**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:   |  | | --- | | 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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