

NANNIES FOR GRANNIES, INC.
POLICY AND PROCEDURE MANUAL

POSITION DESCRIPTION

POSITION: Personal Care Aide

REPORTS TO: Nurse

POSITION SUMMARY:

A Personal Care Aide is a person who provides nutritional support, assistance with personal hygiene and the environmental maintenance necessary for an individual to remain in his/her own home. The Personal Care Aide is under direct supervision of the licensed nurse. The PCA provides services in accordance with Level I and Level II Personal Care Aide Functions and Tasks Scope of Practice.

QUALIFICATIONS:

Successful completion of a New York State Department of Health/Department of Social Services approved Personal Care Aide training program as demonstrated by a valid Personal Care Aide Certificate.

- Ability to speak, read and write in English sufficiently to understand and interpret the HHA Plan of Care, document care provided on the HHA Time and Activity report and able to call agency to report change and/or issues related to the patient and/or 911 in case of an emergency.
- Ability to add and subtract two digit numbers and to multiply and divide with 10's and 100's. Ability to perform these operations using units of American money and weight measurement, volume and distance.
- Holds a valid Personal Care Aide Certificate.
- Ability to apply common sense understanding to carry out simple one or two step instructions. Ability to deal with standardized situations with only occasional or no variables.

CONTACT:

Most frequent contact:

Patients/Patient families;
agency staff (coordinator, nurse)

Nature or Purpose:

Provide care and service
Receive supervision, development of POC.

EQUIPMENT OPERATION:

Walker, Cane, Crutches, Wheelchair, Commode, Hospital Bed, Hoyer Lift, Household appliances (i.e. vacuum, refrigerator, stove, blender, toaster, etc.)

SPECIFIC DUTIES AND RESPONSIBILITIES: In order to comply with the Americans with Disabilities Act (ADA), each essential duty should be indicated with an "x" in the ADA box. A duty is essential if: (1) the position exists to perform that duty; (2) it requires specialized skills and/or expertise; (3) it can only be performed by a limited number of available employees.

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ADA	DUTIES / RESPONSIBILITIES
X	Preparing and serving normal diets. Assisting patient with eating, monitors intake.
X	Assisting with bathing of patient - in bed, tub and shower
X	Assisting with grooming, care of hair, including shampoo, shaving with electric razor only, and ordinary care of nails - this means soaking and filing nails.
X	Assisting with care of teeth and mouth.
X	Assisting patient on and off bedpan, commode and toilet.
X	Assisting patient in transferring from bed to chair, to wheelchair and in walking with or without devices.
X	Assisting patient with dressing
X	Assisting patient with self-administered, oral medications that have been ordered by the medical practitioner.
X	Use of special equipment i.e. hooyer lift.
X	Passive range of motion, turning and positioning.
X	Reporting any change in patient's mental and physical condition or home situation to the nurse.
X	Making and changing bed/linens
X	Dusting and vacuuming the rooms the patient uses.
X	Tidying kitchen, Dishwashing.
X	Tidying bedroom
X	Tidying bathroom
X	Patient's personal laundry; this may include necessary ironing and mending.
X	Provides a supportive environment and ongoing reality orientation to confused patients using appropriate interpersonal behavioral techniques.
X	Assists with self-administered medications.
X	Administer special skin care as directed
X	Collect stool, sputum and urine specimens using appropriate techniques

THE PERSONAL CARE AIDE WILL NOT PERFORM THESE FUNCTIONS UNDER ANY CIRCUMSTANCES:

1. Foley catheter irrigation.
2. Apply a sterile dressing.
3. Give enemas or remove impactions.
4. Perform gastric lavage gavage.
5. Applications of heat in any form.

CUSTOMER SERVICE/INTERPERSONAL SKILL

1. Assists other employees where needed;
2. Is responsible and cooperative with patients/families, supervisors, fellow employees;
3. Maintains friendly working atmosphere;
4. Maintains appropriate attitude;
5. Maintains appropriate appearance;
6. Accepts constructive criticism as evidenced by appropriate changes in behavior.
7. Utilizes established channels of communication.
8. Recognizes, accepts and respects people as individuals;
9. Recognizes limitations and seeks assistance appropriately.

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SPECIALIZED SKILLS AND TECHNICAL COMPETENCIES:

1. Knowledge of safe and appropriate method of providing personal care.
2. Knowledge of meal preparation and basic nutrition.
3. Knowledge of environmental management and safety.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. Check one physical requirement which applies to this position:

MEDIUM WORK: Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently and/or up to 10 pounds of force constantly to move objects.

WORK ENVIRONMENT: Patient's home, facilities

Confidentiality Statement:

Agency records are maintained in a safe and secure area with specific access availability to ensure confidentiality. Agency records, files, documents and reports are the exclusive property of the Agency. Only authorized personnel will have access to clinical/financial/personnel records.

All agency records, files, documents and Access to confidential employee/patient information files will be limited to agency personnel involved in the care and service of the patient.

Agency staff with access to computer files holds all information in strictest confidence in the processing, storage and discarding of all data. Only authorized personnel will have access to written and computer data information; Authorized personnel will be assigned passwords/access codes to computer files necessary to conduct their responsibilities;

Responsibilities of this job position has clearance for access to the following confidential information:

Patient plans of care, identifying patient data.

I have been oriented to the agency's confidentiality policy. I understand that any Agency employees who do not honor the Confidentiality Policy are subject to termination and possible legal action. I agree to abide by the agency's confidentiality policy.

Employee Signature: _____ Date: _____

Eff. Date:

Signature :

Review Date:

Signature:

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