JOB DESCRIPTION: HOME HEALTH AIDE

POSITION SUMMARY:

The Home Health Aide works under the direction of the Registered Nurse or therapist and performs services for the client as necessary to maintain the personal comfort of the client.

Reports to: Nursing Supervisor

QUALIFICATIONS:

1. Must have completed one of the following:
2. A 75-hour training course and competency evaluation **or**
3. A competency evaluation approved by the Commissioner **or**
4. Training in another jurisdiction equivalent to the 75-hour course **or**
5. A training program or competency evaluation program which satisfies the requirements of Medicare for Home Health Aides as provided by the Code of Federal Regulations, Title 42, Section 484.36
6. Have satisfied the following requirements:
7. Meet the requirements of Title XVIII of the Social Security Act for Nursing Assistants in nursing facilities certified for participation in the Medicare program **or** have successfully completed a Nursing Assistant training program approved by the State of Minnesota, **OR**
8. Have had at least twenty (20) hours of supervised practical training or experience performing Home Health Aide tasks in a home setting under the supervision of a Registered Nurse **or** complete the supervised practical training or experience within one (1) month after beginning work performing Home Health Aide tasks; **or**
9. Prior to June 1, 1993, had completed an approved Home Health Aide training program.
10. Be at least eighteen (18) years of age.
11. Have demonstrated sympathetic attitude toward care of the sick.
12. Possess the ability to speak English and read and write it well enough to follow directions of the Plan of Care and complete necessary documentation.
13. Possess the maturity to deal effectively with the demands of the job.
14. Have demonstrated the ability to work with little supervision and make appropriate judgments.
15. Have demonstrated dependability, tact and the ability to follow orders.
16. Possess and maintain good physical and mental health, including current TB testing.
17. Have U.S. Citizenship or evidence of valid Alien Work Permit.

ESSENTIAL FUNCTIONS/AREAS OF ACCOUNTABILITY:

1. Perform simple procedures as an extension of therapy services under the direction and supervision of the therapist:
2. Range of Motion exercises - therapeutic or passive range of motion.
3. Home exercise program.
4. Perform personal care activities, including but not limited to:
5. Bathing - full bed bath or assist with sponge bath, tub bath or shower
6. Shampoo/hair care
7. Skin care/nail care, including foot soaks
8. Oral hygiene/denture care
9. Shaving
10. Dressing
11. Assist with ambulation, transfers, and exercise.
12. Assist with body positioning or transfers of clients who are not ambulatory.
13. Perform household services essential to health care at home, including but not limited to:
14. Meal preparation/feeding
15. Laundry
16. Light housekeeping
17. Administer medications and treatments under the direction and supervision of the Registered Nurse (refer to Medication Administration section below).
18. Feed clients who, because of their condition, are at risk for choking.
19. Assist with bowel and bladder control, devices, and training programs.
20. Report changes in the client's condition and needs to the Registered Nurse.
21. Complete the appropriate records to document cares given and pertinent observations.
22. Respond and attend to client requests promptly.
23. Maintain proper hand washing techniques.
24. Communicate effectively with all members of the interdisciplinary team.
25. Maintain a safe client environment.
26. Maintain client confidentiality; treat clients and families with respect.
27. Understand, accept and respond to the emotional needs of each client.
28. Participate in in-service programs to meet compliance requirements.
29. Accept and fulfill assignments with the Agency; exercise judgment in accepting assignments.
30. Perform other related duties and responsibilities as deemed necessary.

*Medication Administration*

1. A Home Health Aide may administer medications, whether oral, suppository, eye drops, ear drops, inhalant, topical or administered through a gastrostomy tube **if the medications are regularly scheduled.**
2. Prior to the administration, the Home Health Aide is instructed by a Registered Nurse in the procedures to administer the medications to each client.
3. A Registered Nurse specifies, in writing, and documents in the client's clinical records, the procedures to administer the medications to each client.
4. Prior to administration, the Home Health Aide demonstrates to a Registered Nurse the Home Health Aide's ability to competently follow the procedure. This competency shall be documented by the Registered Nurse in the Home Health Aide's personnel file.
5. In the care of pro re nata (PRN) medications, the administration of the medication is reported to a Registered Nurse either:
6. Within 24 hours after its administration or
7. Within a time that is specified by a Registered Nurse prior to the administration.

**NOTE: PRN medications shall be defined as medications that are prescribed to be taken by the client as necessary.**

*Delegated Medical or Nursing and Assigned Therapy Procedures*

A Home Health Aide may perform delegated medical or nursing and assigned therapy procedures if:

1. Prior to performing the procedures, the Home Health Aide is instructed by a Registered Nurse or Therapist in the proper methods to perform the procedures with respect to each client.
2. A Registered Nurse or Therapist specifies, in writing, the instructions for performing the procedures for each client.
3. Prior to performing the procedures, the Home Health Aide demonstrates to a Registered Nurse or Therapist the Home Health Aide's ability to competently follow the procedures.
4. The procedures for each client are documented in the clinical record.

PHYSICAL/ENVIRONMENTAL DEMANDS:

See ADA Requirements.

I have read and understand the above job description of the Home Health Aide.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_