NYSED health science core. |  |  |
| B. The NYSDOH-developed HHA curriculum and NYSED health science core are being used. | [ ]  | [ ]  |
| A locally developed curriculum, approved by the NYSED and in compliance | [ ]  | [ ]  |
| with federal and state regulations, is being used (all secondary level programs would be in this category). |  |  |
| C. Instruction reflects the curriculum as evidenced by daily lesson plans, expanded outlines and/or classroom observations. | [ ]  | [ ]  |
| D. The written objectives and evaluation instruments used in supervised practical training experience reflect the curriculum and the *procedure performance are those prescribed by the NYSDOH*. | [ ]  | [ ]  |
| RN Director Coordinator Qualifications (see Form B) | Yes | No |
| 1. The coordinator on file with the NYSED is a currently registered professional nurse.
2. The coordinator has at least two years of RN experience, one of which *must*

be in a licensed home care agency. | [ ] [ ]  | [ ] [ ]  |
| RN Instructor Qualifications (see Form C) | Yes | No |
| 1. The instructor on file with the NYSED is a currently registered professional nurse.
2. The instructor has at least two years of RN experience, one of which *must* be in a licensed home care agency.
 | [ ] [ ]  | [ ] [ ]  |
| HHA Student |  Yes | No |
| A. Evidence is provided that the HHA student is identified as such during | [ ]  | [ ]  |
| the clinical education portion of the program. |  |  |
| B. Evidence is provided that the HHA student only assumes specific duties | [ ]  | [ ]  |
| involving direct patient care after completing *at least 16 hours* of classroominstruction, and only performs duties for which *previous instruction has**been given*. |  |  |
| C. The HHA student is supervised by a nursing instructor in a health care facility. | [ ]  | [ ]  |
| D. Evidence exists student to staff ratios are maintained (class 20:1, lab 10:1, clinical 8:1/3:1/1:1 as per the site). | [ ]  | [ ]  |
| Records |  Yes | No |
| There is a program record on file which includes the following: |  |  |
| A. the names of the RN director coordinator and RN nurse instructor and a copy of credentials, | [ ]  | [ ]  |
| B. a current, signed affiliation agreement for each agency used in the clinical experience portion of the HHATP (if ongoing, current letter from agency must address contract still valid), | [ ]  | [ ]  |
| C. the names of all students admitted to the program and their dates of attendance, and | [ ]  | [ ]  |
| D. an individual student performance record on file (*for every student completer*), as prescribed by the NYSDOH, that includes the following: |  |  |
| * a list of measurable performance criteria for each duty/skill expected to
 | [ ]  | [ ]  |
| be learned in the program, |  |  |
| * documentation of the date the student performed each duty/skill,
 | [ ]  | [ ]  |
| * documentation of satisfactory student performance, and
 | [ ]  | [ ]  |
| * initials and name of instructor supervising the student performance.
 | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| Records (continued) |  Yes | No |
| For programs approved for and offering PCA as part of the HHA program, there is a program record on file which includes the following: |  |  |
| [ ]  Check here if not applicable/PCA is not approved part of this program* identified curricular basic core (minimal first 40 HHA program hours) with lesson plans,
 | [ ]  | [ ]  |
| * the names of all students admitted to the program and their dates of attendance, and
 | [ ]  | [ ]  |
| * a record of PCA program completers.
 | [ ]  | [ ]  |
| For programs approved for and offering Nurse Aide Transition as part of the HHA program, there is a program record on file which includes the following: |  |  |
| [ ]  Check here if not applicable/NA Transition is not approved part of this program* identified curricular content (minimum of 28 hours outlining HHA theory and skills beyond that of a CNA, and identifying how the student is assessed on previously trained NA skills) with lesson plans,
 | [ ]  | [ ]  |
| * the names of all students admitted to the program and their dates of attendance, and
 | [ ]  | [ ]  |
| * a record of Nurse Aide Transition program completers.
 | [ ]  | [ ]  |
| Physical Facilities |  Yes | No |
| Both the classroom and the skills training laboratory provide the following:* adequate room size\*, lighting and ventilation, sufficient number and placement of electrical outlets, tables and chairs;
 | [ ]  | [ ]  |
| * supplies and equipment as would be found in a residential facility and necessary to deliver the required skills, and storage for supplies and records; and
 | [ ]  | [ ]  |
| * the presence of a sink with running water (skills lab).
 | [ ]  | [ ]  |

\*Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

Appendices

#### Home Care Curriculum Requirements

* 1. Procedure Performance Evaluation Form
	2. Sample Affiliation Agreement

## Home Care Curriculum Requirements

|  |  |
| --- | --- |
| Module | Topics |
| Introductory Curriculum | Home care, the home care worker, and the clientWhat is a home care workerProviding home care |
| Safety and Injury Prevention | InjuriesInjury preventionWhat to do when injuries and emergencies happen |
| Working Effectively with Home Care Clients | Theories of basic human needsDiversityCommunication and interpersonal skillsCaregiver observation, recording and reportingConfidentiality |
| Working with the Elderly | What is agingAging and the body/body systemsAging and the mind |
| Working with Children | Family situations in which children may need home care workersHow children develop and how to work with themProblems that affect the family and how children react to stressHow you can help strengthen families through work with parents or caregivers |
| Working with People who are Mentally Ill | What is mental healthUnderstanding mental illnessMental health, mental illness, and the home care worker impairments |
| Working with People with Developmental Disabilities | Understanding developmental disabilitiesDevelopmental disabilities and home care |
| Working with People with Physical Disabilities | Understanding physical disabilitiesHow the home care worker can help the physically disabled |
| Food Nutrition and Meal Preparation | The major nutrientsMeal planningFood preparation and servingFood shopping, storage, and handling food safelyModified diets |
| Module | Topics |
| Family Spending and Budgeting | The role of the home care worker in family spending and budgetingWays to make the most effective use of the family’s finances |
| Care of the Home and Personal Belongings | Importance of housekeeping in home carePerforming housekeeping in the homeWays to be safe and save energy and timeHow to get the job done |
| Personal Care | Defining personal carePersonal care skills1. Handwashing [BASIC CORE]
2. Infection control [BASIC CORE]
3. Process of infection
4. Standard precautions
5. Bloodborne pathogens
6. Exposure incidents
7. Freedom from pain [BASIC CORE]
8. Pain management
9. Recognizing and reporting pain
10. Urinary system [BASIC CORE]
11. Assisting with bedpan/urinal/fracture pan
12. Bedside commode/toilet
13. Incontinence
14. Digestive system [BASIC CORE]
15. Nutrition and a balanced diet
16. Assisting with eating and hydration
17. Proper feeding techniques
18. Positioning
19. Assistance for independent eaters
20. Partial assistance with eating
21. Measuring and recording weight
22. Integumentary system [BASIC CORE]
23. Skin care and alterations in skin
24. Healthy skin
25. Musculoskeletal system [BASIC CORE]
26. Transfers, positioning and turning
27. Body mechanics
28. Turning and positioning in bed and chair
29. Transfer with one assist
30. Ambulation
31. One assist
32. Assistive devices (canes, walkers, etc.)
33. Safety principles
34. Range of motion
 |
| Module | Topics |
| Personal Care (continued) | 1. Bathing
2. Processes
3. Partial/sponge bath
4. AM/PM care
5. Shower
6. Tub
7. Grooming
8. Haircare
9. Shampooing
10. Bushing/combing
11. Mouthcare
12. Conscious resident/client patient
13. Partial assistance
14. Total assistance
15. Dentures
16. Edentulous
17. Shaving
18. Hand and nail care
19. Footcare
20. Dressing
21. Assisting the client
22. Dependent
23. Needing assistance
24. Adaptive Equipment
25. Glasses
26. Prosthesis
27. The clients’ environment
28. Components and care of the environment – drawers, closets and immediate environment
29. Unoccupied bed
30. Occupied bed
 |
| Personal Care (baby) | Personal care for the well-baby |
| Special Equipment | Special equipment use by home care clients |
| Self-Administration of Medications | Assisting with the self-administration of medications |
| Module | Topics |
| Supervised Practical Training | Training in a client/patient’s home or other health care setting in which the student demonstrates knowledge while performing tasks on an individual under the direct supervision of an approved RN Nurse Instructor.This training time may be dispersed throughout the program, as appropriate, or performed at the end of all classroom and lab training.During this time, the HHA student practices, with clients in real situations, the skills learned during the training program, prior to the return demonstration to the program RN Nurse Instructor. |

**HOME HEALTH AIDE TRAINING PROGRAM**

## Procedure Performance Evaluation Form

HHA STUDENT:

HHA TRAINING

PROGRAM:

RN INSTRUCTOR:

DATE OF HHA TRAINING: FROM: TO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 glassthermometer |  |  |  |  |  |
| 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 colostomypouch |  |  |  |  |  |
| Assisting with routine tracheostomy care |  |  |  |  |  |
| **Optional Procedures** |  |  |  |  |  |
| Measuring a temperature with a non-contact digitalthermometer |  |  |  |  |  |
| Measuring an oral temperature with an electronicthermometer |  |  |  |  |  |
| Measuring a rectal temperature with a glass thermometer |  |  |  |  |  |
| Measuring a rectal temperature with an electronicthermometer |  |  |  |  |  |
| Assisting with the use of an ace bandage |  |  |  |  |  |

**HOME HEALTH AIDE TRAINING PROGRAM**

**Procedure Performance Evaluation Form**

HHA STUDENT:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 condom catheters |  |  |  |  |  |
| Assisting with cleaning the skin and catheter tubing |  |  |  |  |  |
| Assisting with the emptying of the urinary drainagebag |  |  |  |  |  |
| Assisting with the use of a commercially preparedenema |  |  |  |  |  |
| Assisting with the use of a soap solution enema |  |  |  |  |  |
| Assisting with the use of a douche |  |  |  |  |  |
| Assisting with the use of a commercially prepareddouche |  |  |  |  |  |
| Assisting with emptying an open-end ileostomy orcolostomy pouch |  |  |  |  |  |
| Assisting with cleaning a reusable pouch |  |  |  |  |  |
| Assisting with a colostomy irrigation |  |  |  |  |  |
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NOTES/COMMENTS:

|  |
| --- |
| 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Sample Affiliation Agreement

School

Address

AGREEMENT OF AFFILIATION WITH [name of clinical agency]

 The [name of school] has been approved to start a [program name] program which requires clinical experience in a healthcare facility. The [name of facility] has agreed to provide this supervised clinical experience. Therefore, the healthcare facility now referred to as the affiliating institution, and the school enter into the following agreement:

 The agreement will begin on [date] and terminate on [date]. The agreement will be reviewed annually by both parties before the agreement is renewed. Either party may terminate during this contract with at least [number of days] days of notice.

 The school will arrange for a maximum of [number of students] students to affiliate at [name of healthcare facility] for a period of [number of days] days. The specific days will be agreed upon by a designee of each party and each will keep a copy of the schedule.

 The student and the instructor will carry liability insurance and a signed statement indicating that they have a policy which covers this.

 The school recognizes that the affiliating agency has a service responsibility to the resident, client, patient. If the student jeopardizes this in any way, the affiliating institution has the right to ask that the student be removed from the clinical experience.

 Before the student begins the supervised clinical experience, he or she will show evidence of physical requirements deemed necessary by agreement of both parties.

 The students will be under the direct supervision of the clinical instructor employed by the school and will have received classroom instruction before being authorized to perform patient care. The clinical instructor will make assignments and establish objectives, and with the help of professional staff of the institution, evaluate each student’s performance.

 The affiliating institution and the school agree to accept and place students in clinical assignments without regard to sex, race, color, national origin or disability.

Signature of Agency Representative: Title of Agency Representative:

Date:

Signature of School Representative: Title of School Representative:

Date: