

Competency Checklist – Home Health Aide

Name: _____

Date: _____

Rating Scale:

1. No previous experience.
2. Previous training, but no personal hands on experience.
3. Previous training / hands-on experience. Need additional practice with supervisor.
4. Previous training and experience.

| SKILLS | YES | NO | SKILLS | YES | NO |
|---|-----|----|--|-----|----|
| Set up and feed patient meals | | | Turning and positioning patients | | |
| Make up empty or occupied beds | | | Aspiration precautions | | |
| Assist patient with ambulation | | | Assist patient with oxygen | | |
| Partial bed bath | | | Knowledge of infection control policies | | |
| Complete bed bath | | | Monitor and record intake and output | | |
| Oral care | | | Pain management | | |
| Foot care | | | Behavior management | | |
| Bowel care | | | Age specific communication | | |
| Bladder care | | | Restraints | | |
| Catheter care | | | Transfer patient | | |
| Toileting / Incontinence management | | | Scale / Weights | | |
| Foley care | | | Post-mortem care | | |
| Safe operation of medical equipment | | | Identify possible victims of abuse or neglect | | |
| Set up enteral or tube feedings | | | Knowledge of emergency procedures | | |
| Obtain a blood sugar with glucometer | | | Prepare Exam Rooms | | |
| Operate the following medical equipment: | | | Obtain and document patient's current medial history, drug history, chief complaints, allergies, pain assessment and vital signs | | |
| Gurney, wheel chairs, patient beds | | | | | |
| Automatic blood pressure monitor | | | | | |
| Electronic thermometer | | | | | |
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| Form Updated: 01/14/14 | | | | | |