



# Orientation Checklist

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Received and Review copies of Policies and Procedures listed below:

- Organization Chart
- Employee Handbook
- Standards of Conduct/Ethical Behavior
- Employee Compensation-Wages and Benefits
- Time Sheet
- Holiday and vacation Policy
- Performance policy
- Disciplinary Procedure
- Warning Notice
- Grievance Procedure
- Termination Policy
- Mandatory Reporting requirements
- Administration Billing System
- Standards of Performance (See Employee Handbook)
- Policies and Procedure
- Continuing Education
- Signed Copies of
  - Confidentiality
  - Non-discrimination and grievances
  - No pending criminal charges
  - Job descriptions and expectations
  - Clients Rights
  - Body Mechanics

I have read and understand the above policies and I agree to abide by them. I understand that failure to follow them may result in my termination. I further understand that as an employee of Lifeline Home Care, Inc. I am prohibited from working independently for any client for one year from the dates of leaving the employment of Lifeline Home Care, Inc.

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_



- Please Print
- Lifeline Supervisor will complete shaded area

**Personal Data**

First Name	MI.	Last Name	Apt. No.	Address	P.O. Box No.
City	State	Zip Code	Home Phone	Alternate Phone	
Social Security No.	Birthdate Mo./Day	Area/Cross Streets			

**Interview**

Interviewed By :	<i>High School Years Completed</i> 1    2    3    4	Name of College, Trade or Vocational School	Years Completed
<i>Additional Training:</i>	<i>Type</i>	<i>Where</i>	<i>Date</i>
1.			
2.			
3.			

Name and Address of Previous Employer <i>Print. List Last Employer First.</i>	Empl. Dates Mo./Day	Business/Supervisor	Duties	Reasoning for Leaving <i>Please Be Specific</i>
1.	From	Type of Business		
	To	Supervisor's Name		
2.	From	Type of Business		
	To	Supervisor's Name		
3.	From	Type of Business		
	To	Supervisor's Name		

Availability	<i>Indicate hours/days available. Mark an "x" when not available. Check live-in days available</i>							
Can you report to work the same day we call you? <input type="checkbox"/> Yes  <input type="checkbox"/> No	<i>Sun.</i>	<i>Mon</i>	<i>Tues.</i>	<i>Wed.</i>	<i>Thurs.</i>	<i>Fri.</i>	<i>Sat</i>	
	<i>AM</i>							
	<i>PM</i>							
	<i>Live-in</i>							

AWE

*Have you ever been convicted of a criminal offense, entered a plea of no contest, had prosecution deferred or adjudication withheld for any crime except for minor (traffic violation)? \**

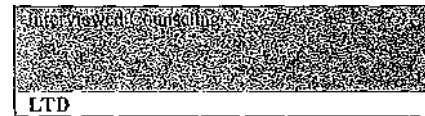
No  
Yes    *If yes, explain all.*

Means of Transportation	Car	Do you have a current driver's license? Yes OR No
Ride Public Transportation		
If you have worked for us before.	Where:	How long ago;

A YES answer to these questions will not automatically bar you from working with us. All relevant circumstances and facts concerning the criminal record/pending charges will be considered relation to the position for which you are applying.

Credentials	Date	Reviewed By :	I-9 Completion Date
Certification of Health			
Tuberculin Skin Test			Employment Authorization expiring Date
CPR Training			
License/Certification Type	License/Certification No.	State	Expiration Date

\* In the District of Columbia and Massachusetts, list only those incidents that occurred in the last 10 years. In New Hampshire, list only those incidents that occurred in the last 5 years. In Washington, list only those incidents that occurred in the last 7 years.



**LTD**

Is your License restricted in any manner or has any disciplinary action ever been taken against you by the State Board of Licensing in this state or any other state?

No  
 Yes    *If/yes, explain restriction*



LIFELINE HOME CARE, INC.

"Where Dignity is Preserved"

14701 Lee Hwy  
Suite, 206  
Centreville, VA 20121

Phone; (703)543-7511

Fax; (703)543-7512

**EMPLOYEE REFERENCE INFORMATION**

**The applicant listed has applied to Lifeline Home Care, Inc. for employment and have your name as a reference. Please note applicant's authorization and provide us with the information below.**

**Date:** \_\_\_\_\_

**Name of Applicants:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Other names used;** \_\_\_\_\_

**Name of Company;** \_\_\_\_\_ **Assigned Unit;** \_\_\_\_\_

**Name of Reference:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Time Knows from;** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

*I hereby give consent to release any and all information pertaining to my work experience and status to Lifeline Home Care, Inc.*

**Signature of Aide/nurse;** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETE BY EMPLOYER / REFERENCE**

**We are known for our outstanding service because of the length we take in selecting our caregivers. This includes extensive skill evaluation, interviewing, reference checks and complete background checks. To help us maintain these higher standards, we ask that you complete this evaluation of the above person as accurate as you remember**

<b>Employee Evaluation (Please check one)</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Poor</b>
<b>Job Knowledge</b>				
<b>Quality of Work</b>				
<b>Initiative</b>				
<b>Attendance/Punctuality</b>				
<b>Dependability</b>				
<b>Cooperative</b>				
<b>Attitude</b>				

**Reason for leaving:** \_\_\_\_\_

**Would you re-hire applicant**                      **Yes**                      **No**

**Remark:** \_\_\_\_\_

**Complete by:** \_\_\_\_\_ **Position;** \_\_\_\_\_ **Date:** \_\_\_\_\_



LIFELINE HOME CARE, INC.

"Where Dignity is Preserved"

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize LIFELINE HOWIE CARE INC., to initiate automatic deposits to my account at the financial institution named below. I also authorize LIFELINE HOWIE CARE INC, to make withdrawals from this account In the event that a credit entry is made in error.

Further, I agree not to hold LIFELINE HOWIE CARE INC, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account,

This agreement will remain In effect until LIFELINE HOW WE CARE INC, receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Payroll Department.

October, 2001

To all caregivers

In our effort to reduce work piece injuries, Lifeline Home Care, nc. is implementing a strict No lifting policy which will go into effect immediately. It is the responsibility of all caregivers to contact and report to the administrator at 703-543-7511 as soon as they feel that they are lifting any client in anyway. This Memo is reinforcement to the "No Lifting" policy which is in the Lifeline Home Care, Inc. handbook which was provided to you during the hiring process.

Thank you,

Irene Osei,

Director

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Client/Lifeline Communication

It is very important that if you cannot work a day/shift, that you call Lifeline Home Care, Inc. at least 1 week in advance and inform us that you will not be working for that day. This gives us enough time to find a replacement.

DO NOT ever communicate to clients directly about taking days off. You must notify Lifeline.

If it is determined by Lifeline that you have made arrangements with the client without notifying us it will result in disciplinary action.

Please Sign \_\_\_\_\_

Date: \_\_\_\_\_



## CODE OF CONDUCT

Your conduct has a great deal to do with the reputation of our agency. If you are dependable, trustworthy and considerate of the client you will be a valuable asset to our agency. Being respectful, cheerful and courteous add to your value also. A sense of humor is good to have when you are working with our clients.

You must follow certain common sense rules of conduct. The penalty for violating the rules may result in your termination and notification to the Board of Nursing. Some examples follow:

1. Negligence and inconsiderate treatment of a client and/or responsible person(s).
2. Abandoning a client - leaving a client unattended.
3. Divulging confidential information.
4. Falsifying records, reports or information of any nature.
5. Theft, misappropriation or unauthorized possession or use of property belonging to the agency, the client or any other employee.
6. Use or possession of intoxicating beverages or reporting to work under the influence of intoxicants.
7. Illegal use or possession of narcotics or drugs.
8. Possession of a weapon while on assignment or on agency premises.
9. Insubordination.
10. Conduct unbecoming to the reputation of the agency.

**YOU ARE EXPECTED TO ACT IN A PROFESSIONAL MANNER AT ALL TIMES.  
BEAR IN MIND THAT YOU ARE AMBASSADORS OF LIFELINE HOME CARE, INC.**

Caregiver name: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Job Description: Certified Home Health Aide, Certified Nurse Aide, Personal Care Aide/Attendant''''

### QUALIFICATIONS:

- Satisfactory completion of the *Home Health Aide Competency Exam*
- Completion of a recognized home health aide training program or 6 months of recent experience as an aide
- Ability to read, writes, understand, and communicate written instructions
- Two work-related references
- » Additional state-specific requirements under state licensure include: Virginia: Must meet one of the following or will not be assigned to cases requiring home health aide services:
  - Completion of an approved nurse aide training program and registration by the *Virginia Department of Health Professions* as a Certified Nurse Aide
  - Completion of a professional or practical nursing/nurse aide training program approved by the *Virginia Department of education* or the *Virginia Community College System* or the *Virginia Department of Health Professions*
  - Completion of a home health aide-training program approved by the *Virginia Department of health prior to July 1, 1984* and in continuous practice since that time

### Washington:

- 85 hours of training for CNA or can become a registered nurse assistant for a fee (Both are required to attend seven hours of HTV training and show proof of training to employer.)
- Current CPR training

### DUTIES MAY INCLUDE:

The CNA/HHA/CHHA provides only those services/tasks within the established job description, designated on the (*Assignment of Duties*) and in

compliance with state-specific licensing regulations and agency policies and procedures.

- Performing home management functions, such as light housekeeping, laundry, bed making and cleaning
- Reminding/assisting client with self-administration of medications
- Planning meals, shopping for groceries, preparing and serving food/meals, feeding and clean-up
- Reporting changes in client's condition or family situation to the office
- Responding to and reporting emergency situations to the Management staff
- Contacting supervisor about client/family requests that are not designated on the Assignment of Duties (Form)
- Documenting services provided on the appropriate flow sheet, according to agency policies and procedures
- Accompanying client to scheduled appointments
- Providing for and assisting with personal care needs, such as bathing, shaving, shampooing hair, dressing and grooming, oral hygiene and perineal care
- Assisting with ambulating, including the use of walkers and wheelchairs, when applicable
- Caring for children after successfully passing a criminal history check, and providing current proof of child/infant CPR training and current MMR vaccination
- Working in the home or remaining at the home while the client is absent (with supervisor's approval)
- Assuring client safety and maintaining a safe environment
- Encouraging self-help activities
- Caring for intact skin to prevent skin breakdown
- Assisting with safe client transfers and proper body positioning
- Transporting clients or running errands
- Performing cardiopulmonary resuscitation Turning oxygen concentrator until /tank on only as directed by client
- Collecting specimens (urine, stool and sputum only)
- Calibrating intake and output
- Adhering to client's rights
- Maintaining client confidentiality
- Assisting with toileting, including bedpans, urines and commode chairs
- Clean and file fingernails and toenails

### ADDITIONAL DUTIES, PERMISSIBLE AFTER TRAINING AND SKILLS VALIDATION, AND UNDER DELEGATION AND SUPERVISION OP AN RN:

- Assisting with prescribed exercise program, such as range of motion exercise, etc.
- Taking and recording vital signs
- Administering Fleet4D enema - not a soap suds or cleansing enema
- Changing anon-sterile dressing or reinforcing an existing, non-sterile dressing (In Virginia: minimum of 8 hours
- Training and competency required. Must be listed on slate registry as Nurse Aide 1.)



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- Caring for the physical and emotional needs of special-case assignments, such as Alzheimer-'s (In Virginia: minimum of 8 hours training and Competency required.)
- Providing ostomy care
- Providing Foley catheter care and emptying drainage bag
- Reapplying/changing a colostomy appliance/bag
- Assisting with mechanical lift transfers (e.g., Hoyer)
- Assisting with coughing and deep breathing
- Applying elastic hose, such as TED
- Applying condom catheters for external urinary drainage
- Assisting with self-administered medications'.

**DUTIES DO NOT INCLUDE;**

- Contacting or taking orders from the physician on the telephone
  - Inserting Foley catheter
  - Providing wound care and changing dressings
  - Administering invasive procedures, such as enemas (except Fleets), wound, gastric, colostomy or bladder irritations, auctioning, tube feeding, douches, inserting rectal tubes or flatus bags, etc.
  - Dispensing or administering medications, including eye drops, ointment, skin patches, liquid medicine, ear drops, pain medications and suppositories
  - Providing a bowel program
  - Caring for tracheostomies
  - Applying warm compresses or heating pads
  - Performing urine tests
  - Using oi' assisting client with glucometer
  - Regulating flow rate of oxygen
  - Performing heavy house cleaning, such as washing wails or windows, moving heavy furniture, and cleaning basements
  - Babysitting
  - Lending or borrowing money or other articles
  - Recommending services or diagnosing and treating client problems
- Providing personal telephone numbers to clients/families, or contacting clients/families, unless instructed to do so by LHC office

Accepting private employment from client or financially responsible person

- Accepting payment or gifts from the client/family
- Cutting and/or trimming toenails or fingernails

**ACCOUNTABILITY**

Lifeline Home Care Supervisor Nursing Supervisor or Management

**DRESS CODE**

Caregivers are expected to present a professional, clean and neat appearance it all times when on assignment and/or when representing Lifeline Home Care, Inc.

- **Clothing:** Comfortable fitting street clothes with consideration of professional appearance. May include the following: slacks, knee-length or longer skirts, culottes or walking shorts, blouses or sweaters, and uniform smock top or white uniform.

Caregivers must wear an identification badge.

Not Allowed; *Skin-tight clothing*                      *Sweat pants or warm-up outfits*  
*Attire above knee length* *Sleeveless lops, lank tops*  
*Jeans or Levi's*                      *Low-cut blouses or dresses*  
*Shirts or tops with any slogan or inappropriate picture*

- **Footwear;** Shoes must be clean, in good repair', low-heeled with enclosed toes, and provide protection and support for safety; color must be standard and business/professional appearance. Socks or hose (foot covering) are required at all times. Not Allowed: *Open-toe shoes, Strap sandals, High heels*

• **Personal Hygiene:** Clean, neat appearance; prevention of body odors; minimal use of perfumes. Clients may have an allergic reaction or aversion to odors/perfumes.

- **Nails;** Clean, well-trimmed; no dipped polish length appropriate for client and personal safety.
- **Hair;** Clean, styled for professional appearance; arranged in a manner that does not interfere with client care. Unconventional hair styles and colors are to be avoided. Hah longer than shoulder length must be restrained at back of neck.
- **Jewelry:** Minimal use of jewel, for personal safety and prevention of client injury. Dangle earring and long neck chains may not be appropriate and may cause injury, Multiple rings or neck chains that could potentially tear protective gloves are not to be worm.

A particular facility may request that a caregiver' follow that institution's dress code.

**EMPLOYEE/CONTRACTOR ACKNOWLEDEGEMENT**

I certify that I have been oriented to and understand Lifeline Home Care Inc. client care policies and procedures. I received a copy of this job description and I understand the duties, responsibilities, and any limitations.

Employee Signature: \_\_\_\_\_

Date \_\_\_\_\_



**Skill Training and Experience. Indicate a 1 if trained; 2 if experienced; 3 if trained and experienced**

**Bathing**

- Bed Bath
- Chair Bath
- Tub Bath
- Shower Bath
- Mouth Care
- Skin Care
- Shampoo
- Shave
- Foot/Nail Care
- Peri Care

**Transfers**

- Transfer Bed/Chair
- Stand By Assist Transfer
- Assist with Transfer
- Full Lift
- Transfer Belt
- Slide Board
- Hoyer Lift

**Activity Level**

- Reposition/Bed bound Assistance
- Brace Assistance
- Prosthesis
- Wheelchair

**Walking**

- Walker
- Crutches
- Weight Bearing Restrictions
- Straight/Quad Cane
- Walking

**Special Communication**

**Skill**

**Other Languages:**

- Speak
- Read
- Write
- Braille
- Sign

**Vital Signs**

- Temperature
- Temperature Axillary
- Pulse
- Respiration
- Blood Pressure
- Weight

**Treatments**

- Fleets Enema
- Ted Hose
- Remind Medication
- Decub/wound Care

**Eating**

- Meal Planning Diet:
- Assist Feeding
- Prepare/Serve Meals
- Offer/Restrict Fluids
- Blender
- Supplemental Feeding
- Diabetic
- Low Salt
- Low Fat
- Soft. Bland

**Activities**

- Reality Orientation
- Recreational Activities
- Escort client to appointment
- Errand

**Home Management/Safety**

- Make Bed(s)
- Change Linens
- Clean kitchen/Bathroom
- Laundry
- Maintain clean/Safe Environment
- Iron
- Empty Trash
- Vacuum
- Dust/Polish
- Mop
- Oxygen precautions
- Use Universal Precautions

**Specialty Care**

- Pediatric
- Adolescent
- Adult
- Geriatric
- Convalescent
- Chronically ill
- Alzheimer's disease
- Terminally ill
- Disabled

Specify:

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Other Client Care Skills;

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**Emergency**

In case of an emergency only, notify

Relationship:

Home phone:

Business Phone:

I understand that making false statements or omitting pertinent facts is sufficient cause of denial of employment or dismissal from employment. If I am hired, I will abide by all present and future rules and policies of Lifeline and I understand that my employment may be terminated with or without cause and with or without notice at Lifeline's or my option. I declare that the answers to my questions on this personal record are true and complete and I authorize Lifeline to check my references.

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

Date: \_\_\_\_\_



## Quiz

Check the correct answer

1. Methods to reduce the risk of falls include all of the following except:
  - a. Room and hallways have good lighting.
  - b. Non-skid shoe wear is worn.
  - c. Scatter and throw rugs are used by the bedside,
  - d. Tubs and showers have non-slip surfaces.
  
2. Which is true when using restraints on a patient:
  - a. informed consent is not required.
  - b. Necessary restraint is false imprisonment.
  - c. A written Doctor's order is not required,
  - d. Restraints are only used after other measures fail to protect the patient.
  
3. The most effective way to prevent spreading of infection is:
  - a. Wearing gloves
  - b. Wearing a face mask
  - c. Washing hands
  - d. Avoiding pathogens
  
4. All of the following are true about washing hands except:
  - a. Stand away from the sink.
  - b. Keep your hands and forearms higher than elbows.
  - c. Rub your palms together to work up a good lather.
  - e. Use a nail file or orange stick to clean under your fingernails.
  
5. If you are transferring a person from a chair to a bed and they have a weak side of their body do you transfer the strong side or the weak side?
  - a. Weak side.
  - b. Strong side.
  
6. When transferring a patient from a wheelchair to a toilet or a bed you should do all of the following except:
  - a. Lock the wheelchair wheels.
  - b. Use a gait or transfer belt.
  - c. If you don't have a transfer belt you can put your arms around the person and grasp their shoulder blades to help lift them.
  - d. If you don't have a transfer belt you can have the person put their arms around your neck to help support them.
  
7. When cleaning someone's dentures do all of the following except:
  - a. Hold them over a basin of water lined with a towel.
  - b. When not in the person's mouth, store dentures in a container with cool water.
  - c. Use hot water when cleaning dentures.
  - d. Grasp the upper denture in the patient's mouth with your thumb and index finger- move it up and down slightly to break the seal-gently remove the denture.
  
8. It is important to thoroughly bathe patients in order to remove all of the following except:
  - a. Micro organisms

- a. Dead skin
- b. Excess hair
- c. Perspiration
- d. Excess oils

9. Observations to report when caring for a patient's hair include;

- a. Scalp sores
- b. Flaking
- c. Itching
- d. Presence of lice
- e. E. all of the above

10. Which definition is wrong?

- a. Dysuria: painful or difficult urination,
- b. Hematuria: mucous in the urine.
- c. Nocturia; Frequent urination at night.
- d. oliguria: Scant amount of urine.
- e. polyuria: Abnormally large amounts of urine.

11. When cleansing a women's perineal area, it is very important to avoid infection by cleansing from:

- a. Front to back.
- b. Back to front.
- c. Side to side.

12. A person has a urine catheter. Which action is correct?

- a. Keep the drainage bag above the level of the bladder,
- b. Keep the drainage bag below the level of the bladder.
- c. Never use tape on the person's skin.
- d. Only empty the drainage bag when it is about to overflow.

13. How often must you turn a patient to prevent pressure ulcers?

- a. Every 1 hour
- b. Every 2 hours
- c. Every 30 minutes
- d. Every 45 minutes

14. When speaking with a hearing-impaired person do all of the following except:

- a. Speak slowly and clearly.
- b. Shout to be heard.
- c. Face the person.
- d. Speak in a normal tone of voice.

15. You do not trim a person's toenails if (an RN or podiatrist has to-do it);

- a. They have diabetes.
- b. They have poor circulation to the legs and feet
- c. They are on drugs that affect the blood clotting time
- d. They like them long.
- e. A, B and C



*Please answer these questions*

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**General**

- Q. Tell me about your recent work experience(s).
- A. \_\_\_\_\_
- Q. Why did you leave your previous place of employment?
- A. \_\_\_\_\_
- Q. What strengths and weaknesses would you bring to this position?
- A. \_\_\_\_\_
- Q. What types of job responsibilities do you find to be most rewarding? Why?
- A. \_\_\_\_\_
- Q. What types of job responsibilities do you find to be most frustrating? Why?
- A. \_\_\_\_\_

**Behavior Questions**

- Q. Tell me about a time when you were late or absent to work. How did you communicate that to your supervisor?
- A. \_\_\_\_\_
- Q. How do you deal with difficult or demanding managers/co-workers/customers? Examples?
- A. \_\_\_\_\_
- Q. If your client has Alzheimer's disease, and he/she is disoriented and confused how would you handle it?
- A. \_\_\_\_\_
- Q. if *your* client asks you to work longer hours or more days what would you do?
- A. \_\_\_\_\_
- Q. if *your* client falls while you are with her him or her, what would you do?
- A. \_\_\_\_\_
- Q. How would you describe *your personality*?
- A. \_\_\_\_\_