OKLAHOMA State Department of Health

Nurse Aide Registry
PO Box 268816
Oklahoma City, OK 73126-8816
Tel. (405) 426-8150

OAC 310:677-9-4 The Home Health Aide training program shall include a minimum of 75 hours of combined classroom & supervised practical training or the equivalent. The training program shall include, but is not limited to, each of the following subject areas:

HOME HEALTH AIDE TRAINING CURRICULUM

	Identify time spent in training in the following areas:				
	Classroom	**Video**	**Lab**	**Text Book, Chapter, Unit Module**	**Page #'s**
(1) Communication skills.					
(2) Observation, reporting and documentation of client status and the care or services furnished.					
(3) Taking and recording temperature, pulse, and respiration;					
(4) Basic infection control procedures.					
(5) Basic elements of body functioning and changes in body function that must be reported to the aide's supervisor.					
(6) Maintenance of a clean, safe, and healthy environment.					
(7) Recognizing an emergency and necessary emergency procedures.					
(8) The physical, emotional, and developmental needs of, and ways to work with, the populations served by the home care agency, including the need for respect for the client, and the client's privacy and property.					
(9) Appropriate and safe techniques in personal hygiene and grooming including but not limited to the following: bed bath, sponge, tub or shower bath, shampoo, sink, tub, or bed, nail and skin care, oral hygiene and toileting and elimination.					
(I0) Safe transfer techniques and ambulation.					
(11) Normal range of motion and positioning.					
(12) Adequate nutrition and fluid intake;					
(13) Any other task that the home care agency may choose to have the home care aide perform.					
TOTAL HOURS					

	Classroom	Video	Lab	Text Book, Chapter, Unit Module	Page #'s
TOTAL HOURS					

CURRICULUM AND TEXT BOOKS BEING USED FOR PROGRAM:
TOTAL CLASSROOM/VIDEO HOURS:
TOTAL LAB HOURS:
TOTAL CLINICAL HOURS:
TOTAL PROGRAM HOURS:
EXPECTED DURATION IN WEEKS TO COMPLETE TRAINING PROGRAM:

NAME OF TRAINING ENTITY

NAME OF INDIVIDUAL COMPLETING CURRICULUM