



## **H & C NURSING CARE SERVICES EMPLOYMENT PACKET**

**Instructions: Please save the form after completion, attach it to an e-mail and send it to [employment@hcnursing.com](mailto:employment@hcnursing.com).**

# H & C NURSING CARE SERVICES

## EMPLOYEE CHART CHECKLIST

HAVE YOU WORKED WITH H & C NURSING CARE SERVICES BEFORE?      YES      NO

Name:

Date:

	Yes
EMPOLYMENT APPLICATION/RESUME (ALL)	
REFERENCES (ALL)	
JOB DESCRIPTION (ALL)	
HOME HEALTH AIDE SKILLS ASSESSMENT (HHA ONLY)	
HOME HEALTH AIDE PRACTICAL EXAM (HHA ONLY)	
UNIVERSAL PRECAUTIONS QUIZ (HHA, NURSES, THERAPIST)	
W-4 EMPLOYEE FORM (ALL) <a href="https://www.irs.gov/pub/irs-pdf/fw4.pdf">https://www.irs.gov/pub/irs-pdf/fw4.pdf</a>	
EMPLOYMENT STATEMENT OF CONFIDENTIALITY (ALL)	
HEP. B VACCINATION REPORT/DECLINATION (ALL)	
INTERVIEW SUMMARY (ALL)	
EMPLOYEE ORIENTATION (ALL)	
PRE-EMPLOYMENT QUESTIONNAIRE (LICENSED NURSES ONLY)	
LPN/RN SKILLS CHECKLIST (NURSES ONLY)	
LICENSE/CERTIFICATE (ALL)	
POLICE CLEARANCE – (ALL) (MUST BE 45 DAYS OR LESS)	
DRIVERS LICENSE (ALL)	
SOCIAL SECURITY CARD (ALL)	
CPR CARD (ALL)	
IMMIGRATION DOCUMENTS (EXCLUDING CITIZENS BY BIRTH)	
I-9 FORM <a href="https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf">https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf</a>	
BACKGROUND CLEARANCE (ALL)	
MUST BE CLEARED OF CHILD ABUSE	
EMPLOYMEE HEALTH EXAMS – (PHYSICAL) (ALL)	
EVALUATION	

**H & C NURSING CARE SERVICES LLC**  
**EMPLOYMENT APPLICATION**

Position Desired:		Date:
Referred Resource:		
Name:		
Address:		
Home Telephone:	Cell:	E-mail:
Social Security Number:	Are you above the age of 18?	Gender:
D.O.B	Marital Status:	U.S. Citizen:
Ethnicity:	U.S. Veteran <i>(if yes status?)</i> :	Status:
Disabled:	Disability Description:	
Emergency Contact:		Relationship:
Address:		Telephone no:

Classification: **RN    LPN    HHA    OT    PT    OTHER**

License no.	State	Expiration Date
License no.	State	Expiration Date
License no.	State	Expiration Date

Experience Information	No. of years
Medical/Surgical Nursing	
Pediatric Nursing	
Intravenous Therapy	
Home Visits	

Availability: **FT**    **PT**    **Days**    **Evenings**    **Nights**    **Weekends**

Caseload Preferences: **Adults**    **Children**    **Visits**    **Shifts**

*\*If a resume is provided exclude this section attach resume to application sheet\**

**Education**

School Type	Location	No. of Years	Major
High School			
College			
Vocational			

**Employment History**

*Please provide us with your work history for the past five years.*

Name of Company:

Address:

Job Title:

Start Date:

End Date:

Reason for leaving:

Salary:

Can we contact this employer?

Contact Number:

Name of Company:

Address:

Job Title:

Start Date:

End Date:

Reason for leaving:

Salary:

Can we contact this employer?

Contact Number:

Name of Company:

Address:

Job Title:

Start Date:

End Date:

Reason for leaving:

Salary:

Can we contact this employer?

Contact Number:

I certify that my answers are true and complete to the best of my knowledge. I authorize **H & C Nursing Care Service** to make such investigation and inquiries of my personal employment, education, and financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools and individuals from all liability when responding to inquiries in connection with my application.

In the result that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I further understand that **H & C Nursing Care Service** clients' information is strictly confidential and can only be used for the reason it was collected.

Signature of applicant: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**H & C NURSING CARE SERVICES, LLC**

**PREVIOUS/CURRENT EMPLOYMENT**

TO: Name:

Date:

Address:

Tel:

**REFERENCE FORM**

The person listed below has applied to **H & C Nursing Care Service, LLC** for employment. This applicant submitted a name as a former employer for references purposes. We would appreciate your cooperation in replying the questions listed below. Please be assured that your response will be in the strictest confidence. Thank you in advance for courtesy.

\_\_\_\_\_ / \_\_\_\_\_

Signature of applicant/ Initials

\_\_\_\_\_  
H & C NURSING CARE SERVICES REPRESENTATIVE

APPLICANT'S NAME:

SOCIAL SECURITY #:

POSITION HELD:

EMPLOYMENT DATE: (FROM)

(TO)

REASON FOR LEAVING (CHECK ONE)

APPLICANT RESIGNED

APPLICANT WAS A TEMPORARY EMPLOYEE

APPLICANT WAS TERMINATED

WOULD YOU REHIRE?

<b>PERSONAL EVALUATION</b>	<b>ABOVE AVERAGE</b>	<b>SATISFACTORY</b>	<b>NEEDS IMPROVEMENT</b>	<b>POOR</b>
Quality of work				
Quantity of work				
Interest and Enthusiasm				
Ability to relate to patients				
Ability to relate to staff				
Adaptability to change				
Willingness/Ability to float				
Attendance				
Punctuality				
Personal Appearance				

COMMENTS:

SIGNATURE: \_\_\_\_\_ INITIALS: TITLE: DATE:



# H & C NURSING CARE SERVICES, LLC

## PERSONAL REFERENCE

TO: Name:

Date:

Address:

Tel:

### REFERENCE FORM

The person listed below has applied to **H & C Nursing Care Service, LLC** for employment. This applicant submitted a name as a former employer for references purposes. We would appreciate your cooperation in replying the questions listed below. Please be assured that your response will be in the strictest confidence. Thank you in advance for courtesy.

\_\_\_\_\_ / \_\_\_\_\_

Signature of applicant/ Initials

\_\_\_\_\_  
H & C NURSING CARE SERVICES REPRESENTATIVE

APPLICANT'S NAME:

How long have you known this person?

PERSONAL EVALUATION	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	POOR
Ability to relate to people				
Adaptability to change				
Ability to handle stress				

COMMENTS

SIGNATURE (INITIALS): \_\_\_\_\_ (\_\_\_\_\_)

DATE:

## H & C NURSING CARE SERVICES, LLC

**SUBJECT:     JOB DESCRIPTION HOME HEALTH AIDE**

APPROVED BY:

TITLE:

EFFECTIVE DATE:

DATE REVIEWED:

### **POSITION SUMMARY**

Provides personal care services under the direction of the Registered Nurse or Therapist. The Home Health Aide is assigned to specific clients by the Registered Nurse or other appropriate professional and performs services for clients as necessary to maintain their personal comfort.

Reports to:     RN Case Manager           Clinical supervisor           Therapist

### **QUALIFICATION**

1. Successful completion of a formal certification training program and/or written skills test and competency evaluation.
2. Be at least eighteen (18) years of age
3. Minimum of six (6) months' work experience in a supervised setting, preferably health care facility
4. Demonstrated ability to read, write, and follow a written Plan of Care.
5. Good interpersonal skills
6. Current driver's license, good driving record, and reliable transportation.

### **ESSENTIAL FUNCTIONS/AREAS OF ACCOUNTABILITY**

1. Performs simple procedures as an extension of therapy services under the direction and supervision of the therapist.
  - a. Range of motion exercise
  - b. Assistance in ambulation or exercises
2. Performs personal care activities, including but not limited to:
  - a. Bathing
  - b. Shampooing
  - c. Skin care/nail care
  - d. Oral hygiene
  - e. Shaving
  - f. Dressing

3. Performs household services essential to health care at home, including but not limited to:
  - a. Meal preparation/feeding
  - b. Laundry
  - c. Light housekeeping
  
4. Assisted in the administration of medication that is ordinarily self-administered under the direction and supervision of the Registered Nurse (per state nurse practice laws and agency policy). Inform the office about any new changes in patient's medications such as new or discontinued medication and changes in dose.
  
5. Reports any observed or reported changes in the client's condition and/or needs to the Registered Nurse.
  
6. Documents cares provider and completes the forms required for the client's records. Completes the appropriate records to document cares given and pertinent observations.
  
7. Promotes personal safety and a safe environment for clients by observing infection control practices, following agency guidelines, and reporting unsafe situations to the Supervisor/Case Manager.
  
8. Accompany client to medical appointments and grocery shopping.
  
9. Demonstrates safe practice in the use equipment. Does not use equipment until orientation has been provided. Notifies supervisor of educational needs.
  
10. Communicates effectively with all members of the interdisciplinary team through verbal reports, participation in staff meetings, and team conferences, as requested.
  
11. Maintains confidentiality in all of the job
  
12. Participates in required in-service programs to meet compliance requirements. Identifies learning needs to agency supervisor.
  
13. Performs other related duties and responsibilities as deemed necessary.

**PHYSICAL/ENVIRONMENTAL DEMANDS**

See ADA Requirements.

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

Signed (Initials): \_\_\_\_\_ (\_\_\_\_)

Date:

# **H & C NURSING CARE SERVICES**

## **PRACTICAL EXAMS FOR HOME HEALTH AIDE**

**NAME: .....**

- 1. The client offers a nurse aide a twenty dollar bill as a thank you for all that the e nurse has done. The nurse aide should:**
  - A. Take the money so as not to offend the client
  - B. Politely refuse the money
  - C. Take the money and buy something for the floor
  - D. Ask the nurse in-charge what to do
  
- 2. All of the following situations are examples of abuse or neglect except:**
  - A. Picking up a client's phone and offering it to the client
  - B. Leaving a client a lone in the Bathtub
  - C. Threatening to withhold a client's meals
  - D. Leaving a client in a wet and soiled Bed
  
- 3. If a client is sitting in a chair in his room masturbating the nurse aide should:**
  - A. Report the incident to the other nurse aides
  - B. Tell the client to stop
  - C. Laugh and tell the client to go in the bathroom
  - D. Leave the client alone and provide privacy
  
- 4. If the client is found lying on the floor what should the health aide do?**
  - A. Check for responsiveness
  - B. If unresponsive call 911
  - C. Call the office & patient's family
  - D. All of the above
  
- 5. In giving care according to the client's Bill of Rights, the nurse aide should:**
  - A. Provide privacy during the client's personal care
  - B. Open the client's mail without permission
  - C. Use the client's personal possessions for another client
  - D. Prevent the client from complaining about care

- 6. The last sense of dying client will lose is:**
- A. Smell
  - B. Hearing
  - C. Taste
  - D. Sight
- 7. A client wakes up during the night and asks for something to eat. The nurse aide should:**
- A. Check client's diet before offering nourishment
  - B. Tell the client nothing is available at night
  - C. Explain that breakfast is coming in three hours
  - D. Tell the client that eating is not allowed during the night.
- 8. The normal aging process is best defined as the time when:**
- A. People become dependent and childlike
  - B. Alzheimer's disease begins
  - C. Normal body functions and senses decline
  - D. People are over sixty-five years of age
- 9. To prevent the spread of infection, how should the nurse aide handle the soiled linens removed from a client's bed?**
- A. Shake them in the air
  - B. Place them in a neat pile on the floor
  - C. Carry them close to the nurse aide's body
  - D. Put them in the dirty linen container

**10. A client needs to be repositioned but is heavy, and the nurse aide is not sure she can move the client alone. The nurse aide should:**

- A. Try to move the client alone
- B. Have the family do it
- C. Ask another nurse aide to help
- D. Go on to another task

**11. To prevent dehydration of the client, the aide should:**

- A. Offer fluid frequently while the client is awake
- B. Wake the client hourly during the night to offer fluids
- C. Give the client salty baths
- D. Feed the client salty food to increase thirst

**12. When transferring a client, most of the client's weight should be supported by the nurse aide's:**

- A. Back
- B. Shoulder
- C. Legs
- D. Wrist

**13. To be sure that a client's weight is measured accurately. The client should be weighed:**

- A. After a Meal
- B. By a different nurse aide
- C. At the same time of day
- D. After a good night's sleep

**14. How many tips does a quad-cane base have?**

- A. 1
- B. 2
- C. 3
- D. 4

- 15. Before taking the oral temperature of a client who has just finished a cold drink, the nurse aide should wait:**
- A. 10 to 20 minutes
  - B. 25 to 35 minutes
  - C. 45 to 55 minutes
  - D. At least 1 hour
- 16. Which of the following methods is the correct way to remove a dirty isolation gown?**
- A. Pull it over the head
  - B. Let it drop to the floor and step out of it
  - C. Roll it dirty side in and away from the body
  - D. Pull it off by the sleeve and shake it out.
- 17. What would be the best way for the nurse aide to promote client independence in bathing a client who has had a stroke?**
- A. Give the client a complete bath only when the client request it
  - B. Encourage the client to do as much as possible and assist as needed
  - C. Leave the client alone and assume the client will do as much as she can
  - D. Limit the client to washing he hands
- 18. A safety device used to assist a dependence client from a bed to a chair is client a:**
- A. Poesy vest
  - B. Hand roll
  - C. Transfer/gait belt
  - D. Foot board



**19. If a nurse aide needs to wear a gown to care for a client in isolation, the nurse aide must:**

- A. Wear the same gown to care for all other assigned clients
- B. Leaves the gown untied
- C. Take the gown off before leaving the client's room
- D. Take the gown off in the dirty utility room

**20. When making an occupied bed, the nurse aide should;**

- A. Put the dirty sheets on the floor
- B. Help the client to sit in a chair while the bed is being made
- C. Lower both side rails before changing the sheets
- D. Raise side rail on unattended side

**21. The nurse aide is in the employee dining room. A group of nurse aides are eating lunch together and begin discussing how rude a certain client was acting. The nurse aides should:**

- A. Join the conversation
- B. Suggest that this is not the place to discuss the client
- C. Be quiet and not say anything to the other nurse aides
- D. Return to the unit and tell the client what was said.

**22. The nurse aide enters a client's room, and the client states that he has pain. What should the nurse aide do?**

- A. Report it to the nurse in-charge
- B. Tell the client to get out of bed for a while
- C. Tell the client that the pain will go away soon
- D. Ignore the client's statement.

## UNIVERSAL PRECAUTIONS QUIZ

Below is a list **of multiple choice and true/false questions**. For multiple choice questions choose the one best answer. None of the questions are meant to be a trick question. Read each question carefully before choosing correct answer.

1. Needle sticks injuries and exposure of mucous membranes of intact skin to blood may lead to which disease?
  - a. AIDS/Hepatitis B
  - b. Common cold or flu
  - c. Tuberculosis
  
2. What personal protective equipment (barriers) need to be worn to protect the mucous membrane of the face against splash with blood/ body fluids?
  - a. Mask
  - b. Goggles
  - c. Both of the above
  
3. Disposable gloves
  - a. Should be washed or disinfected
  - b. Should be worn when there is the possibility that hands may become soiled with blood or body fluids
  - c. Should be discarded after the procedure for which they were applied is completed
  - d. All of the above
  
4. Which of the following is true about the Hepatitis B vaccine?
  - a. It cannot transmit AIDS or Hepatitis B to the person who receive it
  - b. It's very effective in preventing the transmission of Hepatitis B to exposed staff
  - c. All health care workers at risk of being exposed to Hepatitis B should consider being vaccinated against Hepatitis B
  - d. None of the above

5. Under Universal precautions, hands must be washed after gloves are removed because the gloves may contain tiny defects in them that can lead to hand contamination
  - a. True
  - b. False
  
6. Universal precautions treat all blood as if it contains disease causing organisms (germs)
  - a. True
  - b. False
  
7. Infectious waste must be placed in a labeled color-coded bag.
  - a. True
  - b. False
  
8. Universal precautions must be followed because it is the law
  - a. True
  - b. False

## **TITLE OF POSITION: LICENSED PRACTICAL NURSE**

**TITLE OF IMMEDIATE SUPERVISOR: Director of Nursing**

**RISK OF EXPOSURE TO BLOODBORNE PATHOGENS – HIGH**

### **DUTIES**

Provide skilled nursing care under the direct supervision of the Registered Nurse.

Perform selected skilled actions in the provision of curative, rehabilitative, palliative or preventative nursing care.

Is responsible and accountable for making decisions that are based on the individual's nursing experience and educational preparation.

### **RESPONSIBILITIES**

Assist the Registered Nurse in carrying out the plan of care.

Assist the Registered Nurse in performing specialized procedures as directed by the Registered Nurse under physician's orders.

Assist with the preparation, implementation and continuing evaluation of the patient care plan.

Recognize and understand the effects of social and economic problems upon patients and provides for the emotional and physical comfort and safety of patients.

Help teach the patient the appropriate self-care techniques.

Foster cooperative effort among personnel by understanding the functions of other persons involved in patient care and by active participation in team and staff conferences.

Assume responsibility for personal and vocational growth and development through active participation in nursing organizations and participating in in-service programs and other on the job learning.

Prepare clinical and progress notes (not to include admission).

Observe, record, and report to the appropriate person patient symptoms, reactions and changes including:

- The general physical and mental condition of patients and signs and symptoms which may be indicative of untoward changes.
- Stresses in human relationships between the patients and staff personnel and between patients and their families and visitors.

Observe, record and report to the appropriate person the general physical and mental condition of patients and signs and symptoms which may be indicative of changes in condition.

Assist with the rehabilitation of patients according to the medical care plan by encouraging the interests and special aptitudes of the patient and encouraging patients to help themselves using their own capabilities.

Further assist in rehabilitation by reporting any abnormality in the patient's range of motion, body mechanics or body alignment.

Actively participate in nursing organizations and promotes and participates in in-service programs.

### **TREATMENTS AND PROCEDURES**

The Licensed Practical Nurse with the education and proven clinical competence may perform certain treatments/procedures provided the Home Health Agency's policies and the State's Regulatory Acts allow their performance.

### **JOB CONDITIONS**

The ability to communicate well, both verbally and in writing in English is required.

The ability to access patients' homes which may not be routinely wheelchair accessible is required.

Hearing, eyesight and physical dexterity must be sufficient to perform a physical assessment of the patient's condition and to perform patient care.

Physical activities will include, walking, sitting, stooping, and standing and minimal to maximum lifting of patients and the turning of patients.

**EQUIPMENT OPERATION**

Utilization of calculator, multi-line telephone, copy machine, basic medical equipment.

**COMPANY INFORMATION**

Has access to all patient medical records, personnel records and patient financial accounts which may be discussed with the Executive Director, Director of Reimbursement, Employee Relations and Quality Assurance department staff.

**QUALIFICATIONS**

1. Graduation from an accredited School of Practical Nursing.
2. Must be licensed in Pennsylvania as a Licensed Practical Nurse
3. One or more years experience in home health agency or in a hospital setting, Home health experience preferred.
4. Must have a criminal background check.
5. Must have current CPR certification.

**ACKNOWLEDGMENT**

EMPLOYEE NAME	
---------------	--

EMPLOYEE SIGNATURE		DATE	
--------------------	--	------	--

## SKILLS CORE COMPETENCY CHECKLIST FOR LICENSED PRACTICAL NURSES

Employee Name: \_\_\_\_\_

<b>SCALE</b>	<b>E-EXCELLENT</b>	<b>G-GOOD</b>	<b>F-FAIR</b>	<b>P-POOR</b>
--------------	--------------------	---------------	---------------	---------------

SKILLS ASSESSED BY OBSERVATION OF ACTUAL PERFORMANCE	COMPETENCY ASSESSMENT CONDUCTED BY A COMPETENCY VALIDATED REGISTERED NURSE								AREAS NEEDING IMPROVEMENT * Employee may not perform task independently until competency established
Task	E	Date Assessed	G	Date Assessed	F	Date Assessed	P	Date Assessed	
System Assessments:									
Temperature									
Pulse-Radial and Apical									
Respirations									
Blood Pressure									
Pulse Oximetry									
Weight									
Respiratory									
Cardiovascular									
Digestive/Gastrointestinal									
Endocrine									
Nutrition									
Neurological/Emotional									
Pain									
Musculoskeletal									
Sensory									
Functional Limitations									
Ears/Nose/Throat/Eyes									
Integumentary									
Teaching:									
Disease process									
Diet/Nutrition									
Medication									
Diabetic Management									
Wound Care:									
Sterile									
Non-Sterile									
Wound Vac									
Wound measuring									

**Employee Name:** \_\_\_\_\_

SKILLS ASSESSED BY OBSERVATION OF ACTUAL PERFORMANCE	COMPETENCY ASSESSMENT CONDUCTED BY A COMPETENCY VALIDATED REGISTERED NURSE								AREAS NEEDING IMPROVEMENT * Employee may not perform task independently until competency established
Task	E	Date Assessed	G	Date Assessed	F	Date Assessed	P	Date Assessed	
Patient Care:									
Venipuncture/Lab Draws									
Specimen collection									
Catheter Care									
Foley Insertion									
Replace Suprapubic									
Care of G-tube									
Blood Glucometer use									
Care of JP drain									
Suture removal									
Staple removal									
Incentive Spirometry									
Colostomy care									
Ileostomy care									
Ileal conduit care									
Cast care									
Use of splints									
Safe transfer techniques									
Use of assistive devices:									
Walker									
Cane									
Wheelchair									
Crutches									
Medication Administration:									
Oral									
Intramuscular									
Subcutaneous									
Eye drops									
Ear drops									
Nose drops									
Enteral feedings									
Inhaled medications									
Oxygen therapy									
Nebulizer therapy									
IV Therapy (if applicable refer to Infusion Nurse competency checklist)									

SKILLS ASSESSED BY OBSERVATION OF ACTUAL PERFORMANCE	COMPETENCY ASSESSMENT CONDUCTED BY A COMPETENCY VALIDATED REGISTERED NURSE								AREAS NEEDING IMPROVEMENT * Employee may not perform task independently until competency established
	Task	E	Date Assessed	G	Date Assessed	F	Date Assessed	P	
Infection									
Universal Precautions									
Hand Washing									
Bad Technique									
Glove use									
Biohazard waste									
Sharps disposal									
Specimen transport									
Documentation:									
Admission paperwork									
Care Plan development									
Visit notes									
Supervisory visits:									
LPN									
CNA									
CMT									

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:



# CONFIDENTIAL AGREEMENT

The nature of services provided by (Company) requires information to be handled in a private, confidential manner.

Information about our business or our employees or clients will only be release to people or agencies outside the company with our written consent. Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records.

The names, address, phone numbers or salaries of our employees will only be released to people authorized by the nature of their duties to receive such information and only with the consent of management or the employee

The undersigned employee agrees to abide by this confidentiality agreement.

_____ Employee	_____ Initials	_____ Date
_____ Witness	_____ Initials	_____ Date

## HEPATITIS B VIRUS (HBV) VACCINATION CONSENT

I understand that, due to the occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed of the importance to be vaccinated with hepatitis B vaccine. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis b which is a serious disease.

I know it's my own responsibility to get three doses of hepatitis b vaccine

Name of employee:

Signature: \_\_\_\_\_ Initials:

# H & C NURSING CARE SERVICES, LLC

## *Face to Face Interview Summary Sheet*

Date of interview:

Position desired:

Name of Applicant:

### OBSERVATION

YES

NO

	YES	NO
Punctual for appointment		
Application legibly completed		
Good communication skills		
Appropriately dressed		
Job experience meets requirements		
Starting salary discussed		
Understands work schedule		
Understand overtime policy		
Understand late notes policy		
Professional references completed		
Personal references completed		
Pre-employment requirements completed		

Available for:    Full-time    Part-Time

Wages:                      Hourly Rate is \$

Benefits:    Offered    not offered

Immediate Supervisor:

Signature of Employee: \_\_\_\_\_ Initials: \_\_\_\_ Title:                      Date:

Signature of Interviewer: \_\_\_\_\_ Initials: \_\_\_\_ Title:                      Date:

**NUMBER: 1230**

**SUBJECT: EMPLOYEE ORIENTATION**

**APPROVED BY:**

**TITLE:**

**EFFECTIVE DATE:**

**DATE REVIEWED:**

**POLICY STATEMENT**

Each employee of the agency who provides direct care, supervision of direct care, or management of services for **H & C Nursing Care Services**, shall complete an orientation to the agency and the home care services provided to clients.

**SPECIAL INSTRUCTIONS**

Orientation for all employees shall include:

1. Overview of agency mission, operation, and services
  - a. Goals, philosophy, and objectives
  - b. Medicare and Medicaid regulations
  - c. Organizational structure
  - d. Various disciplines (personnel within each)
  - e. Overview of functions and coordination between services
  - f. Contract agreement, if applicable
  - g. Principles and responsibilities related to quality improvement
2. Agency personnel policies
3. Orientation to clinical and written procedures
4. Infection Control/OSHA Blood borne Pathogen Policies, TB Education, and HBV Vaccine.
5. Advance Directives/DNR-DNI/Procedures regarding death and dying.
6. Types of care or service to be delivered in clients home
7. Home safety issues including bathroom, fire, environmental, and electrical safety
8. Storage, handling and access to supplies, medical gases, and drugs in relationship to services
9. Hazardous material/waste management

10. Confidentiality of client information
11. Applicable/available community resources
12. Appropriate actions in unsafe situations
13. Any specific test to be performed by staff
14. Infield Experience
15. Licensed staff will complete a basic skill test with a 70% passing grade before providing client care.

Specific skills will be tested and observed by qualified individuals before the new employee is allowed to perform specialty services.

Home Health Aides will complete competency testing before providing a client with care.

EMPLOYEE SIGNATURE: \_\_\_\_\_ INITIALS:      DATE:

# H & C Nursing Care Services, LLC

## TO ALL EMPLOYEES

I \_\_\_\_\_ understand that if I am not at my place of work (with my client) during my shift, it is considered patient's negligence which will result to **TERMINATION** of my duties.

Name:

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

H & C Representative Name:

H & C Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Employment Separation Notification**

**At least a 30 day notification is required for any reason of employment separation**