


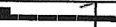






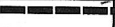
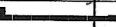

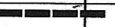
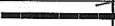


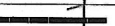
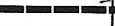





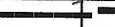
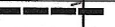
HFL POLICY/ PROCEDURE

COMPETENCY CHECKLIST FOR CERTIFIED MEDICATION TECHNICIAN

Employee name: _____

For each task observe the CMT technique with a client	Evaluate the Task	Satisfactory	Unsatisfactory	For tasks rated unsatisfactory retrain & reevaluate. Note date of satisfactory rating
Reading and recording:				
Temperature				
Pulse				
Respiration				
Blood pressure				
Administer medications:				
Reviews the medication profile				
Acknowledges side effects to report				
Acknowledges therapeutic effects of medications				
Gathers appropriate medications				
Acknowledges monitoring procedures for different medications				
Administers medications from original containers				
Oral medication administration:				
Which does not require calculation of the dose				
Measuring as prescribed an amount of liquid medication where the nurse has calculated the dose				
Pharmacy or prescriber prepared hand held inhalant medication administration				
Administers a fraction of a tablet if the nurse has cut the tablet				
Other medication administration:				
By rectal tube if the nurse has calculated the dosage				
By metered dose inhalant, nebulizer, and oxygen by nasal cannula or mask				
By subcutaneous injection if the nurse has calculated the dose				
By topical route				
By suppository route				
Routes involving eye, ear and nose				
Acknowledges when to withhold administration of medication				
Communication skills				
Observation, reporting & documentation of client status & the care/service provided				
Basic infection control process:				
Handwashing; Soap and water; Sanitizer				
Glove use				
Infection sign/symptoms to report to RN				
Standard precautions				
Personal Hygiene				

HFL POLICY/PROCEDURE

Biohazard waste				
Sharps disposal				
Specimen transport				
Documentation:				
Admission paperwork				
Care Plan development				
Visit notes				
Other tasks:				

Employee Name	Signature	Date
Evaluator	Signature	Date
Comments:		

HFL POLICY/PROCEDURE

Elements of body function and changes in body function that must be reported to a supervisor				
Maintenance of a safe, clean, healthy environment				
Recognizing emergencies and knowledge of emergency procedures				
Physical, emotional and developmental needs of and ways to work with clients incl. respect for the client and his/her privacy and property				
Acknowledges changes observed that requires reporting to the RN				
Reporting and documenting medication errors				

Employee name: _____

I certify that I am a licensed Registered Nurse and have determined that _____ has successfully passed this checklist.

SIGNATURE of EVALUATOR

TITLE

DATE

Comments

HFL POLICY/PROCEDURE

COMPETENCY CHECKLIST FOR HOME HEALTH AIDE/CERTIFIED NURSING ASSISTANTS

Employee name: _____

For each task observe the HHA/CNA's technique with a client	Evaluate the Task	Satisfactory	Unsatisfactory	For tasks rated unsatisfactory retrain & reevaluate. Note date of satisfactory, rating
Reading and recording:				
Temperature				
Puls				
Respiration				
Personal hygiene and grooming:				
Bed/Sponge bath				
Shower bath				
Tub bath				
Sink shampoo				
Tub shampoo				
Bed shampoo				
Nail care; no cutting				
Skin care; assessing for issues				
Apply, irrig lotion				
Oral care; brushing teeth				
Toileting assisting with the use of:				
Bedpan				
Urinal				
Bedside commode				
Providing catheter care including changing and emptying the urinary catheter bag				
Emptying ostomy bags, or changing bags that do not adhere to the skin				
Bring medication to client, and remind clients to take medication.				
Safe transfer techniques and ambulation.				
Proper use of:				
Walker				
Wheel chair				
Crutches				
Hoyer lift				
Shower chair				
Normal range of motion and proper positioning				
Communication skills				
Observation, reporting & documentation of client status & the care/service provided				
Basic infection control process; Items list in policy #5.4				
Handwashing				
Glove use				
Infection sign/symptoms to report to RN				
Standard precautions				
Personal Hygiene				

COMPETENCY CHECKLIST FOR HOME HEALTH AIDE/CERTIFIED NURSING ASSISTANTS

Employee name: _____

For each task observe the HHA/CNA's technique with a client	Evaluate the Task	Satisfactory	Unsatisfactory	For tasks rated unsatisfactory retrain & reevaluate. Note date of satisfactory rating
Reading and recording:				
Temperature				
Pulse				
Respiration				
Personal hygiene and grooming:				
Bed/Sponge bath				
Shower bath				
Tub bath				
Sink shampoo				
Tub shampoo				
Bed shampoo				
Nail care; no cutting				
Skin care; assessing for issues				
Applying lotion				
Oral care; brushing teeth				
Toileting assisting with the use of:				
Bedpan				
Urinal				
Bedside commode				
Providing catheter care including changing and emptying the urinary catheter bag				
Emptying ostomy bags, or changing bags that do not adhere to the skin				
Bring medication to client, and remind clients to take medication.				
Safe transfer techniques and ambulation.				
Proper use of:				
Walker				
Wheel chair				
Crutches				
Hoyer lift				
Shower chair				
Normal range of motion and proper positioning				
Communication skills				
Observation, reporting & documentation of client status & the care/service provided				
Basic infection control process;				
Items list in policy #5.4				
Handwashing				
Glove use				
Infection sign/symptoms to report to RN				
Standard precautions				
Personal Hygiene				

Employee name:

Elements of body function and changes in body function that must be reported to a supervisor

Maintenance of a safe clean healthy environment

Recognizing emergencies and knowledge of emergency procedures

Physical, emotional and developmental needs of and ways to work with clients incl. respect for the client and his/her privacy and property

Assist with feeding

Adequate nutrition and fluid intake

Home Exercise Program

Any other task that the Agency may choose to have the Aide perform (list below):

I certify that I am a licensed Registered Nurse and have determined that _____ has successfully passed this checklist.

SIGNATURE of EVALUATOR

TITLE

DATE

Comments