

**DEPARTMENT-APPROVED EDUCATIONAL PROGRAM FOR
GERIATRIC ASSISTANT OR HOME HEALTH AIDE OR FOR NURSE AIDE (NOT
COVERED UNDER 22 VAC 40-73-200 C 2)
(See 22 VAC 40-73-200 C 6)**

Name of Direct Care Staff: _____

Name of Facility: _____

Address of Facility: _____

Phone Number of Facility: _____

Name of Facility Representative Submitting Form: _____

Title of Facility Representative: _____ Date Submitted: _____

Which course did the staff person complete?

Geriatric assistant

Home health aide

Nurse aide

Who provided the course?

Hospital _____

(Specify Name & Address)

Nursing facility _____

(Specify Name & Address)

Educational institution _____

(Specify Name & Address)

What is the trainer's name, title, sponsoring entity, and qualifications? _____

How many clock hours of instruction did this course involve? _____

Did this course include classroom and clinical instruction? Yes No

When did the staff person obtain this training? _____

Date(s)

Did the course include the following: *(Check all that were included)*

_____ a. Core Curriculum.

- _____ (1) Communication and interpersonal skills;
- _____ (2) Infection control;
- _____ (3) Safety and emergency procedures, including the Heimlich Maneuver;
- _____ (4) Promoting resident independence;
- _____ (5) Respecting residents' rights.

_____ b. Basic skills.

- _____ (1) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor or to an authority designated by the facility;
- _____ (2) Measuring and recording routine vital signs;
- _____ (3) Measuring and recording height and weight;
- _____ (4) Caring for the residents' environment;
- _____ (5) Measuring and recording fluid and food intake and output;
- _____ (6) Performing basic emergency measures;
- _____ (7) Caring for resident when death is imminent.

_____ c. Personal care skills.

- _____ (1) Bathing and oral hygiene;
- _____ (2) Grooming;
- _____ (3) Dressing;
- _____ (4) Toileting;
- _____ (5) Assisting with eating and hydration including proper feeding techniques;
- _____ (6) Caring for skin;
- _____ (7) Transfer, positioning and turning.

_____ d. Individual resident's needs including mental health and social service needs.

- _____ (1) Identifying the psychosocial characteristics of the populations who reside in long-term care facilities;
- _____ (2) Modifying the aide's behavior in response to behavior of residents;
- _____ (3) Identifying developmental tasks associated with the aging process;
- _____ (4) Providing training in and the opportunity for self care according to residents' capabilities;
- _____ (5) Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated;
- _____ (6) Demonstrating skills supporting age-appropriate behavior by allowing the resident to make personal choices, providing and reinforcing other behavior consistent with residents' dignity;
- _____ (7) Utilizing resident's family or concerned others as a source of emotional support;
- _____ (8) Responding appropriately to resident's behavior.

_____ e. Care of the cognitively impaired resident.

- _____ (1) Using techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others);
- _____ (2) Communicating with cognitively impaired residents;
- _____ (3) Demonstrating an understanding of the behavior of cognitively impaired residents;
- _____ (4) Responding appropriately to the behavior of cognitively impaired residents;
- _____ (5) Using methods to reduce the effects of cognitive impairment.

- _____ f. Skills for basic restorative services.
 - _____ (1) Using assistive devices in transferring, ambulation, eating and dressing;
 - _____ (2) Maintaining range of motion;
 - _____ (3) Turning and positioning, both in bed and chair;
 - _____ (4) Bowel and bladder training;
 - _____ (5) Caring for and using prosthetic and orthotic devices;
 - _____ (6) Teaching the resident in self-care according to the resident's abilities as directed by a supervisor.

- _____ g. Residents' rights.
 - _____ (1) Providing privacy and maintaining confidentiality;
 - _____ (2) Promoting the resident's right to make personal choices to accommodate individual needs;
 - _____ (3) Giving assistance in resolving grievances and disputes;
 - _____ (4) Providing assistance necessary to participate in resident and family groups and other activities;
 - _____ (5) Maintaining care and security of the resident's personal possessions;
 - _____ (6) Promoting the resident's rights to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff as well as the need to report suspected incidents of such treatment as a mandated APS reporter as required by law;
 - _____ (7) Avoiding the need for restraints in accordance with current professional standards.

Please attach outline of the course/curriculum. Instruction should be at least 40 hours and cover the content areas outlined above.

To Be Completed By Licensing Staff and Returned to Direct Care Staff Person at the Facility

Name of the Direct Care Staff: _____

Name of ALF: _____

Approval is for the educational program for nurse aide, geriatric assistant, home health aide, or nurse aide – 22 VAC 40-73-200 C 6.

_____ Approved

_____ Not Approved

Signature of Licensing Staff: _____

Printed Name: _____

Title: _____ Date: _____

One copy of this form should be placed in the staff member's file and the staff member should have a copy of this form.