Welcome to the Aveanna Family!

We are excited you joined our Home Health team here at Aveanna. We know it is a big decision to join a new organization. We want to make sure you are well equipped to be successful upon starting your journey with us.

With that as our backdrop, it is important you have all the information you need to confidently perform your job. Please feel free to ask any questions during this orientation period. The leadership team has developed a thorough orientation program that will provide you the foundational information necessary to be successful as a clinician at Aveanna.

To get the most out of this time, the orientation training log in this folder will be your roadmap, and you will be responsible for completing all items timely. It is important to thoroughly complete all items even if you are an experienced clinician in home health as there are always nuances at organizations that may be different. You may also learn new information. This training log will need to be turned in to office leadership at the end of your orientation, please keep track of it.

Knowledge Base is our education platform that you will be introduced to as you complete your orientation. Knowledge Base is your source for educational materials in addition to content and resources such as educational handouts that you can print for patients. Don't forget to take advantage of this resource after orientation. You can access this on the tablet you have received so it is always available to you.

Home Care Home Base is our EMR platform for all clinical documentation. You will have a preceptor/mentor/clinical leadership, along with access to Knowledge Base processes to help guide you through using the system.

The branch you are assigned to will be your local contact during this orientation period and throughout your employment. Please contact them with any questions.

Thank you again for choosing Aveanna, our patients and your team members are excited to meet you!

Sincerely,

Toni McShary, RN

Vice President Clinical Services

To revolutionize the way home care is delivered, one patient at a time.

Our Core Values

Compassion

Team Integrity

Inclusion

Trust

Innovation

Compliance

Fun

My Contacts and Notes

1. Executive Director: _______________________
    a. Contact Number: ____________________
2. Clinical Manager: _________________________
    a. Contact Number: ____________________
3. Branch Office Phone Number: ________________________
4. Branch Office Fax Number: ________________________
5. Preceptor Name: ______________________________
    a. Contact Number: _________________________
6. Corporate office address/Number:
    a. 400 Interstate North Parkway, SE
    b. Suite 1600 Atlanta, GA 30339
    c. (770) 441-1580

Notes:____
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Hepatitis-B Immunization Release

☐ Hepatitis-B Immunization Release: **Acceptance**

I understand the potential benefits and side effects/adverse reactions of the HBV vaccine. I consent to receive the Hepatitis-B vaccine. I release the company from all liability in connection with the administration of the vaccine. I understand the vaccine is given in three (3) doses. Initial, in one month, and in six months. I understand that it is my responsibility to make arrangements for each of the three doses.

Date Initial Vaccine Received: ______________________ ☐ L ☐ R Deltoid

Administered By: ______________________

Employee's Signature: ______________________

Date Second Dose Received: ______________________ ☐ L ☐ R Deltoid

Administered By: ______________________

Employee's Signature: ______________________

Date Third Dose Received: ______________________ ☐ L ☐ R Deltoid

Administered By: ______________________

Employee's Signature: ______________________

****Failure to follow through with obtaining the vaccine will be considered a change of mind and therefore a declination of the vaccine.**

☐ Hepatitis-B Immunization Release: **Declination**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis-B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis-B vaccine at this time at no charge to myself. However, I choose to decline the Hepatitis-B vaccination at this time. I understand that by declining this vaccination, I continue to be a risk of acquiring Hepatitis-B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials I want to be vaccinated with the Hepatitis-B vaccine, I can receive the vaccination at no charge to me.

- ☐ I do not have documentation of Hepatitis-B immunity and choose not to receive the vaccine. I release the company from all liability for any hazards that may result from possible exposure to the disease.
- ☐ I have received the vaccine from another agency/organization and choose not to receive the vaccine

______________________ ______________________ ______________
Employee Signature Print Name Date

______________________ ______________________ ______________
Aveanna Representative Print Name Date

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Integrated Tuberculosis (TB) Screening and Risk Assessment Form

Name: ______________________________ Date: ______________

Persons should be considered at increased risk for TB if they answer "yes" to any question(s)

1. What position will you hold? ______________________________

2. Have you had temporary or permanent residence of >1 month in a country with a high TB rate? This includes all countries except those in Western Europe, Northern Europe, Canada, Australia, and New Zealand.
☐ Yes ☐ No

3. Have you had close contact with anyone who has had infectious TB disease since the last TB Test?
☐ Yes ☐ No

4. Do you currently have any of the following symptoms?
a. ☐ Yes ☐ No unexplained fever for more than 3 weeks
b. ☐ Yes ☐ No cough for more than 3 weeks with sputum production
c. ☐ Yes ☐ No bloody sputum
d. ☐ Yes ☐ No unintended weight loss >10 pounds
e. ☐ Yes ☐ No drenching night sweats
f. ☐ Yes ☐ No unexplained fatigue for more than 3 weeks

5. Have you ever been diagnosed with active TB disease?
☐ Yes ☐ No

6. Have you ever been diagnosed with latent TB infection or had a positive skin test or a positive blood test for TB?
☐ Yes ☐ No

7. Have you been treated with medication for TB or for a positive TB test (eg, taken "INH")?
☐ Yes ☐ No

If yes, what year, with which medication, for how long, and did you complete the treatment course?

____

8. Do you have any current or planned immunosuppression?
Including HIV infection organ transplant recipient, treatment with a TNF-alpha antagonist (eg., infliximab, etanercept, or other) chronic steroids (equivalent of prednisone > 15 mg/day for > 1 month) or other immunosuppressive medication?
☐ Yes ☐ No

______________________ ______________________ ____________
Clinician Reviewer Signature Printed Name Date

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OSHA Respirator Medical Evaluation Questionnaire

Employee Name: ______________________________ Date: ______________

Job TItle: ______________________________ Age: __________ Sex: __________

PART A SECTION 1 (MANDATORY) - The following information must be provided by every employee who has been selected to use any type of respirator (please print).
Your height: __________ ft. __________ in. Your weight: ______________
Check the type of respirator you will use (you can check more than one category): a. ☐ N (N series masks such as N95, N100) b. ☐ Other type (for example, half – or full-facepiece type, powered – air purifying, supplied air, self-contained breathing apparatus).
Have you worn a respirator (check one): ☐ Yes ☐ No __________ If "Yes", what type(s): ______________

PART A SECTION 2 (MANDATORY) - Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. (Check "Yes" or "No")	
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?	☐ Yes ☐ No
2. Have you ever had any of the following conditions?	
Seizures (fits)	☐ Yes ☐ No
Diabetes (sugar disease)	☐ Yes ☐ No
Allergic reactions that interfere with your breathing	☐ Yes ☐ No
Claustrophobia (fear of closed-in places)	☐ Yes ☐ No
Trouble smelling odors	☐ Yes ☐ No
3. Have you ever had any of the following pulmonary or lung problems?	
Asbestosis	☐ Yes ☐ No
Asthma	☐ Yes ☐ No
Chronic bronchitis	☐ Yes ☐ No
Emphysema	☐ Yes ☐ No
Pneumonia	☐ Yes ☐ No
Tuberculosis	☐ Yes ☐ No
Silicosis	☐ Yes ☐ No
Pneumothorax (collapsed lung)	☐ Yes ☐ No
Lung cancer	☐ Yes ☐ No
Broken ribs	☐ Yes ☐ No
Any chest injuries or surgeries	☐ Yes ☐ No
Any other lung problem that you've been told about	☐ Yes ☐ No
4. Do you currently have any of the following symptoms of pulmonary or lung disease?	
Shortness of breath	☐ Yes ☐ No
Shortness of breath when walking on level ground or walking up a slight hill or incline	☐ Yes ☐ No
Shortness of breath when walking with other people at an ordinary pace on level ground	☐ Yes ☐ No
Have to stop for breath when walking	☐ Yes ☐ No
Shortness of breath when washing or dressing yourself	☐ Yes ☐ No
Shortness of breath that interferes with your job	☐ Yes ☐ No
Coughing that produces phlegm (thick sputum)	☐ Yes ☐ No
Coughing that wakes you early in the morning	☐ Yes ☐ No
Coughing that mostly occurs when you are lying down	☐ Yes ☐ No
Coughing up blood in the last month	☐ Yes ☐ No

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Wheezing	☐ Yes ☐ No
Wheezing that interferes with your job	☐ Yes ☐ No
Chest pain when you breathe deeply	☐ Yes ☐ No
Any other symptoms that you think may be related to lung problems	☐ Yes ☐ No
5. Have you ever had any of the following cardiovascular or heart problems?	
Heart attack	☐ Yes ☐ No
Stroke	☐ Yes ☐ No
Angina	☐ Yes ☐ No
Heart failure	☐ Yes ☐ No
Swelling in your legs or feet (not caused by walking)	☐ Yes ☐ No
Heart arrythmia	☐ Yes ☐ No
High blood pressure	☐ Yes ☐ No
Any other heart problems that you've been told about	☐ Yes ☐ No
6. Have you ever had any of the following cardiovascular or heart symptoms?	
Frequent pain or tightness in your chest	☐ Yes ☐ No
Pain or tightness in your chest during physical activity	☐ Yes ☐ No
Pain or tightness in your chest that interferes with your job	☐ Yes ☐ No
In the past two years, have you noticed your heart skipping or missing a beat?	☐ Yes ☐ No
Heartburn or indigestion that is not related to eating	☐ Yes ☐ No
Any other symptoms that you think might be related to heart or circulation problems	☐ Yes ☐ No
7. Do you currently take any medications for any of the following problems?	
Breathing or lung problems	☐ Yes ☐ No
Heart trouble	☐ Yes ☐ No
Blood pressure	☐ Yes ☐ No
Seizures (fits)	☐ Yes ☐ No
8. If you've ever used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following box ☐ and go to question 9.)	
Eye irritation	☐ Yes ☐ No
Skin allergies or rash	☐ Yes ☐ No
Anxiety	☐ Yes ☐ No
General weakness or fatigue	☐ Yes ☐ No
Any other problem that interferes with your use of a respirator	☐ Yes ☐ No
9. Would you like to talk to a health care professional who will review this questionnaire about your answers to these questions?	☐ Yes ☐ No
This Section Generally Not Applicable: Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.	
10. Have you ever lost vision in either eye (temporarily or permanently)	☐ Yes ☐ No
11. Do you currently have any of the following vision problems?	
Wear contact lenses	☐ Yes ☐ No
Wear glasses	☐ Yes ☐ No
Color blindness	☐ Yes ☐ No
Any other eye or vision problem	☐ Yes ☐ No
12. Have you ever had an injury to your ears, including a broken ear drum?	☐ Yes ☐ No

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13. Do you currently have any of the following hearing problems?	
Difficulty hearing	☐ Yes ☐ No
Wear a hearing aide	☐ Yes ☐ No
Any other hearing or ear problems	☐ Yes ☐ No
14. Have you ever had a back injury?	☐ Yes ☐ No
15. Do you currently have any of the following musculoskeletal problems?	
Weakness in any of your arms, hands, legs, or feet	
Back pain	☐ Yes ☐ No
Difficulty fully moving your arms or legs	☐ Yes ☐ No
Pain or stiffness when you lean forward or backward at the waist	☐ Yes ☐ No
Difficulty fully moving your head up and down	☐ Yes ☐ No
Difficulty fully moving your head side to side	☐ Yes ☐ No
Difficulty bending at your knees	☐ Yes ☐ No
Difficulty squatting to the ground	☐ Yes ☐ No
Climbing a flight of stairs or a ladder carrying more than 25 pounds	☐ Yes ☐ No
Any other muscle or skeletal problem that interferes with using a respirator	☐ Yes ☐ No

TO THE PLHCP - Physician or Licensed Healthcare Professional

Check the ONE that applies:

☐ I have reviewed Part A Section 2 of this questionnaire **with** the employee and **I do not recommend** that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this questionnaire **with** the employee and **I am recommending** that a physical examination be performed.

☐ I have reviewed Part A section 2 of this questionnaire **without** the employee and **I do not recommend** that a physical examination be performed.

☐ I have reviewed Part A Section 2 of this question **without** the employee and **I am recommending** that a physical examination be performed.

PLHCP Signature ______________ Printed Name ______________ Date ______________

Employee Signature ______________ Printed Name ______________ Date ______________

Information for Employees Using Respirators when Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not represent a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator packaging. It will tell you what the respirator is designated for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designated to filter dust particles will not protect you against gases, fumes, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

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Employee Fit Test/Personal Protective Equipment (PPE)

Employee Name: ______________________________ Job Title: ________________________ Date: ____________

☐ Medical questionairre reviewed by: RN Signature: ____ RN Date: __________

I have received and understood training on each of the following:

Attestation	Initials
Review of written Respiratory Protection Program	
Description of the activities and circumstances for which respirator use is required	
Importance of proper fit and the consequences of improper fit	
Importance of proper use, storage, or inspection and when to discard or reuse	
Limitations of this type of respirator	
Appropriate action if respirator becomes damaged, a leak is detected or breathing becomes difficult	
Review of manufacturer instruction sheet: proper donning, performing user seal check, and removing respirator	
Appropriate use of a respirator when necessary to protect against infectious disease when providing patient care	

☐ Initial fit test ☐ Annual fit test ☐ Re-test fit test (if reason for Re-Test is due to an employee's condition change, then the medical questionnaire must be completed prior to fit testing).

☐ **Employee reports no change in health condition**

Sensitivity Test		
☐ Bitrix ☐ Saccharin	☐ Bitrix ☐ Saccharin	☐ Bitrix ☐ Saccharin
# of squeezes _______ *if not detected after 30 squeezes, repeat with another solution	# of squeezes _______ *	# of squeezes ______

☐ Seal check/proper fit assessed by participant ☐ Respirator worn for 5 minutes prior to fit test

Qualitative Fit Test		
Test Solution	☐ Bitrix ☐ Saccharin	☐ Bitrix ☐ Saccharin
Breathe normally (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Breathe deeply (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Turn head side to side (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Talking (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Move head up and down (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Bend over at waist (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Breathe normally (60 seconds)	☐ Pass ☐ Fail	☐ Pass ☐ Fail

☐ Unable to complete test: Reason ____

☐ Failed Fit test: Manufacturer ______________________ Model Type ____________ Size __________

☐ Successfully completed fit test: Manufacturer ______________ Model Type ____________ Size __________

Back Brace - The use of back braces is optional. If you choose to wear one Aveanna will provide one for your use.

☐ Yes, I want a back brace ☐ No, I do not want a back brace. I understand I can change my mind in the future.

Back Brace Size: ___________ ☐ Available in Patient Care Area ☐ Distributed to employee

PPE: Available in Patient Care Area (PCA) Distributed to employee (E) (Check appropriate box and circle location)

☐ N95 Respirator	PCA	E	N/A	☐ Apron	PCA	E	N/A	☐ Hair Covering	PCA	E	N/A
☐ KN95	PCA	E	N/A	☐ Gown	PCA	E	N/A	☐ Biohazard Bag	PCA	E	N/A
☐ Surgical Mask	PCA	E	N/A	☐ Sterile Gloves	PCA	E	N/A	☐ Sharps Container	PCA	E	N/A
☐ Eye Protection	PCA	E	N/A	☐ Non-Sterile Gloves	PCA	E	N/A	☐ Shoe Covers	PCA	E	N/A
☐ Face Protection	PCA	E	N/A	☐ Utility Gloves	PCA	E	N/A	☐ Other __________	PCA	E	N/A

_________________________ Employee Signature ____________ Date _________________________ Company Representative Signature ____________ Date

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Science.
Applied to Life.™

Quick Reference Guide: Qualitative Fit Testing

3M™ FT-10 (sweet) and 3M™ FT-30 (bitter) fit test kits are suitable for disposable respirators, half facepiece fitted with particulate filters, and full facepieces fitted with particulate filters.[1]

! Wearers must be clean-shaven to get a proper fit with a respirator.

! Please note, in order to carry out a full fit test, all the steps detailed below must be followed (Parts 1 & 2).

Part 1 - Sensitivity Testing (The "Taste Test")

1. Add 1/2 teaspoon of sensitivity solution (in red labeled bottle) into the sensitivity nebulizer (marked in red). Visually confirm that the nebulizer produces a cloud of aerosol when the bulb is squeezed.
2. Place test hood on participant. A respirator should not be worn during the sensitivity test.
3. Ask the participant to breathe through their mouth with their tongue slightly extended and ask them to indicate immediately when they taste the solution.
4. Squeezing the bulb completely and aiming the nebulizer to the side rather than directly at the subject, squeeze solution into the hood and count the number of squeezes it takes for the solution to be tasted.
5. If desired, participant may drink some water.

! **Stop the test if solution is not tasted after 30 squeezes. Try an alternative solution from below.**

Sweet taste	3M-FT11 (sensitivity solution) 3M-FT12 (test solution)
Bitter taste	3M-FT31 (sensitivity solution) 3M-FT32 (test solution)

[1]Quantitative fit testing must be used when an assigned protection factor higher than 10 is needed for a full facepiece used in negative pressure mode, per 29 CFR 1910.134

Part 2 - Fit Testing

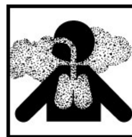
1. Add 1/2 teaspoon of test solution **(in black labeled bottle)** into the test nebulizer **(marked in black)**. Visually confirm that the nebulizer produces a cloud of aerosol when the bulb is squeezed.
2. Don the respirator and make sure respirator is fitted correctly. Refer to the 3M fitting instructions or poster for correct procedure. After the respirator is correctly donned, wait five minutes before beginning the next step.
3. Place test hood on participant.

Number of Squeezes Needed in Part 1	Number of Squeezes for Initial Dose	Number of Squeezes for a Replenishing Dose Every 30 Seconds
1-10	10	5
11-20	20	10
21-30	30	15

4. Introduce solution in an initial dose and start the exercises. Add a replenishing dose after every 30 second per the table below.
5. After the initial dose, ask the participant to carry out the 7 exercises shown in turn for 1 minute each and indicate immediately if solution is tasted. Remember to add a replenishing dose every 30 seconds. **Throughout the test, remind the participant to breathe through their mouth and visually confirm that the nebulizer is not clogged.**
6. Record all results.
   If solution is not tasted after all 7 exercises. they have passed the test with that specific respirator. **If solution is tasted, stop the test, rinse mouth, face, and hands, refit respirator and restart at Part 1 - Sensitivity Testing.**
   If solution is still tasted on the second attempt, stop the test, rinse hands, mouth, and face, and consider trying an alternative 3M respirator.
7. Discard all unused solution.

7 Exercises

1. Breathe normally 2. Breathe deeply 3. Head side-to-side 4. Head up and down 5. Talking 6. Bend over at waist 7. Breathe normally



This product is part of a system that helps reduce exposures to certain airborne contaminants. Before use, the wearer must read and understand these User Instructions. Follow all local regulations. In the U.S., a written respiratory protection program must be implemented meeting all the requirements of 29 CFR 1910.134, including training, fit testing and medical evaluation. In Canada, CSA standard Z94.4 requirements must be met and/or requirements of the applicable jurisdiction, as appropriate. Misuse may result in injury, sickness or death. For correct use, consult supervisor and User Instructions, or call 3M Technical Service in USA at 1-800-243-4630 and in Canada at 1-800-267-4414.

Personal Safety Division
3M Center, Building 235-2W-70
St. Paul, MN 55144-1000

3M PSD products are occupational use only.

In United States of America
Technical Service: 1-800-243-4630
Customer Service: 1-800-328-1667
3M.com/workersafety

In Canada
Technical Service: 1-800-267-4414
Customer Service: 1-800-364-3577
3M.ca/Safety

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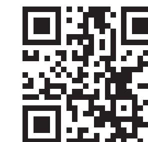
Please recycle. February 2019



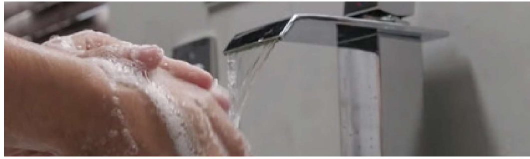
For a demonstration video, visit the link below.

go.3M.com/Fit

Seven Steps to Correctly Wear a Respirator at Work

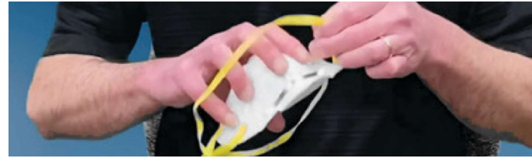
Following these simple steps will help you properly put on and take off your respirator, and keep you and everyone else safe.

❶ Wash Your Hands



Wash your hands with soap and water or alcohol-based hand rubs containing at least 60% alcohol.

❷ Inspect the Respirator



Inspect the respirator for damage. If it appears damaged or damp, do not use it.

❸ Put on the Respirator

Cup the respirator in your hand with the nosepiece at your fingertips and the straps hanging below your hand.

Cover your mouth and nose with the respirator and make sure there are no gaps (e.g., facial hair, hair, and glasses) between your face and the respirator.

Place the strap over your head and rest at the top back of your head. If you have a second strap, place the bottom strap around your neck and below your ears. Do not crisscross straps.

If your respirator has a metal nose clip, use your fingertips from both hands to mold the nose area to the shape of your nose.

❹ Adjust the Respirator

Place both hands over the respirator. Inhale quickly and then exhale. If you feel leakage from the nose, readjust the nosepiece; if leakage from the respirator edges, readjust the straps.

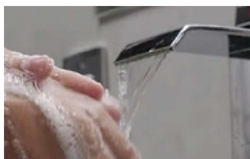
Repeat until you get a proper seal. If you can't get a proper seal, try another respirator.

❺ Wear the Respirator

Avoid touching the respirator while using it. **If you do, wash your hands.**

Note: If you reuse your respirator, wear gloves when inspecting and putting on the respirator. Avoid touching your face (including your eyes, nose, and mouth) during the process.

❻ Remove the Respirator



Wash your hands.

Remove the respirator from behind. Do not touch the front.

❼ Dispose of the Respirator

If the respirator does not need to be reused because of supply shortages, discard it in a closed-bin waste receptacle. Wash your hands.

For more information, see the quick video, "Putting On and Taking Off a Mask". ▶

OSHA® Occupational Safety and Health Administration

www.osha.gov

1-800-321-OSHA (6742)
TTY 1-877-889-5627

OSHA 4015-05 2020

Respiratory Protection Program Employee Education

Aveanna Healthcare's Respiratory Protection Program applies to all home health and Aveanna employees who may at times require respiratory protection for infection control purposes. This program is intended to provide each employee with a respirator where applicable to protect the health of such employee.

A respirator may be used to provide protection from infectious diseases such as measles, varicella, smallpox, tuberculosis, SARS, pandemic influenza or COVID. It is important to ensure a proper fit. An improper fit, improper use, failure to store properly or failure to inspect prior to each use can compromise protective equipment. For questions related to respirator use, contact your supervisor.

Limitations of a respirator:

- Respirators are intended for biologic agents.
- Respirators limit but do not provide a 100% guarantee to eliminate risk.
- Respirators do not protect against gasses, vapors, oil, aerosol, asbestos, arsenic, cadmium, lead or sandblasting.
- Respirators do not provide oxygen.
- Respirators should not be used with beards or facial hair that can obstruct a good seal.

Respirator malfunction:

- If the respirator becomes damaged or soiled, a leak is detected, or breathing becomes difficult, leave the contaminated area immediately and replace the respirator.

Donning and Removing the Respirator:

- Review the 'Helping You Wear It Right" manufacturer instruction sheet for proper donning, user seal check, and removal of the respirator.
- You must perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on using the respirator manufacturer's recommended user seal check method.

Storage, Cleaning and Reuse of the Respirator:

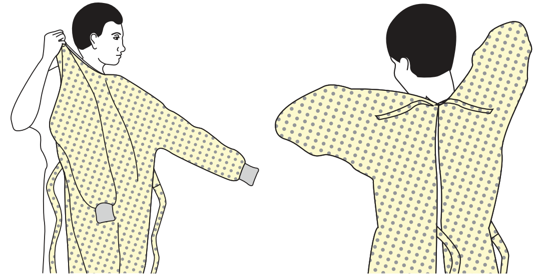
- Store in a clean, dry area with no exposure to direct sunlight or temperature extremes.
- The respirator can be stored in a paper bag.
- Do not crush the respirator.
- Respirators cannot be cleaned or disinfected.
- There are no manufacturer recommendations on time use limit.
- If the medical condition requires only airborne precautions (e.g., TB):
    - Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.
- If the condition also requires contact and/or droplet precautions:
    - The respirator must be discarded after a single use. However, in times of shortage, users may be instructed to cover the respirator with a surgical mask and discard the mask after use but reuse the respirator. This decision will be made by the Respiratory Protection Program Administrator based on supply and available epidemiological data. Decisions will be clearly communicated to the staff.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

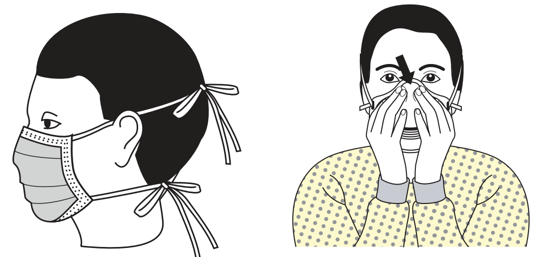
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



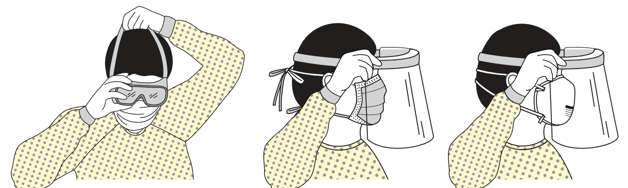
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



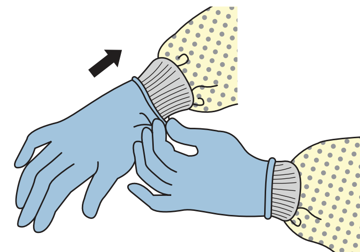
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

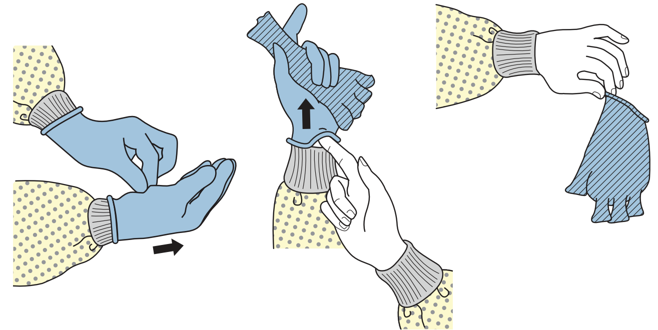
CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

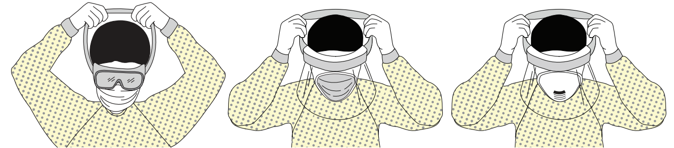
1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



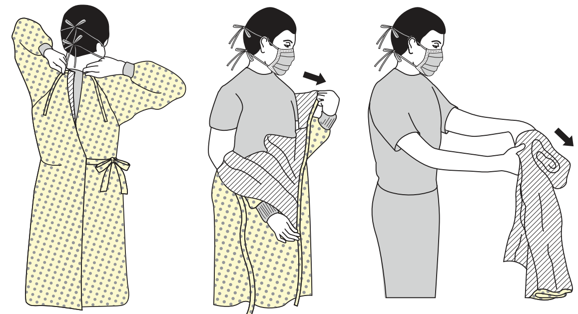
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



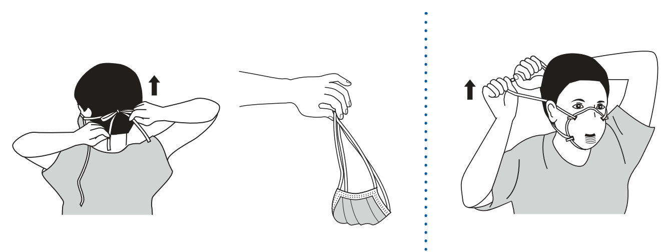
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

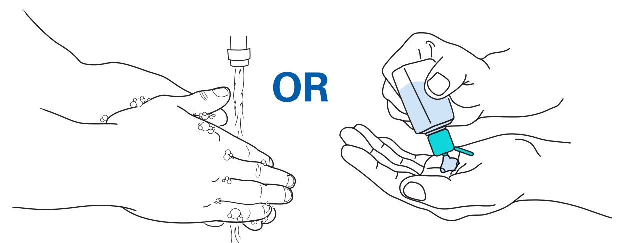


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

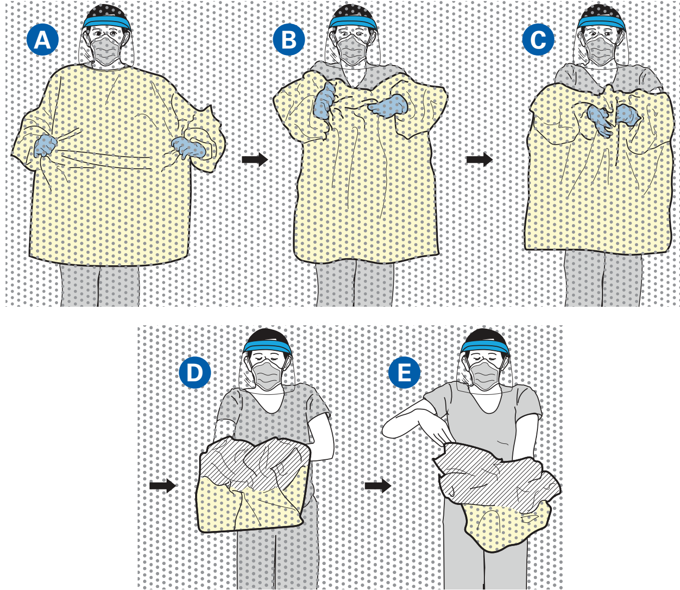
CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

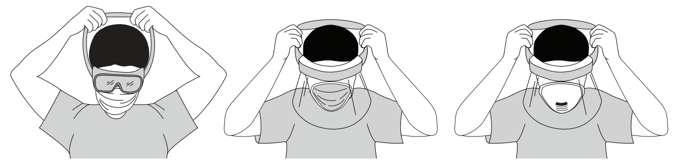
1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



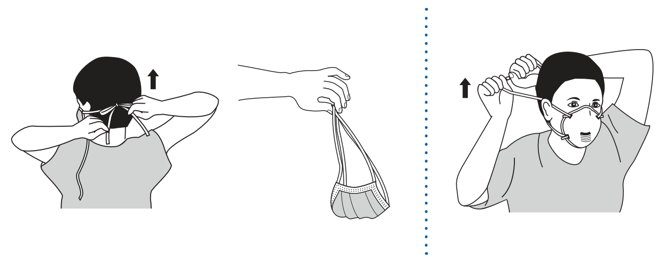
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

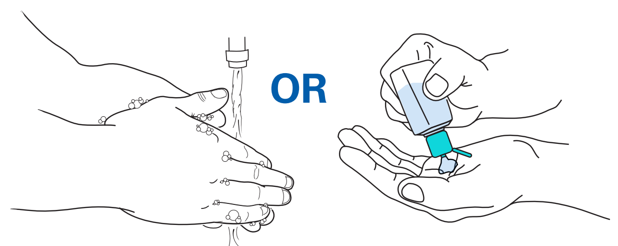


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

When using an EMR where only capital letters are used, the capitalized version of these abbreviations are also approved.

& = and

2ww = two wheeled walker

4ww = four wheeled walker

A

a.m. = before noon (*latin: ante meridiem*)

ā = before (*latin: ante*)

AAROM = active assisted range of motion

ABX = antibiotics

ABD = abdomen

ac = before meals (*latin: ante cibum*)

AD = assistive devices

ad lib = at liberty, freely

ADL = activities of daily living

AFO = ankle foot orthosis

AFib = atrial fibrillation

AKA = above knee amputation

ALF = assisted living facility

AMP = amputation

Appt = appointment

AROM = active range of motion

ASAP = as soon as possible

Auth = authorization

ax. = axillary, axis

B

b.i.d. = twice a day (*latin: bis in die*)

B or B/L = bilateral

BBS = bilateral breath sounds

BG = blood glucose

BIPAP = bilevel positive airway pressure

BKA = below knee amputation

BLE = bilateral lower extremities

BLS = basic life support

BM = bowel movement

BOS = base of support

BP = blood pressure

BS = breath sounds or bowel sounds

BSC = bedside commode

BST = bedside table

BUE = bilateral upper extremities

C

c̄ = with (*latin: cum*)

C/B or CB = characterized by

C/D/I = clean, dry & intact

c/o = complains of

C = centigrade

CABG = coronary artery bypass graft

cal = calorie

cath = catheter

CG = contact guard

CGA = contact guard assistance

cg = caregiver

CHF = congestive heart failure

CLOF = current level of function

cm = centimeter

CN = cranial nerve

CNA = certified nursing assistant

CNS = central nervous system

CO_2 = carbon dioxide

Cont. = continued

COPD = chronic obstructive pulmonary disease

CoPs = conditions of participation

COTA = Certified Occupational Assistant

CP = cerebral palsy

CPAP = constant positive airway pressure

CPR = cardiopulmonary resuscitation

CPT = chest percussion therapy

CTA = clear to auscultation

CTI = certification of terminal illness

CVAD = central venous access device

CVC = central venous catheter

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CVL = central venous line
CXR = chest x-ray

D

d/t = due to
D/C or DC = discharge; discontinue
DD = discipline discharge
Demo = demonstrate/demonstration
DM = diabetes mellitus
DME = durable medical equipment
DNR = do not resuscitate
DOB = date of birth
DOE = dypsnea on exertion
DOS = date of service
DSD = dry sterile dressing
DTR = daughter
Dx = diagnosis

E

ECOC = estimated cost of care
ED = Emergency Department
EENT = eye, ear, nose & throat
EMT = Emergency Medical Technician
ENT = ear, nose & throat
EOB = end of bed
EOL = end of life
EPAP = expiratory positive airway pressure
ER = Emergency Room, external rotation
$ETCO_2$ or ETCO2 = end tidal carbon dioxide
ETT = endotracheal tube
Exam = examination
EXT = external

F

F = fahrenheit
F/U = follow up
F2F = face to face
FFOC = foster father of child
FM = fine motor
FMOC = foster mother of child
FOC = focus of care, father of child
Fr = French
FSBS = finger stick blood sugar
FWB = full weight bearing
FWW = front wheeled walker
FX = fracture

G

GCS = Glasgow Coma Scale
GERD = gastro esophageal reflux disease
GFOC = grandfather of child
GI = gastrointestinal
GJ = gastrostomy-jejunostomy tube
gm. = gram
GM = gross motor
GMOC = grandmother of child
Gt. Tr. or GT. TR. = gait training
GT or Gtube = gastrostomy tube
gtt = drops (*latin: guttae*)
GU = genitourinary

H

H/A = headache
h.s. = bedtime (*latin: hora somni*)
H/O = history of
H_20 or H2O = water
HCS = healthcare surrogate
HEP = home exercise program
HH = Home Health
HHH = Home Health Hospice
HHA = Home Health Aide
hha = hand hold assist
HLD = hyperlipidemia
HME = heat moisture exchanger
HOB = head of bed
HoH = hard of hearing
HOH = hand over hand

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HOHA = hand over hand assistance
hr. = hour
HR = heart rate
HRRR = heart rate and rhythm regular
HTN = hypertension
HUH = hand under hand
HX = history
hz = hertz

I

I = independent
I/O or I&O = intake/output
IADLs = instrumental activities of daily living
IBS = irritable bowel syndrome
ICP = intracranial pressure
ICU = Intensive Care Unit
IE = initial evaluation
IHSS = In Home Support Services
ILF = Independent Living Facility
IM = intramuscular
IMV = intermittent mandatory ventilation
IND = independently
IPAP = inspiratory positive airway pressure
IPPB = intermittent positive pressure breathing
IR = internal rotation
Irreg. or IRREG. = irregular
IV = intravenous; intraventricular

J

JTube = jejunostomy tube

K

KAFO = knee ankle foot orthosis
kg = kilogram

L

L = left
lb = pound
LBQC = long based quad cane
LCTA = lungs clear to auscultation
LE = lower extremity
LHA = Licensed Health Aide
LLE = left lower extremity
LMN = letter of medical necessity
LOB = loss of balance
LOC = level of consciousness
LOS = length of stay
LPM = liters per minute
LPN = Licensed Practical Nurse
LVN = Licensed Vocational Nurse
LUE = left upper extremity

M

MAEW = moves all extremities well
Maint = maintain
MAR = medication administration record
Max. or Mas = maximum or maximal, maxillary
MaxA = maximal assistance
MBSS = modified barium swallow study
mcg = micrograms
MD = Medical Doctor
MDI = metered dose inhaler
med = medication
Med Dir = Medical Director
mEq = milliequivalent
Min = minimal
mg = milligram
MinA= minimal assistance
mL = milliliter
mm = millimeter
MMT = manual muscle test
MOC = mother of child
Mod = moderate
ModA = moderate assistance
ModI = modified independent
MR# = medical record number
MRI = magnetic resonance imaging

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MSW = Medical Social Worker

MVA = motor vehicle accident

N

n/a = not applicable

NAD = no abnormality detected, no apparent distress

NB = non-billable

NC = nasal cannula

ND = not done

Neg = negative

NG = nasogastric

NICU = Neonatal Intensive Care Unit

NJ = nasojejunal

NKA = no known allergies

NKDA = no known drug allergies

NMES = neuro muscular electrical stimulation

NOE = notice of election

NPO = nothing by mouth (*latin: nil per os*)

NP = Nurse Practitioner

NS = normal saline

N&V, NV, or N/V = nausea and vomiting

NWB = non-weight bearing

O

O_2 or O2 = oxygen

O2 Sat = oxygen saturation

OBT = over bed table

OG = oral glucose or orogastric

Oint. = ointment

OJ = orojejunum

OOB = out of bed

Opth = opthamalogy

OSA = obstructive sleep apnea

Ost. = ostomy

OT = Occupational Therapist/Therapy

OTA = Occupational Therapy Assistant, open to air

OTC = over the counter

oz = ounce

P

p = post, after

PALP = palpate, palpated, palpation

pc = after meals (*latin: post cibum*)

PC = pressure control

PCG = parent caregiver

PCO_2 = partial pressure of carbon dioxide

PCP = primary care physician

PDHC = Pediatric Day Health Center

PDN = Private Duty Nursing

PDS = Private Duty Services

PEEP = positive end expiratory pressure

PEG = percutaneous endoscopic gastrostomy

PERRL/PERRLA = pupils equal round and reactive to light (accommodate)

Pharm = pharmacy

PICC = peripheral inserted central catheter

PICU = Pediatric Intesive Care Unit

PIP = proxinterphalangeal

PIV = peripheral inserted venous

PLOF = prior level of function

pm = afternoon/night (*latin: post meridiem*)

PMH = past medical history

PN = progress note

PNA = pneumonia

po = by mouth (*latin: per os*)

POA = power of attorney

POC = plan of care

POD = post operative day

POE = prone on elbows

POX = pulse oximetry

PPOT = physician plan of treatment

POT = plan of treatment

PRN = as often as necessary (*latin: pro re nata*)

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PROM = passive range of motion
PS = pressure support
PT = Physical Therapy/Therapist
PTA = Physical Therapy Assistant
pt = patient
PVR = post void residual
PWB = partial weight bearing
PX or prog. = prognosis

Q

q.h. = every hour (*latin: quaque hora*)
q/Q = each; every; line over (*latin: quaque*)
QID or q.i.d. = four times daily (*latin: quater in die*)
QIO = Quality Improvement Organization
QUAD = quadriplegic

R

R = right
RA = room air
RE = re-evaluation, regarding
Rehab. = rehabilitation
Req'd = required
Resp = respiratory
RLE = right lower extremity
RN = registered nurse
R/O or RO = rule out
ROM = range of motion
RR = respiratory rate
RUE = right upper extremity
Rx = prescription, therapy

S

S̄ = without (*latin: sine*)
s/p = status post
s/s = signs & symptoms
Sat = saturated
SBA = stand by assistance
SBQC = small based quad cane
SGA = small for gestational age
SIL = son in law
SIMV = synchronized intermittent mechanical ventilation
SIDS = sudden infant death syndrome
SL = sublingual
SLP/ST = Speech Language Pathologist/Therapist
SLPA = Speech Language Pathology Assistant
SLS = single limb stance
sm or SM = small
SMAFO = supramalleolar ankle foot orthosis
SMO = supra-malleolar orthosis
SN = skilled nurse
SNF = Skilled Nursing Facility
SNV = skilled nursing visit
SOAP = subjective, objective, assessment, plan
SOB = shortness of breath
SOS = step over step
SP or S/P = status post
$Sp0_2$ or SPO2 = pulse oximetry
SPON or spont. = spontaneously
SQ or subcut. = subcutaneous
STAT = immediately (*latin: statim*)
SX = symptoms
SZ or sz = seizure
sxn = suction

T

T&A = tonsils and adenoids, tonsillectomy and adenoidectomy
Tab. = tablet
TB = tuberculosis
TBI = traumatic brain injury
temp. = temperature
THH = hands held
THR = total hip replacement
TID = three times a day (*latin: ter in die*)
TKR = total knee replacement

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TLSO = thoracolumbosacral orthosis
TO = telephone order
TOL = tolerated
TPN = total parenteral nutrition
TPR = temperature pulse respiration
Tr. or TR = trace
Trach or TRACH = tracheostomy
Trach/vent = tracheostomy and ventilator
Tsp = teaspoon
TTS = tight to the shaft
TTWB = toe touch weight bearing
T/V or T&V = tracheostomy and ventilator
TX/Tx/tx = treatment or therapy

U

UA = urinalysis
UE = upper extremity
URI = upper respiratory infection
US or U/S = ultrasound
UTI = urinary tract infection

V

VA = Veterans Administration
VET = veteran
Vent = ventilator
VIA or via = by way of
v.o. or VO = verbal order
VP = ventriculoperitoneal
VS = vital signs
VSS = vital signs stable
Vt = ventilation tube
VT = ventricular tachycardia

W

W/C = wheelchair
WB = weight bearing
WBAT = weight bearing as tolerated
WBOS = wide base of support
WFL = within functional limits
WNL = within normal limits
WOB = work of breathing
Wt. = weight

X

X̄ = except
X = times, e.g., “suction x 4”

Y

Y.O. or yo = years old
Yrs. = years

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DO NOT USE List of Abbreviations

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (international Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "international Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)	Decimal point is missed	Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO4 and MgSO4	Confused for one another	Write "magnesium sulfate"

*Exception: A "triailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Reference from: Joint Commission List of 06-15-2023

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HCHB HH Service Code Description

Last Modified on 05/09/2024 6:31 pm EDT

Purpose:

To provide an overview of discipline codes, service codes, and buddy codes.

Regulation:

Policy:

Process:

1. All Service Codes are pre-fixed with a discipline code. if '11' is for a Routine visit then a PT11 would be a Physical Therapy Routine Visit or a SN11 would be a Skilled Nursing Routine Visit. Below is a list of the Home Health Discipline Codes:
    1. For reference the Home Health Service Codes 01.30.24.xlsx spreadsheet is available with greater detail for each service code in the HCHB system.

Discipline Codes	
CT = COTA	PA = Physical Therapy Assistant
HH = Home Health Aide	PDR = RN Pediatric
HM = Homemaker	PDS = SN Pediatric
IVN = Infusion No POC	PSY = RN Psychiatric
IVR = RN Infusion	PT = Physical Therapist
IVS = SN Infusion	RD = Registered Dietician
LPN = Licensed Practical Nurse	RN = Registered Nurse
MS = Medical Social Worker	RT = Respiratory Therapy
MSWI = Medical Social Worker (In Person)	SN = Skilled Nurse (RN or LPN)
MSWT = Medical Social Worker (Telephone)	ST = Speech Therapist
OT = Occupational Therapist	

2. To make a complete Service Code the Discipline Code needs to be followed by a Numerical or Alphabetical code. The descriptions of these codes are listed below, first in the 'Service Codes Description' table are the 'regular' service codes. The second table below houses the 'Medical Treatment - "BUDDY CODES" table. **A Buddy Code indicates that something is due on that associated visit and MUST accompany a regular service code.**

Home Health Service Codes Description	CODE
Billable Admission with OASIS Data Collection	00
Billable Evaluation for "Add-on" Discipline	01
Recert with Skill (OASIS Recert)	02
Recert WITHOUT Skill	03
Transition Recert – Only used for first 60 days on HCHB system	04
ROC/Recert (ROC within the 5 day EOE window)	05
Recert for Add-on Discipline	06
Routine Visit + Supervisory	10
Routine / Subsequent Visit	11
Resumption of Care	15
Oasis Follow UP	17
DC Visit + OASIS Collection (from agency)	18
DC Visit without OASIS collection (from discipline only)	19
Infusion Hi-Tech Visit – Lasting 1.5 HRS	26
Therapy Reassessment Visit	33
Transfer to Inpatient Facility – Data Collection Only (No visit made)	44
Discharge – Data Collection Only (No visit made)	66
Death At Home	88
Transfer to Inpatient Facility	99

Medical Treatment – "Buddy" Codes – Indicate something is due and MUST accompany a regular service code.	CODE
Procedure Due	90
Lab Due	91
Wound Pictures Due	92
Wound Measurements Due	93
Indwelling Catheter Change	94
Injection Due	95
IV CAP / Dressing Change Due	96
INR Due	97
Advance Beneficiary Notice	ABN
Notice of Medicare Non-Coverage	NOMNC

3. Lastly, some **'Other Codes'** are added at the end of the Service Code to further identify the code. A common example of this is the use of 'N' for non-billable supervisory visits. A RN10N would indicate that a Registered Nurse (RN) is completing a Supervision (10) visit that is Non-Billable (N).

HOME HEALTH OTHER CODES	
Description	**Service Code Ending Value**
Billable in Home (RN10B)	B
OT Admission w/Modified OASIS (OT00(MOD))	(MOD)
N on the end of a code denotes "No Bill"	N
Phone Visit	P
PRN Routine Visit (As Needed)	PRN
Rapid Subsequent (goes at end of code, e.g., "SN11RS")	RS
X Codes denote NO OASIS	X
Lymphedema Visit	LY
Maintenance Therapy	MT
DO NOT MOVE (goes at beginning of discipline, e.g., "DNM-SN") - *used for physician ordered date, lab draw, INR's that all have to be completed on a specific date.*	DNM

From article: HCHB HH Service Code Description | Last Modified on 05/09/2024 6:31 pm EDT

Skills Checklist

Name: ____ Date of Hire: _____________________

The Nurse is expected to be competent in the areas that are ***(per scope of practice) and evaluated by qualified Observer for competency. Upon hire, the nurse will complete this Self-Evaluation of all listed skills. (The designated preceptor/nursing manager will assist the employees in any area that has a self-rating of B, to ensure competency).

Self-Rating

A = I can perform independently

B = I need Review/Have no experience

Preceptor/Manager Competency assessment method

DOS = Direct Onsite Observation/Skills Lab

O = Oral Questions & Answer

Observer Printed Name/Credentials: ____ Initials: __________

Observer Printed Name/Credentials: ____ Initials: __________

Nursing Process/Practices	Self-Rating	Method	Qualified Observer Evaluation	
			Competency	Observer Initial's/date
1.***Demonstrates ability to perform a complete systems head to toe assessment of a patient	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
2.***Demonstrates effective communication skills	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
3.***Accurately Documents Physician Verbal Orders and Communicates New Orders to Team Members	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
4.***Demonstrates real time documentation to include completing all required documentation in the patient's home i.e., eligibility, skilled need evident in the notes	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
5.***Ability to use Critical thinking and decision making to assure patient's needs are met	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
6.***Donning/Doffing PPE	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
7.***Bag Technique	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
8.***Proper Hand Hygiene/Infection control	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	

Medication Administration	Self-Rating	Method	Qualified Observer Evaluation	
			Competency	Observer Initial's/date
1.***Medication Reconciliation	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
2. Anaphylaxis Management	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. Oral/Sublingual	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
4. IM Injections & Techniques by location	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
5. Subcutaneous Injections	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
6. Intradermal	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
7. Suppository/Enema/Bowel Programs	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
8. Ophthalmic Administration (eye drops)	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
9. Topical Agents	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
10. Inhaled Agents	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
11. ***IV Therapy	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
1. ***Preparation/Administration of Infusions	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
2. Care of Peripheral IV	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. ***TPN Administration	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
4.***Use/Care of Implanted Ports	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
5.***Use/Care of Central Lines	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
6. Venipuncture	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
7.***Lab draws from venous access device	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	

Wound Care	Self-Rating	Method	Qualified Observer Evaluation	
			Competency	Observer Initial's/date
1.*** Understanding of wound management and various dressing types to promote healing	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
2. Pressure Ulcer Treatment/Staging	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. Care of Graph Sites/Donor Sites	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
4. Care of Skin Tears	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
5. Suture/Staple removal	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
6. Surgical site care	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
7. Diabetic Wound Care	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
8.***Identification of infection/complication	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
9.***Proper Documentation of wounds	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
10.***Properly Measure Wounds	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
11. Wound photo	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
12.***Wound Vac	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	

Demonstrates Knowledge of Basic Principles / Utilization of Special Types of Equipment	Self-Rating	Method	Qualified Observer Evaluation	
			Competency	Observer Initial's/date
1. T-Tube	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
2. Jackson-Pratt	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3.***Chest Tube	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
4. Nasogastric Tube Management	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
5. Management of J-Tube	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
6. Mickey Button Management	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
7. PEG Tubes	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
8. Glucometers	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
9. Pulse Oximeters	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
10. INR Machine	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
11.***Multi-layer wraps/compression wraps	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
11. Bladder Scan	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
13.***Ventricular assist device (LVAD) Management	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
14. Cleaning and Maintenance of Equipment	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	

Demonstrates Understanding of Activities Relative to Respiratory Functions	Self-Rating	Method	Qualified Observer Evaluation	
			Competency	Observer Initial's/date
1. Oral Airway Maintenance	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
2. Nasal Airway Maintenance	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. Ambu-Bag	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
4. Oxygen Therapy	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
5. Oropharyngeal Suctioning	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
6. Nasopharyngeal Suctioning	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
7. Nasotracheal Suctioning	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
8. ***Care and Management of Tracheostomy	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
9. ***Tracheostomy Suctioning	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
10. ***Tracheostomy Replacement	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
11. ***Tracheostomy inner cannula change	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	
12. ***Knowledge of Management of Ventilators	☐ A ☐ B	☐ DOS	☐ Met ☐ Not Met	

Is Able to Assess the Maintenance of Elimination and Nutrition	Self-Rating	Method	Qualified Observer Evaluation	
			Competency	Observer Initial's/date
Urinary				
1. Straight Urinary Catheterization	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
2. Foley Catheter Insertion/Irrigation/Routine Care	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. Suprapubic Catheter Insertion/Irrigation/Routine Care	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
4. Urostomy/Ileoconduit Management	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
5. Nephrostomy management	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
6. Collection of Urine from closed system	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
Gastrointestinal				
1. Ostomies Management	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
2. Gastric Feeding- Intermittent/Bolus/Continuous	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. Knowledge of special diets	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
Endocrine System				
1. Diabetic Foot Care	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
2. Diabetic Patient Education: ex New/Chronic Hypo/hyper signs & Systems	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	
3. Diabetic Ketoacidosis symptoms (DKA)	☐ A ☐ B	☐ DOS ☐ O	☐ Met ☐ Not Met	

I have evaluated my nursing competency to the best of my ability. Those items I have marked A are areas which I have a working knowledge and past experiences and can perform safely.	Self Eval Date		Initials
*** I understand I am responsible for seeking proper resources prior to performing skills for which competency has not been demonstrated during orientation. ***	**Orientation Completion**	**Eval Date**	**Initials**

Comments

____ ____ ___________________

Nurse Signature | Printed Name/Credentials | Date

Upon completion of orientation, supervisor to review with the Nurse and send this updated form with all required signatures to the Clinical Manager/Administrator to be added to my personal file, and plan to review annually and as needed.

____ ____ ___________________

Supervisor Signature | Printed Name/Credentials | Date