

Unlicensed Assistive Personnel

UAP
Curriculum

Home Care / Hospice Module

2013

**State of New Jersey
Department of Law and Public Safety
Division of Consumer Affairs
New Jersey Board of Nursing
Home-maker Home Health Aide**

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Unlicensed Assistive Personnel (UAP) Home-Care/Hospice Module

Section I. Introduction to the Role of the Home-maker Home Health Aide in the Home Setting

Section I. Introduction to the Role of the Homemaker-Home Health Aide in the Home Setting

Performance Objectives:

Upon completion of Section I., the student will demonstrate the job knowledge and related skills needed to define the role of the homemaker-home health aide: unlicensed assistive personnel (UAP) in the home-care setting.

Enabling Objectives:

The student will:

- Differentiate the roles of home-care team members;
- Describe the nurse/homemaker-home health aide/client relationship;
- Explain the importance of immediately reporting changes in client status;
- Summarize the characteristics of an effective homemaker-home health aide;
- Identify ways of ensuring client confidentiality
- Describe the legal implications of homemaker-home health aide documentation; and
- Discuss the requirements for certification and recertification of the homemaker-home health aide.

Content Map:

- I. Introduction to the Role of the Homemaker-Home Health Aide (UAP)
 - A. Settings utilizing homemaker-home health aides as UAPs in the health-care continuum
 1. Home-care agencies
 2. Hospice
 3. Assisted living
 4. Other
 - B. Role of the homemaker-home health aide/UAP
 1. Home-care team
 - a. Client
 - b. Family
 - c. Physician
 - d. Nurse
 - e. Homemaker-home health aide promotes client independence
 - f. Therapist: speech-language, physical, occupational, respiratory
 - g. Social worker

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Section I. Introduction to the Role of the Home-maker Home Health Aide in the Home Setting

- h. Nutritionist
 - i. Funding source
 - j. Community
 - k. Clergy
 - l. Others
2. Nursing team
- a. Professional registered nurse: role/responsibilities/scope of practice
 - (1) The professional registered nurse is the only person authorized to delegate to the homemaker-home health aide (**LPNs cannot delegate to the homemaker-home health aide**)
 - (2) The professional registered nurse supervises the homemaker-home health aide and must be accessible to the homemaker-home health aide for direct supervision
 - b. Homemaker-home health aide (UAP): role/responsibilities
 - (1) Provides care according to the client-specific Plan of Care
 - (2) Role defined by New Jersey Board of Nursing – Nurse Practice Act
 - (a) Eligibility for certification
 - i. Course completion
 - ii. Competency testing
 - iii. Criminal history background checks
 - (b) Maintaining certification
 - i. Renewal process and requirements
 - ii. Notification of name or address change
 - iii. Employment with agency
- C. Legal and Ethical Considerations for the Homemaker-Home Health Aide (UAP)
- 1. Regulatory/licensing
 - a. New Jersey State Board of Nursing requirements
 - (1) Certification for homemaker-home health aide (UAP)
 - (a) Eligibility for certification
 - i. Course completion
 - ii. Competency testing
 - iii. Criminal history background checks
 - (b) Maintaining certification
 - i. Renewal process and requirements
 - ii. Mandatory notification of name and address changes
 - iii. Employment with agency

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Section I. Introduction to the Role of the Home-maker Home Health Aide in the Home Setting

2. Client rights
 - a. Bill of Rights
 - (1) Personal privacy
3. Confidentiality
4. Abuse
 - a. Client
 - (1) Reporting abuse
 - (a) Child abuse
 - i Report to nurse/agency
 - (i) Policies
 - (ii) Legal requirements
 - ii Division of Youth and Family Services (DYFS)
 - (i) Protective services personnel may question homemaker-home health aide about client situation and environment
 - (ii) Mandatory reporting requirement
 - Suspicion of witnessing
 - (b) Elder abuse
 - i Report to nurse/agency
 - (i) Policies
 - (ii) Legal requirements
 - ii Adult Protective Services (APS)
 - (i) Protective services personnel may question the homemaker-home health aide about client situation and environment
 - (ii) Mandatory reporting requirement
 - Suspicion or witnessing
 - (c) Other abuse
 - i Report to nurse/agency
 - (i) Policies
 - b. Personal
 - c. Sexual harassment
 5. Documentation
 - a. Any change in the client's condition must be reported to the nurse/agency and documented on the homemaker-home health aide's narrative according to agency policy

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**Section I. Introduction to the Role of the Home-maker Home Health Aide in
the Home Setting**

- b. Homemaker-home health aide documentation is part of the client's legal record
 - (1) Used as documentation of care and services for billing
 - (a) Misrepresentation is fraudulent

Unlicensed Assistive Personnel (UAP) Home-Care/Hospice Module

Section II. Foundations for Working with People

Section II. Foundations for Working with People

Performance Objectives:

Upon completion of section II, the student will demonstrate the communication and psychosocial skills needed to function as an effective homemaker-home health aide in the home-care setting.

Enabling Objectives:

The student will:

- Identify factors that affect communication within the home setting;
- Identify actions that can facilitate or hinder the formation of a trusting relationship with the client/family;
- Discuss appropriate responses to conflicts in the client's home;
- Identify inappropriate client/family communication with the homemaker-home health aide and the need to report this immediately;
- Explain the importance of observing for and reporting changes in the client's condition or home environment immediately;
- Describe supportive communication techniques that assist the client and family in coping with life changes;
- Discuss how role changes between the client and family can affect family dynamics and the acceptance of the homemaker-home health aide ; and
- List examples of cultural diversity and the related responsibility of the homemaker-home health aide.

Content Map:

- I. Foundations for working with the home-care client, family, significant others and team members
 - A. Communication
 1. Effects of the home-care setting on communication
 - a. Homemaker-home health aide as a "guest" in client's home
 - b. Development of a trusting relationship between the homemaker-home health aide and the client/family
 2. Potential barriers to communication
 - a. Conflicting language/customs
 - b. Personal conflicts within the home
 - c. Harassment
 - d. Threats/violence
 - e. Sexual comments/innuendoes/overtures
 - f. Impairment of client's sensory, cognitive or physical abilities

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Section II. Foundations for Working with People

- (1) Assistive devices
 - (2) Environmental alterations
3. Maintaining working relationship with client/family
 - a. Do not exchange personal addresses, phone numbers, etc.
 - b. Use professional communication-avoid slang expressions
 - c. Use client's surname unless client requests otherwise
 - d. Supportive communication techniques to assist client and caregivers
 - (1) Understanding manifestations of stress
 - (a) Do not take projection or displacement of stress or anger personally
 - (b) Discuss concerns re: client/family coping skills with nurse
 - (c) Understand client/family need to feel and maintain sense of control
 - (2) Practice empathy
 - (3) Benefits and use of humor
4. Communication with the home-care team
 - a. Report any change in client condition immediately
 - b. Report any unusual occurrences or environmental difficulties immediately
 - c. Report changes and needed in the plan of care
 - d. Contact the agency with any questions or concerns regarding the plan of care
 - e. Report any potential threat to homemaker-home health aide safety
- B. Understanding family dynamics and the role of primary caregiver
 1. Responses to illness/stress
 2. Role changes of client/family
 3. Needs of the client versus family/significant other's needs
 4. Confidentiality
 5. Exchange information only with primary caregiver
- C. Cultural diversity
 1. Effort to learn culture
 2. Respect client/family customs
 3. Accommodate culture: consider the safety of the client/homemaker-home health aide and agency policies

Unlicensed Assistive Personnel (UAP) Home-Care/Hospice Module

Section III. Safety: Foundations for a Safe Client Environment

Section III. Safety: Foundations for a Safe Client Environment

Performance Objectives:

Upon completion of Section III., the student will demonstrate the job knowledge and related skills necessary to create a safe work environment

Enabling Objectives:

The student will:

- Discuss fire safety techniques in the home;
- Describe what to do in the event of a fire in the client's home;
- Identify safety hazards in the home;
- Explain the importance of personal safety precautions;
- Discuss infection control procedures in the home;
- Identify prevention of work-related injuries; and
- Describe emergency procedures.

Content Map:

II. Foundations of a Safe Client Environment

A. General Safety in the Home

1. Reducing risk of falls

a. Adequate lighting

(1) Night lights

b. Remove clutter/obstacles and clear traffic ways

c. Railing on stairs

d. Avoid area/scatter rugs

e. Clean up spills promptly

f. Use assistive devices as needed for ambulation or reaching

g. Safe footwear

h. Keep frequently used items within reach

i. Instruct client to change positions slowly (dangle before standing, and then standing slowly)

j. Bathroom safety

(1) Skid-proof tub

(2) Bathtub

(a) Slip-proof tub

(b) Safety rails

(c) Tub seat/shower chair

(d) Hand/held shower sprayer

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Section III. Safety: Foundations for a Safe Client Environment

- (e) Soap on a rope
 - (3) Raised toilet seat (with safety rails)]
 - k. Windows
 - 2. Reducing risk of fires/burns
 - a. Monitor hot water temperature
 - b. Storage of flammables
 - c. Handling of hot substances
 - d. Oven/stove safety
 - (1) Access of knobs to children
 - (2) Pot handles
 - (3) Clothing/long hair near open flames
 - (4) Grease
 - e. Accessibility of fire extinguisher or other substitutes to extinguish flames
 - f. Electrical hazards
 - (1) Electrical appliances near water source
 - (2) Frayed cords
 - (3) Extension cords
 - (4) Overload outlets/circuits
 - (5) Malfunctioning equipment
 - g. Alternate heat sources (space heaters, kerosene heaters, wood burning stoves, fireplaces, etc.)
 - h. Lighters and matches kept inaccessible to children
 - i. Smoking
 - j. Oxygen
 - k. Fire safety interventions
 - (1) Smoke detectors
 - (2) Identify emergency evacuation plan and exits
 - (3) Responses to fire emergency
 - (a) Fire safety in high rise
 - (b) Evacuating a client with impaired mobility
 - (c) Reporting high risk or unsafe conditions/hazards
 - 3. Risk of accidental poisoning
 - a. Storage of potentially poisonous items
 - b. Safe storage and handling of medications
 - c. Avoid storing nonfood items in food containers
 - 4. Other potential hazards
 - a. Outside of home
 - (1) Safety

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Section III. Safety: Foundations for a Safe Client Environment

- (a) Bushes
 - (b) Visibility
 - (2) Lighting
 - (3) Steps and railings
 - b. Checking credentials of persons entering the home
- B. Personal Safety in the Home
 - 1. Transportation
 - a. Public
 - b. Private
 - (1) Maintain gasoline reserve
 - (2) Maintain good repair of automobile
 - (3) Weather-appropriate precautions – be prepared for snow/ice
 - (4) Lock doors/keep windows closed
 - (5) Precautions when entering and exiting car
 - (6) Precautions when entering trunk for supplies
 - (7) Keep personal belongings in car trunk (put in trunk **before** arriving at client's home)
 - 2. Knowledge of neighborhood
 - a. Obtaining directions
 - 3. Pets/animals
 - a. Report presence and/or any problems to nurse supervisor
 - 4. Weapons in home
 - a. Insure immediate safety
 - b. Report to nurse supervisor and follow agency policy
 - 5. Threats/violence in the home
 - a. Insure immediate safety: leave client's home
 - b. Report to nurse supervisor and follow agency policy
 - 6. Report any unsafe conditions
 - 7. Body mechanics
 - a. Body posture
 - b. Reduce risk of injury
 - (1) Well rested
 - (2) Plan client's movements (inform client beforehand)
 - (3) Insure proper positioning
 - c. Identify unsafe transfers
 - (1) Ask for clarification or review of Plan of Care instructions, as needed
 - (2) Report changes in client's ability
 - d. Moving clients (with and without assistance)

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Section III. Safety: Foundations for a Safe Client Environment

- e. Adjustments in home-care (a lack of a hospital bed)
 - (1) Accommodating for bed height
 - (2) Moving surfaces
 - f. Report work-related injuries immediately
- C. Standard Precautions for Infection Control
- 1. Standard precautions/universal precautions
 - a. Hand washing in the home
 - b. Inadequate facilities
 - (1) Lack of running water
 - 2. Bringing supplies into the home
 - 3. Waste management
 - a. Routine trash disposal
 - b. Hazardous waste
 - c. Medical waste management in the home
 - d. Needle disposal
 - 4. Special precautions
 - a. Tuberculosis in the home
 - 5. Potential infection control problems in the home
 - a. Illness of client
 - b. Illness/injury of homemaker-home health aide
 - (1) Report to agency
 - c. Infestations
 - (1) Rodents
 - (2) Insects
 - (3) Client rashes (scabies)
 - (4) Client parasites (lice and worms)
 - d. Unsanitary conditions
 - e. Lack of cleaning supplies
 - 6. Interventions to maintain cleanliness of client environment
 - a. Infection control consideration in care of the home
 - (1) Disinfection of equipment
 - (a) Preparation of bleach solution (1:10)
 - (b) **SAFETY NOTE:** do not mix bleach with ammonia
 - (c) Clean vs. sterile
 - (2) Dusting
 - (3) Care of floors and carpets
 - (a) Sweeping
 - (b) Vacuuming
 - (c) Mopping

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Section III. Safety: Foundations for a Safe Client Environment

- (4) Laundry;
 - (a) Handling soiled linens, clothing
- (5) Cleaning bathrooms
- (6) Kitchen
 - (a) Safe food handling – reducing the risk of food poisoning
 - i Hand washing
 - ii Preventing cross contamination with uncooked meats
 - iii Cooking foods to safe temperature
 - iv Dishwashing
 - v Storage of foods
 - vi Cleanliness of food preparation areas and equipment
 - vii Leaving food out at room temperature
 - viii Cleanliness and safe operation of refrigerator
 - (b) Client/family pets

D. Emergencies

1. Activating emergency medical services (EMS)
2. Reporting to agency/nurse supervisor immediately
3. Awareness of agency's disaster plan

E. Assistance with medications

1. Types of medications
2. Prescription
3. Over-the-counter (OTC) medications
4. Herbal
5. Topical
6. Oxygen – do not change flow rate
7. Assisting client with medications^{1*}:
 - a. Remind client to take medication;
 - b. If more than one person lives in the house, make sure correct medication is used;
 - c. The client must be alert and able to select or identify the correct medication bottle/container;
 - d. Must hand client the medication bottle/container;
 - e. Position client properly and provide any assistance the client may require (e.g. water, teaspoon);

¹ **Homemaker-home health aides must not administer medications** – to administer means to give a client his/her medication without the client's assistance (e.g. taking a pill out of a container/bottle and/or putting a pill into the client's mouth).

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Section III. Safety: Foundations for a Safe Client Environment

- f. Never touch pills with fingers;
- g. May hand to the client the pre-poured medication(s) set up by the nurse and/or family.
 - (1) Supervising nurse may include medication information on client-care plan
 - (2) Report all changes in the client's condition to the nurse supervisor (e.g. a medication's side effects reviewed by the nurse supervisor)
 - (3) Report to the nurse supervisor if the client is taking any over-the-counter medications and/or herbal/vitamin preparations

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Section IV. Home-care Considerations

Section IV. Home-care Considerations

Performance Objectives:

Upon completion of Section IV the student will demonstrate the job knowledge and related skills needed to provide comprehensive home-care services.

Enabling Objectives:

The student will:

- Discuss the importance of following dietary restrictions when food shopping for the client;
- Describe meal preparation considerations for special diets;
- Identify safe food preparation and storage;
- Explain the importance of maintaining a clean environment for the patient;
- List examples of cultural diversity and the homemaker-home health aide's responsibility; and
- Identify the homemaker-home health aide's responsibility when caring for a dying client with an advance directive (living will).

Content Map:

- I. Home-care Considerations
 - A. Food
 1. Food shopping
 - a. Dietary considerations
 - b. Monetary considerations
 2. Food preparation
 - a. Dietary considerations (e.g. diabetic clients must have regular mealtimes)
 - b. Need for variety
 - c. Safe handling and storage
 - d. Maintain hygienic storage areas (discard old or spoiled food from cupboard or refrigerator)
 - e. Use of client's appliances (e.g. microwaves, blenders and food processors)
 - B. Housekeeping
 1. Organization of tasks
 2. Care of the client's environment – family's vs. homemaker -home health aide's responsibilities
 3. Cleaning products – do not mix bleach with ammonia
 4. Dusting and cleaning kitchens/bathrooms
 5. Laundry

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Section IV. Home-care Considerations

6. Pets
7. Care of floor/carpet
- C. Use and Care of Medical Equipment in the Home
 1. Thermometer
 2. Assistive and rehabilitative devices (e.g. cane, walker, wheelchair, splints and Hoyer lift)
 3. Oxygen
- D. Cultural diversity
 1. Respect the patient's family customs
 2. Nurse supervisor may indicate on the client's care plan any cultural considerations for the homemaker-home health aid
- E. Death and dying
 1. Role and responsibilities of the homemaker-home health aide with a dying client (with or without an advance directive)
 2. Family considerations with regard to the dying client
 3. Agency policy regarding death and dying and the health-care team
 4. Hospice philosophy
- F. Postmortem care
 1. Cultural/diversity consideration

Unlicensed Assistive Personnel (UAP) Home-Care/Hospice Module

Section V. Infant and Child Care

Section V. Infant and Child Care

Performance Objectives:

Upon completion of Section V, the student will demonstrate the knowledge and related skills necessary to care for infants and children.

Enabling Objectives:

The student will:

- Identify the homemaker-home health aide's role in infant and child care;
- Describe the difference between discipline and punishment;
- List common reactions of children and family members to illness and/or stress; and
- Discuss appropriate homemaker-home health aide responses to child/family stress/illness.

Content Map:

- I. Infant and Child Care
 - A. Introduction to infant and child care
 1. Role of the homemaker-home health aide with
 - a. Well child
 - b. Sick child
 - c. Child with special needs (e.g. developmental disabilities, birth defects)
 - d. Adolescent
 - e. Adolescent parent
 2. Basic physical needs of infants and children
 - a. Bathing
 - b. Feeding (e.g. appropriate diet and utensils)
 - c. Carrying/transporting
 - d. Safety
 - e. Elimination (universal precautions – must wear gloves during diaper changes, or for the handling of any bodily fluids)
 - f. Circumcision/umbilical cord care
 - B. Family Dynamics
 1. Identify a child's reaction to stress
 2. Recognition of changes or events in a family that the homemaker-home health aide would report
 3. Relating to a child who is not the client
 4. Define discipline (constructive training and guidance)
 - a. Discuss the homemaker-home health aide's role in discipline
 - b. **The homemaker-home health aide is never to punish a child**

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Section V. Infant and Child Care

5. Cultural diversity
6. Support parental roles (reinforce parenting skills)
7. Reporting child abuse
 - a. Agency reporting procedures
 - b. Division of Youth and Family Services (DYFS)
8. Explaining the role of DYFS (dispelling myths)

Appendix A

Responsibility of the Agency to the Homemaker-Home Health Aide

A. Licensed home-care agency or facility is to provide the following:

1. Compliance with federal and state employment laws;
2. Mandatory taxes to be withheld;
3. Mandatory in-services for the homemaker-home health aide;
4. Job description;
5. Personnel policies;
6. Identify service policies and procedures; and
7. Policies on client/family/homemaker-home health aide confidentiality

B. Supervision by a professional registered nurse

1. Client-specific Plan of Care

Appendix B

Recommended Content/Hour Allocation Outlines

I. UAP Curriculum Content Outline

I. UAP Curriculum Content Outline			Hours
Section I		Introduction to the role of the UAP in nursing care settings	2.00
Section II		Foundations for working with people	6.00
Section III		Safety	
	A	Conditions	1.50
	B	Fire	2.00
	C	Standard Precautions for Infection Control	2.00
	D	Body Mechanics	0.50
	E	Emergencies	1.50
Section IV		Systems and Related Care	
	A	Musculoskeletal	6.00
	B	Integumentary System	9.75
	C	Gastrointestinal System: Upper	4.00
	D	Gastrointestinal System: Lower	2.00
	E	Urinary System	3.00
	F	Cardiovascular and Respiratory System	4.00
	G	Neurological System	0.75
	H	Endocrine System	1.00
	I	Reproductive System	1.00
	J	Immune System	1.00

Recommended Content/Hour Allocation Outlines

	K	Rest and Sleep	0.50
	L	Death and Dying	1.50
		Classroom Hours	50.00
		Clinical/Laboratory Hours	16.00
		Curriculum Total	66.00
Training of UAP transferring from another setting i.e. NA or H-HHA			
Step 1	Establish Competency of Knowledge and Skills by facility.		
Step 2	Optional: Knowledge and Skill Competency remediation plan.		
Step 3	Module (institutional, LTC or Home Care)		
Step 4	Competency testing and application to state registry (as applicable: NA or H-HHA)		

II. Home Care/Hospice Recommended Hour Allocation Outline

II. Home Care/Hospice Recommended Hour Allocation Outline		Hours
UAP Curriculum Classroom Hours		50.00
UAP Curriculum Clinical/Laboratory Hours		16.00
	UAP Curriculum Total Course Hours	66.00
	Home Care - Module Hours	10.00
	Curriculum Total	76.00
Training of UAP transferring from another setting with Home Care Module		
Step 1	Establish Competency of Knowledge and Skills by facility.	
Step 2	Optional: Knowledge and Skill Competency remediation plan.	
Step 3	Home Care Module	
Step 4	Agency Competency testing, H-HHA Application and CBI	

III. Long Term Care Recommended Hour Allocation Outline

III. Long Term Care Recommended Hour Allocation Outline		Hours
UAP Curriculum Classroom Hours		50.00
UAP Curriculum Clinical/Laboratory Hours		16.00
	UAP Curriculum - Total Course Hours	66.00
	Long Term Care - Module Hours	6.00
	Long Term Care - Clinical Hours	18.00
	Long Term Care - Total Module Hours	24.00
	Total Course Hours	90.00
Training of UAP transferring from another setting as NA with LTC Module		
Step 1	Establish Competency of Knowledge and Skills by facility.	
Step 2	Optional: Knowledge and Skill Competency remediation plan.	
Step 3	Long Term Care Module	
Step 4	Agency Competency testing, H-HHA Application and CBI	

Appendix C

Unlicensed Assistive Personnel Core Curriculum Checklist for Demonstration of clinical Skill Competencies

Directions:

When the Unlicensed Assistive Personnel (UAP) completes the theory and clinical components of the UAP CORE Curriculum, the instructor may use the Clinical Skills Competency Checklist to validate the UAP's knowledge and clinical skill application.

Validation of the UAP's clinical competencies is required for the UAP to:

1. Demonstrate safe execution of selected nursing tasks which the Registered Professional Nurse may delegate for client care in acute care, long-term care and home health care/hospice care settings.
2. Successfully complete the UAP CORE Curriculum.

The CORE Curriculum requirement for the UAP to successfully validate his or her clinical skills is the achievement of 100% of the competencies listed in the Clinical Skills Checklist within 12 months of commencing the UAP CORE Curriculum Program, and with the understanding that remediation will be necessary if any item on the Clinical Skills Checklist is failed three times.

UAP CORE Curriculum

Student's Name: _____
Last
First
Middle

Course Dates: _____

Checklist for Clinical Skill Competencies

Instructions: The student must demonstrate competency in the skills listed below. The skills listed below are **required skills** must be demonstrated on an individual in a supervised practical training setting² The skills listed as **recommended skills** may have competency demonstrated in the classroom or lab setting.

Required Skills	Pass	Fail	Required Skills	Pass	Fail
	Date (Instructor's Initials)	Date (Instructor's Initials)		Date (Instructor's Initials)	Date (Instructor's Initials)
1. Hand washing			12. Pivot Transfer		
2. Applying and removing gloves			13. Assist client to ambulate		
3. Bed bath			14. Feed dependent client		
4. Assist client to shower			15. Backrub/skin care		
5. Routine mouth care			16. Incontinence/perineal care		
6. Denture Care			Recommended Skills		
7. Shave			1) Measure and record I&O		
8. Bed making			2) Indwelling catheter care		
9. <input type="checkbox"/> Unoccupied <input type="checkbox"/> Occupied			3) Empty catheter drainage bag		
10. Move and position client in bed			4) Apply a condom catheter		
11. Range-of-Motion exercises			5) Collect a urine specimen		

² "Supervised practical training" means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of an RN.

Instructions: The student must demonstrate competency in the skills listed below. The skills listed below are **required skills** must be demonstrated on an individual in a supervised practical training setting² The skills listed as **recommended skills** may have competency demonstrated in the classroom or lab setting.

17. Assist with elimination: <input type="checkbox"/> Bedpan <input type="checkbox"/> Urinal			6) Apply and remove personal protective equipment <input type="checkbox"/> Gown <input type="checkbox"/> Mask/Shield/Goggles		
18. Vital Signs: <input type="checkbox"/> Temperature <input type="checkbox"/> Pulse <input type="checkbox"/> Respirations			7) Shampoo hair in bed		
19. Fingernail care			8) Apply antiembolism hose		
20. Foot care			9) Transfer client with mechanical lift		
			10) Mouth care for unconscious or debilitate client		

Theory Instructor(s):

Instructor's signature (1): _____

Instructor's signature (2): _____

Student's signature _____

Date: _____

Clinical Instructor(s):

Instructor's signature (1): _____

Instructor's signature (2): _____

Student's signature _____

Date: _____

Appendix D

Skills Laboratory Equipment List:

Equipment	Number of items	Comments
1. Adult scale		
2. Alternating mattress or the like, egg crate mattress		
3. Assistive devices/equipment (e.g. extension stick, sock donner, button loop)		
4. Bedpan (regular and fracture pan)		
5. Cane		
6. Catheter equipment (tubing, drainage bags, leg bags)		
7. Colostomy/ileostomy equipment		
8. Commode		
9. Crutches		
10. Enteral feeding equipment		
11. Feeding utensils (e.g. plate guard, rocking spoon)		
12. Gowns/gloves/masks/face shields		
13. Hi-rise toilet seat		
14. Hospital bed		
15. Hoyer lift		
16. Infant/child equipment (e.g. bathtub, formula, scale, hi-chair)		
17. Old clothes for practice with dressing and donning		
18. Over-the-bed table		

Equipment	Number of items	Comments
19. Oxygen equipment (nasal cannula, mask, tank, concentrator)		
20. Personal care items (e.g. emesis & bathing basins, toothettes, denture cups combs)		
21. Shower chair/bench/hand rail		
22. Sink (for hand washing RDC)		
23. Slide board		
24. Slings/immobilizers (e.g. leg immobilizer, ace wraps)		
25. Thermometer (electronic)		
26. Transfer belt		
27. TV, AV equipment		
28. Urinal		
29. Walker(e.g. rolling, platform)		
30. wheelchair		