

**MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
HOME HEALTH AIDE SKILLS COMPETENCY CHECKLIST**

Applicant Name: _____ **Social Security Number:** _____
Address: _____ **Facility/School:** _____
 _____ **City:** _____

HOME MANAGEMENT	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates knowledge of:				
1. Light Housekeeping procedures				
2. Proper handling & laundering of linen and clothing				
HOME SAFETY CHECK	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Identifies:				
1. Physical environmental hazards				
2. Fire hazards				
3. Fire evacuation routes				
4. Emergency telephone numbers:				
(1) Fire				
(2) Ambulance				
(3) Responsible relative/friend in town				
Uses proper home transfer/ambulation techniques				
Use of ambulation equipment in the home				
Ambulation Equipment:				
1. Demonstrates proper use				
2. Simple maintenance				
3. Reports malfunctions				
4. Care of prosthetic devices				
NUTRITION	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates the knowledge of:				
1. Comparative shopping				
2. Shopping for special diets				
3. Meal planning/meal preparation				
4. Proper food storage and sanitation				

INFECTION CONTROL	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates isolation techniques & universal precautions in the home				
1. Linen handling				
2. Disposal of contaminated supplies				
3. Food trays/utensils				
4. Cleaning/disinfecting supplies & equipment				
5. Transporting specimens				
PATIENT RIGHTS	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates understanding of:				
1. Patient rights & preferences				
2. Observing & reporting abuse				
MISCELLANEOUS	DATE PRACTICED	DATE PASSED	COMMENTS	OBSERVER SIGNATURE
Demonstrates understanding of state regulations regarding:				
1. Administration of medications				
2. Responsibilities for documenting observation & reporting findings				

CERTIFICATION OF COMPETENCY

Program Coordinator or Clinical Instructor

I, _____ certify that
(Name of PC or RN CI - Type or print)

_____ has satisfactorily
(Name of student - Type or print)

performed all of the above listed skills.

Signature of PC or CI

Date

Signature of student

Date

