

JOB DESCRIPTION

TITLE: Home Health Aide		DEPARTMENT: Signature Care		EFFECTIVE DATE:02/01/2001 REVISED: 05/09/2011, 06/02/2012, 12/5/2013, 2/16/2015, 12/22/2015	
JOB CODE: 151	GRADE: N1	BENEFITS:	FLSA STATUS:	EEO STATUS:	PAGE:

FUNCTION: To provide personal care, meal preparation, and light housekeeping assistance to clients.

REPORTS TO: RN Paraprofessional Supervisor

KEY RELATIONSHIPS: Client, client's family, Patient Service Coordinators, and Professional Staff.

FUNCTION REQUIREMENT: Home health aides are selected on the basis of such factors as sympathetic attitude towards the care of the sick, ability to read, write and carry out directions, and maturity and ability to deal effectively with the demands of the job.

RESPONSIBILITIES:

1. Perform specific personal care duties, i.e., bathing. Involves lifting and supporting patient's weight, as outlined on the client's care plan and instructed by the Community Health Nurse.
2. Responds to any emergencies in household following established procedures.
3. May prepare meals for clients following special diet.
4. Assists patients with walking and at times using assistive devices such as walkers.
5. Assists in lifting and transfer of partially weight bearing patients utilizing proper body mechanics; utilizes Hoyer Lift for heavy transfers, or to assist patients who cannot support their own weight.
6. Assists client with range of motion exercises (active and passive), as well as application of assistive devices for example, prosthesis.
7. Observes and reports to the Community Health Nurse any changes in the client's condition, attitude, or surroundings.
8. Performs assigned tasks necessary to maintain a clean, safe environment for the patient. For example, light vacuuming, dusting, cleaning of bathroom, laundry, grocery shopping

9. Utilize Teleaide at the end of each patient visit (telephony system).
10. Attend quarterly in-services when scheduled. Twelve hours of in-service training is required annually to keep Home Health Aide Certificate valid.
11. Must adhere to our dress code and be in uniform at all times.
12. Must be reliable and be at cases when scheduled. Must be willing, able, and ready to work during chosen availability.
13. May be assigned to work in alternate care settings.
14. All related duties as assigned on the care plan.
15. Responsible for the Key Performance Indicators (KPI's) established by their manager.
16. Consistently demonstrates ICARE values to patients, patient's families and co-workers.

QUALIFICATIONS:

1. Individual must be at least 18 years of age or older.
2. Individual must hold a valid Certificate of Completion as a Home Health Aide issued by NYS Department of Health or complete the Signature Care Home Health Aide training program.
3. Must be able to read and speak English at a level which facilitates understanding of the care plan, instructions given, and basic communication with client.
4. Effective interpersonal skills.
5. Ability to accept constructive criticism and utilize experiences to improve performance.
6. Ability to work with persons from different socio-economic backgrounds.
7. Ability to bend, stretch, reach, and lift in the course of performing job duties.
8. A valid NYS Driver's License with a safe driving record is required.

ESSENTIAL FUNCTIONS:

1. Has sufficient hand strength and dexterity to administer the care plan duties.
2. Kneels, squats, and bends unsupported routinely.
3. Must be able to repetitively lift/move 40 lbs. unassisted.

4. Must be able to push/pull/transfer weights of 100 lbs.
5. Hearing within normal range with corrected hearing.
6. Must be able to write and maintain records.
7. Must be able to climb two flights of stairs and access to/from the work place in a reasonable time.
8. Must have corrected vision of 20/40.
9. Must be able to arrive promptly and timely.
10. Must be able to be reached at all times for possible work assignments.
11. Must be able to transport patients as needed.
12. Must be able to work weekends.

EMPLOYEE ACKNOWLEDGMENT

I have reviewed my job description and agree to perform all duties mentioned to the best of my ability. I understand my job duties may change as the needs of the company change. I further agree to notify my immediate supervisor if I am unable to complete any of my job duties in a timely manner.

Employee Signature

Employee Print Name

Date

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