JOB DESCRIPTION

Home Health Aide (HHA)

JOB SUMMARY:

A paraprofessional individual who is certified by the state and is specifically trained and competent to perform assigned functions of personal care to the client in their residence.

QUALIFICATIONS:

1. Must meet State certification for Home Health Aide training program and competency.
2. Have a sympathetic attitude toward the care of the sick and elderly.
3. Ability to carry out directions, read and write.
4. Maturity and ability to deal effectively with the demands of the job.

RESPONSIBILITIES:

1. Understands and adheres to established FirstLight Home Care policies and procedures.
2. Performs personal care as assigned.
3. Completes appropriate visit records in a timely manner as per FirstLight Home Care policy.
4. Reports changes in the client's condition and needs to the appropriate supervisor.
5. Performs household services essential to home care in the home as assigned.
6. Ambulates and exercises the client as assigned.
7. Performs simple procedures as trained, e.g., range of motion (ROM) exercises as assigned.
8. Assists with self-administered medications as assigned.
9. Attends in-service and continuing education programs as scheduled and necessary.
10. Attends client care conferences as scheduled.

WORKING ENVIRONMENT:

Works indoors in FirstLight Home Care office and client homes and travels to/from client homes.

JOB RELATIONSHIPS:

1. Supervised by: Case Coordinator
RISK EXPOSURE:

High risk

LIFTING REQUIREMENTS:

Ability to perform the following tasks if necessary:

- Ability to participate in physical activity.
- Ability to work for extended period of time while standing and being involved in physical activity.
- Heavy lifting.
- Ability to do extensive bending, lifting and standing on a regular basis.

I have read the above job description and fully understand the conditions set forth therein, and if employed as a Home Health Aide, I will perform these duties to the best of my knowledge and ability.

__________  ____________________________________________
Date          Signature