



COMPASSION.
COMPETENCE.
CONFIDENCE.
Care That Makes a Difference.



SAFE CARE.
STRONGER FUTURES.
TOGETHER.



STAFF PAMPHLET

HOME HEALTH AIDE FOR MEDICALLY FRAGILE CHILDREN

TRAINING CURRICULUM PROGRAM
(80 HOUR COMPREHENSIVE PROGRAM)



Equipping caregivers with the knowledge, skills, and compassion to provide safe, high-quality care for medically fragile children in the comfort of home.

KNOWLEDGE.
SKILLS.
COMPASSION.
Changing Lives.



EVIDENCE-BASED TRAINING
Current. Relevant. Reliable.



COMPASSIONATE CARE
Respect. Empathy. Dignity.



CLINICAL EXCELLENCE
Skills. Safety. Best Practices.



FAMILY-CENTERED SUPPORT
Partnering for Better Outcomes.



COMPLIANCE & ACCOUNTABILITY
Standards. Quality. Trust.



STRONGER TOGETHER
Supporting Caregivers. Strengthening Families.

Empowering Home Health Aides to Make a Lasting Difference



SAMPLE

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SAMPLE

Prepared in accordance with the uploaded curriculum manual structure for AHCA Home Health Agency compliance review.

HOME HEALTH AIDE FOR MEDICALLY FRAGILE CHILDREN TRAINING CURRICULUM PROGRAM (80 Hour Comprehensive Training Program)

This curriculum is designed to meet the minimum training requirements for Home Health Aides providing services to medically fragile children under the age of 21 in accordance with Florida Medicaid, AHCA, and applicable state regulatory standards. The curriculum establishes the foundational, pediatric-specific, clinical competency, and RN oversight requirements necessary to ensure safe, competent, and compliant pediatric home health care services.

Program Objectives:

- Reduce unnecessary hospitalizations and emergency department utilization.
- Improve continuity and quality of care for medically fragile children.
- Support family caregivers in safely providing delegated care.
- Ensure Home Health Aides demonstrate competency in pediatric-specific clinical skills.
- Strengthen RN oversight, delegation, supervision, and ongoing competency assessment.
- Maintain compliance with AHCA, Medicaid, and Home Health regulatory requirements.

PROGRAM ELIGIBILITY REQUIREMENTS

Participants must:

- Be employed by a licensed Home Health Agency.
- Be 18 years of age or older.
- Successfully complete the approved training curriculum.
- Demonstrate competency in pediatric-specific delegated tasks.
- Be physically and mentally capable of safely performing delegated duties.
- Successfully complete all clinical validation under RN supervision.
- Comply with agency background screening, infection control, and confidentiality requirements.

CURRICULUM STRUCTURE AND TOTAL HOURS

Training Component	Hours
Foundational Home Health Aide Training	20
Pediatric Theoretical Instruction	25
Pediatric Skills Training	30
Clinical Competency Validation	16
Additional Agency Policy & Emergency Training	4
Total Program Hours	80

MODULE 1 – INTRODUCTION TO PEDIATRIC HOME HEALTH CARE (4 Hours)

- Role and responsibilities of the Home Health Aide
- Scope of practice and delegated duties

- Patient rights and confidentiality
- Cultural sensitivity and family-centered care
- Professional boundaries and ethics

MODULE 2 – PEDIATRIC DEVELOPMENT AND SPECIAL NEEDS (6 Hours)

- Growth and developmental stages
- Developmental disabilities
- Behavioral and emotional support
- Communication with pediatric patients and caregivers

MODULE 3 – PEDIATRIC COMPLEX MEDICAL CONDITIONS (10 Hours)

- Prematurity and neonatal complications
 - Respiratory disorders and chronic lung disease
 - Cardiac disorders
 - Neurological disorders and seizure precautions
 - Muscular dystrophy and mobility limitations
 - Developmental and genetic disorders
- Assisting with medical tasks such as applying and removing anti-embolism stockings, providing catheter care, and assisting with colostomy bags

MODULE 4 – INFECTION CONTROL & SAFETY (6 Hours)

- Standard precautions
- Hand hygiene
- PPE use and disposal
- Medication safety
- Environmental safety and emergency preparedness

MODULE 5 – RESPIRATORY CARE & TRACHEOSTOMY MANAGEMENT (12 Hours)

- Tracheostomy care and cleaning
- Tracheostomy suctioning
- Emergency trach replacement procedures
- Oxygen administration
- Ventilator management support
- CPAP and nebulizer assistance
- Recognition of respiratory distress and desaturation

MODULE 6 – ENTERAL FEEDING & GASTROSTOMY CARE (8 Hours)

- NG tube and G-tube feeding procedures
- Enteral feeding pump management
- Aspiration precautions
- Complication management
- Hydration monitoring

MODULE 7 – MEDICATION ASSISTANCE & RN DELEGATION (6 Hours)

- Medication administration principles
- RN delegation requirements
- Medication documentation
- Route-specific medication training
- Controlled substance restrictions

MODULE 8 – MOBILITY, SKIN CARE, AND WOUND MANAGEMENT (6 Hours)

- Safe transfer techniques
- Pressure injury prevention
- Positioning and ROM exercises
- Basic wound care support
- Use of mobility devices

MODULE 9 – EMERGENCY RESPONSE & INCIDENT REPORTING (6 Hours)

- Emergency recognition and response
- CPR awareness
- Seizure management
- Trach dislodgement emergencies
- Mandatory adverse incident reporting within 48 hours

MODULE 10 – CLINICAL COMPETENCY VALIDATION (16 Hours)

- Direct patient competency evaluation
- RN supervised skill validation
- Return demonstrations
- Documentation competency
- Care coordination and communication

RN OVERSIGHT AND COMPETENCY REQUIREMENTS

- All delegated tasks must be assigned by a qualified Registered Nurse (RN).
- Training and competency validations must be conducted directly by qualified RNs.
- The RN shall perform supervisory visits at least every sixty (60) days.
- Supervisory visits shall include patient assessment, aide observation, skills review, and documentation review.
- Competency validation must include in-person demonstration and RN evaluation.
- Ongoing remediation and retraining shall be provided when deficiencies are identified.
- Documentation of supervisory visits and competency assessments shall be maintained in the employee training file.

SKILLS VALIDATION REQUIREMENTS

The trainee must successfully demonstrate competency in the following areas:

- Tracheostomy suctioning and emergency care
- Oxygen administration and respiratory monitoring
- Enteral feeding and feeding pump management
- Infection prevention and PPE use
- Medication assistance and documentation
- Emergency response procedures
- Safe transfer and positioning techniques
- Wound care assistance
- Equipment operation and troubleshooting

REPORTING AND COMPLIANCE REQUIREMENTS

The agency shall maintain policies and procedures to ensure compliance with state reporting requirements including:

- Mandatory adverse incident reporting within forty-eight (48) hours through the required electronic reporting system.
- Annual pediatric services data reporting due by November 1 of each year.
- Data collection covering services provided from October 1 through September 30 annually.
- Maintenance of training records, attendance logs, competency checklists, and RN supervisory documentation.
- Documentation available for AHCA inspection and review.
- Maintenance of all records according to agency retention policies and applicable regulatory requirements.
- Compliance monitoring and QAPI review processes for pediatric services.

PROGRAM COMPLETION REQUIREMENTS

To successfully complete the program, participants must:

- Attend all required training hours.
- Successfully pass written examinations with a minimum score established by agency policy.
- Successfully complete all skills demonstrations.
- Successfully complete clinical competency validations.
- Demonstrate safe and competent pediatric patient care.
- Maintain compliance with agency policies and RN instructions.

QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT

The agency's QAPI program shall monitor compliance with this curriculum and pediatric care standards through:

- Periodic training audits.
- Skills observation and field supervision.
- Incident tracking and trending.
- Patient and caregiver feedback review.
- Ongoing staff education and competency updates.
- Annual curriculum review and revision based on regulatory updates and best practices.

STRENGTHENED RN OVERSIGHT AND SUPERVISION REQUIREMENTS

This training material provides education regarding strengthened Registered Nurse (RN) oversight, delegation, competency validation, medication supervision, and pediatric clinical oversight requirements for Home Health Aides caring for medically fragile children.

OVERVIEW

The care of medically fragile pediatric patients requires enhanced clinical oversight by a qualified Registered Nurse (RN). The RN is responsible for patient assessment, delegation of tasks, competency validation, medication oversight, patient safety monitoring, and ongoing supervision of the Home Health Aide.

HOME HEALTH AIDES MUST BE EMPLOYEES OF THE HOME HEALTH AGENCY

Home Health Aides caring for medically fragile children must be employees of the licensed home health agency to ensure accountability, ongoing training, supervision, competency validation, and compliance with agency policies and regulatory requirements.

ALL TASKS MUST BE DELEGATED AND SUPERVISED BY A REGISTERED NURSE

The Home Health Aide may only perform tasks permitted by regulations, delegated by the Registered Nurse, included in the Plan of Care, and competency validated according to agency policy and patient safety requirements.

RN TRAINING AND COMPETENCY VALIDATION REQUIREMENTS

Training and competency validation must be conducted directly by qualified Registered Nurses through classroom instruction, return demonstrations, patient-specific skills validation, ongoing observation, and documented competency evaluations.

RN'S CENTRAL ROLE IN PEDIATRIC OVERSIGHT

The Registered Nurse maintains responsibility for patient assessment, clinical decision-making, care planning, delegation, supervision, patient safety evaluation, and coordination of care for medically fragile pediatric patients.

RN SUPERVISORY VISITS

The Registered Nurse shall conduct supervisory visits according to regulatory requirements and agency policy, including observation of patient care, review of documentation, competency assessment, caregiver support, and reinforcement of patient safety practices.

MEDICATION ADMINISTRATION OVERSIGHT

Medication-related tasks may only occur under RN delegation, patient-specific instruction, competency validation, and according to state regulations and agency policy.

ROUTE-SPECIFIC MEDICATION TRAINING

Additional training and competency validation are required for each medication administration route including oral, enteral, inhaled, topical, nebulizer, and oxygen-related medication support procedures.

PROHIBITION ON CONTROLLED SUBSTANCES

The Home Health Aide shall not independently administer controlled substances unless specifically permitted by state law, agency policy, and direct RN delegation requirements.

ONGOING COMPETENCY ASSESSMENT

Competency assessment is an ongoing process requiring routine RN observation, retraining, annual competency reviews, corrective instruction, and continued evaluation of delegated task performance.

HIGHER PEDIATRIC COMPLEXITY REQUIRES STRICTER TRAINING EXPECTATIONS

Medically fragile pediatric patients often require advanced respiratory care, enteral feeding systems, seizure monitoring, oxygen therapy, mobility support, and emergency intervention readiness requiring enhanced training and RN oversight.

REPORTING REQUIREMENTS

The Home Health Aide shall immediately report changes in patient condition, respiratory distress, medication concerns, equipment malfunction, infection concerns, behavioral changes, and emergency situations to the Registered Nurse.

DOCUMENTATION REQUIREMENTS

Documentation shall include delegated tasks authorized, competency validation records, supervisory visit documentation, medication training records, patient-specific instructions, and ongoing competency assessments according to agency policy.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding strengthened Registered Nurse oversight, delegation requirements, medication supervision, competency validation, supervisory visit requirements, and pediatric patient safety standards applicable to the care of medically fragile pediatric patients.

MINIMUM TRAINING REQUIREMENTS FOR HOME HEALTH AIDES FOR MEDICALLY FRAGILE CHILDREN

POLICY: To achieve several critical objectives: reducing hospitalizations, cutting state expenditures, and providing family caregivers the opportunity to serve as home health aides at a competitive rate. This initiative not only aims to improve the overall well-being of medically fragile children but also supports family caregivers in offering specialized care.

Program Eligibility and Requirements

To be eligible for this program, individuals must:

- Be employed by a licensed home health agency.
- Be 18 years or older.
- Complete the approved training program.
- Be capable of providing specific home health services to patients aged 21 or younger with qualifying conditions.

The program also allows eligible relatives to provide trained nursing services as delegated by a registered nurse.

Importantly, parents, guardians, or family members seeking this training are not required to repay or reimburse the home health agency for the training costs.

Home Health Agency Participation

Participation in the program is optional for home health agencies. To participate, an agency must:

- Be designated as a “skilled” provider participating in the Medicaid program.
- Document their course curriculum in accordance with the minimum requirements outlined by this rule, available for AHCA review.
- Ensure a registered nurse employed by or contracted with the agency conducts supervisory visits of the Home Health Aide for Medically Fragile Children at least every 60 days with documentation of such visits.

Key Additional Training Requirements

The new rule mandates a comprehensive 76-86 hours training program (as State regulate), clearly separating foundational aide training from pediatric-specific instruction and clinical competency validation, which exceeds the existing 75-hour training requirements for home health aides providing Medicaid/Medicare-funded services. Would include standard home health aide foundational coursework, pediatric-specific theoretical instruction, in-person pediatric skills training, and on-site clinical competency validation with a medically fragile child under the supervision of a registered nurse (RN). The curriculum would continue to address complex conditions such as respiratory disorders (including ventilators and tracheostomies), neurological and cardiac conditions, enteral feeding systems, ostomies, mobility supports, emergency response procedures, and developmental disabilities. Importantly, even when coursework is completed online or through hybrid formats, the proposed rule would require in-person skills demonstration and RN-validated competency.

Strengthened RN Oversight:

Reinforces that:

Aides for medically fragile children are employees of the home health agency

All tasks must be delegated and supervised by an RN

Training and competency validation must be conducted directly by qualified RNs — not under general supervision

This further formalizes the RN’s central role in pediatric oversight, delegation, and ongoing competency assessment. Must be RN-delegated medication administration authority while requiring additional route-specific medication training, clear RN instruction and supervision, and must be prohibition on controlled substances. These provisions align increased pediatric complexity with stricter training expectations.

Major additional training requirements include:

Theoretical Instruction and Training (40 hours)

- Understanding pediatric patients with complex or chronic medical conditions, including premature infants, respiratory and cardiac conditions, neurological disorders, and developmental disabilities.
- Assisting with medical tasks such as applying and removing anti-embolism stockings, providing catheter care, and assisting with colostomy bags.
- Recognizing emergencies and performing emergency procedures.

Skills Training (30 hours)

- Providing in-depth tracheostomy care, including suctioning and cleaning.
- Managing respiratory emergencies, such as desaturation and trach tube dislodgement.
- Performing enteral care, covering various feeding methods and managing complications.

- Using medical equipment such as ventilators, CPAP (continuous positive airway pressure) machines, and nebulizers.

Clinical Competency Training and Validation (10 hours)

- Validating skills with actual patients, supervised by a qualified registered nurse.
- Demonstrating competency in critical areas such as wound care, tracheostomy care, and the use of medical devices.

These rigorous training requirements ensure that Home Health Aides for Medically Fragile Children are well-prepared to handle the complexities and high acuity of their patients' needs.

Reporting:

Mandatory adverse incident reporting within 48 hours through its electronic reporting system, as well as annual service data reporting on pediatric services provided and agency activity related to medically fragile children, due each year by November 1. Agencies that fail to submit the required reports could face financial penalties of up to \$500. When our Agency provide skilled services to children under the age of 21 we will develop procedures to gather data on services provided from October 1 of the previous year to September 30 of the current year. Data will be submitted to AHCA by November 1 annually, (to prevent fine of up to \$50 per day for late submissions, not to exceed \$500).

Future Developments and Resources

Regulatory Agencies are in the process of inquiring with the state about whether any training programs are being created or already exist that satisfy these requirements. If additionally, HCAF will host future training sessions on the new program and intends to develop resources to help providers maintain compliance and mitigate risk and liability, our staff will participate on those training.

Notes: _____

SAMPLE

MODULE 1 – INTRODUCTION TO PEDIATRIC HOME HEALTH CARE (4 Hours)

This module provides the foundational knowledge necessary for Home Health Aides caring for medically fragile children in the home setting. Participants will learn the role of the Home Health Aide, scope of practice, patient rights, confidentiality requirements, family-centered care principles, cultural sensitivity, professional ethics, and the importance of maintaining professional boundaries while working under the delegation and supervision of a Registered Nurse (RN).

LEARNING OBJECTIVES

1. Describe the role and responsibilities of the Home Health Aide in pediatric home care.
2. Identify tasks that may and may not be delegated to the Home Health Aide.
3. Explain patient rights and confidentiality requirements.
4. Demonstrate understanding of cultural sensitivity and family-centered pediatric care.
5. Identify professional boundaries and ethical responsibilities.
6. Understand the role of the Registered Nurse in delegation and supervision.

SECTION 1 – ROLE AND RESPONSIBILITIES OF THE HOME HEALTH AIDE

Estimated Time: 45 Minutes

The Home Health Aide (HHA) provides supportive and delegated care services to medically fragile children in the home environment under the supervision of a Registered Nurse (RN).

Responsibilities Include:

- Assisting with activities of daily living (ADLs)
- Observing and reporting changes in the patient's condition
- Assisting with delegated nursing-related tasks
- Maintaining a safe environment
- Following the individualized Plan of Care
- Supporting family caregivers
- Documenting services accurately and timely
- Maintaining patient confidentiality
- Following infection prevention and safety procedures
- Reporting emergencies immediately

SECTION 2 – SCOPE OF PRACTICE AND DELEGATED DUTIES

Estimated Time: 60 Minutes

The Home Health Aide may only perform tasks that are permitted by regulations, delegated by an RN, and validated through competency evaluation.

Delegated Duties May Include:

- Bathing and grooming assistance

- Positioning and transfers
- Enteral feeding assistance
- Tracheostomy care assistance
- Oxygen monitoring
- Vital signs monitoring
- Medication assistance as delegated by RN

Tasks NOT Permitted Independently:

- Nursing assessments
- Clinical judgment or care planning
- IV therapy
- Independent medication administration outside delegated authority
- Physician order changes

SECTION 3 – PATIENT RIGHTS AND CONFIDENTIALITY

Estimated Time: 45 Minutes

All pediatric patients have the right to dignity, respect, privacy, and safe care.

Confidentiality Requirements:

- Maintain HIPAA compliance
- Protect all medical information
- Never discuss patients publicly
- Never share information on social media
- Use agency-approved communication methods only

SECTION 4 – CULTURAL SENSITIVITY AND FAMILY-CENTERED CARE

Estimated Time: 45 Minutes

The Home Health Aide must respect cultural differences, family beliefs, language preferences, and individualized care practices.

Family-Centered Care Includes:

- Respecting family participation
- Supporting caregiver education
- Encouraging communication and collaboration
- Maintaining empathy and compassion

SECTION 5 – PROFESSIONAL BOUNDARIES AND ETHICS

Estimated Time: 45 Minutes

Professional boundaries protect the patient, family, and healthcare worker.

The Home Health Aide Shall:

SECTION 1 – ROLE AND RESPONSIBILITIES OF THE HOME HEALTH AIDE

Estimated Time: 45 Minutes

The Home Health Aide (HHA) provides supportive and delegated care services to medically fragile children in the home environment under the supervision of a Registered Nurse (RN). The HHA plays an important role in maintaining the patient's health, safety, comfort, and overall well-being while assisting the family and healthcare team in carrying out the individualized Plan of Care.

Assisting with Activities of Daily Living (ADLs)

The Home Health Aide assists pediatric patients with bathing, grooming, dressing, oral hygiene, feeding assistance, repositioning, toileting, mobility assistance, and comfort measures while preserving the patient's dignity, safety, and comfort.

Observing and Reporting Changes in the Patient's Condition

The Home Health Aide continuously observes the patient for physical, emotional, respiratory, or behavioral changes and immediately reports concerns such as respiratory distress, fever, seizures, feeding intolerance, skin changes, pain, equipment malfunction, or injuries to the Registered Nurse.

Assisting with Delegated Nursing-Related Tasks

The Home Health Aide may perform delegated nursing-related tasks only after receiving RN training, delegation, and competency validation. Delegated tasks may include enteral feeding assistance, tracheostomy care assistance, oxygen monitoring, suctioning assistance, vital signs monitoring, and medication assistance as delegated by the RN.

Maintaining a Safe Environment

The Home Health Aide is responsible for maintaining a clean, organized, and safe home environment by reducing hazards, ensuring safe use of medical equipment, maintaining infection prevention practices, and reporting unsafe conditions immediately.

Following the Individualized Plan of Care

The Home Health Aide shall provide services according to the individualized Plan of Care established by the physician and Registered Nurse and may not independently modify treatments or perform unauthorized tasks.

Supporting Family Caregivers

The Home Health Aide supports parents, guardians, and caregivers through respectful communication, collaboration, emotional support, and reinforcement of RN-provided education while maintaining professional boundaries.

Documenting Services Accurately and Timely

The Home Health Aide documents all services, delegated tasks, patient observations, vital signs, incidents, and communication with the RN accurately, completely, and according to agency policy and regulatory requirements.

Maintaining Patient Confidentiality

The Home Health Aide protects all patient information in accordance with HIPAA regulations and agency confidentiality policies and shall never discuss patient information publicly or on social media.

Following Infection Prevention and Safety Procedures

The Home Health Aide follows infection prevention procedures including hand hygiene, PPE use, cleaning and disinfection procedures, safe disposal of contaminated materials, and patient-specific precautions.

Reporting Emergencies Immediately

The Home Health Aide must immediately recognize and report emergencies including respiratory distress, seizures, trach dislodgement, injuries, equipment failure, choking, or unsafe conditions and follow agency emergency procedures.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding the role and responsibilities of the Home Health Aide caring for medically fragile children, including patient safety, delegated duties, confidentiality, documentation, infection prevention, and emergency reporting requirements.

Notes: _____

SAMPLE

SECTION 2 – SCOPE OF PRACTICE AND DELEGATED DUTIES

Estimated Time: 60 Minutes

The Home Health Aide (HHA) caring for medically fragile children shall perform only those duties permitted by regulations, delegated by a Registered Nurse (RN), and validated through competency evaluation. The HHA works under RN supervision and may not independently perform skilled nursing functions or clinical decision-making.

UNDERSTANDING THE SCOPE OF PRACTICE

The scope of practice defines the duties and responsibilities legally permitted for the Home Health Aide. All delegated tasks must be authorized by the RN, included in the Plan of Care, and competency validated.

The Home Health Aide shall not independently assess patients, modify treatments, accept physician orders, or make clinical decisions.

BATHING AND GROOMING ASSISTANCE

The Home Health Aide may assist with bathing, oral hygiene, dressing, grooming, skin care, and comfort measures while monitoring for skin breakdown, rashes, bruising, or changes in condition.

POSITIONING AND TRANSFERS

The Home Health Aide may assist with repositioning, transfers, ambulation, range of motion exercises, and use of mobility devices while following patient-specific safety precautions and proper body mechanics.

ENTERAL FEEDING ASSISTANCE

After RN training and competency validation, the Home Health Aide may assist with G-tube feedings, feeding pump monitoring, tube flushing, and repositioning during feedings while observing for aspiration risk or feeding intolerance.

TRACHEOSTOMY CARE ASSISTANCE

The Home Health Aide may assist with tracheostomy care, suctioning assistance, respiratory monitoring, cleaning procedures, and equipment observation after RN delegation and competency validation.

OXYGEN MONITORING

The Home Health Aide may monitor oxygen equipment, pulse oximetry readings if assigned, respiratory status, and oxygen safety procedures. Oxygen settings may not be changed independently unless specifically authorized.

VITAL SIGNS MONITORING

The Home Health Aide may obtain and document temperature, pulse, respirations, blood pressure, pulse oximetry, and weight measurements according to agency policy and RN delegation.

MEDICATION ASSISTANCE AS DELEGATED BY RN

Medication assistance may only occur after RN delegation, instruction, and competency validation according to state regulations and agency policy. The Home Health Aide may not independently administer medications outside delegated authority.

TASKS NOT PERMITTED INDEPENDENTLY

The Home Health Aide may NOT independently perform:

- Nursing assessments
- Clinical judgment or care planning
- IV therapy
- Independent medication administration outside delegated authority
- Physician order changes

RN SUPERVISION REQUIREMENTS

The Registered Nurse is responsible for patient assessment, delegation, competency validation, supervision, and ongoing monitoring of patient safety and care quality. Supervisory visits shall occur at least every 60 days according to agency policy and regulatory requirements.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document delegated tasks completed, patient observations, vital signs, incidents, feeding tolerance, medication assistance, and communication with the RN accurately and timely according to agency policy.

COMPETENCY VALIDATION

The Home Health Aide must successfully complete classroom instruction, skills demonstrations, return demonstrations, competency checklists, and RN supervised validations before independently performing delegated duties.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding the scope of practice, delegated duties, RN supervision requirements, competency validation standards, and prohibited tasks applicable to the Home Health Aide caring for medically fragile children.

SECTION 3 – PATIENT RIGHTS AND CONFIDENTIALITY

Estimated Time: 45 Minutes

All pediatric patients receiving home health services have the right to receive safe, respectful, compassionate, and confidential care. The Home Health Aide (HHA) plays an important role in protecting the patient's dignity, privacy, personal information, and emotional well-being while providing services in the home environment.

LEARNING OBJECTIVES

Upon completion of this training, the Home Health Aide will be able to:

- Identify the rights of pediatric patients and families
- Explain HIPAA confidentiality requirements
- Protect patient privacy and medical information
- Recognize inappropriate disclosure of confidential information
- Demonstrate proper communication practices
- Understand consequences of confidentiality violations

UNDERSTANDING PATIENT RIGHTS

All pediatric patients have the right to dignity, respect, privacy, safe care, family participation in care planning, and confidentiality of personal and medical information. The Home Health Aide shall protect these rights during all patient interactions.

RESPECT AND DIGNITY

The Home Health Aide shall speak respectfully, protect patient privacy during care, encourage patient independence when appropriate, maintain compassion, and respect cultural and religious beliefs.

PRIVACY DURING PATIENT CARE

The Home Health Aide shall protect physical and emotional privacy by closing doors or curtains during care, covering the patient appropriately, limiting unnecessary exposure, and maintaining professionalism within the home.

CONFIDENTIALITY REQUIREMENTS

Confidentiality means protecting all patient information from unauthorized access or disclosure according to HIPAA regulations, agency policy, and legal requirements.

MAINTAIN HIPAA COMPLIANCE

The Home Health Aide shall access patient information only when necessary to provide care, share information only with authorized personnel, protect records from unauthorized access, and report confidentiality breaches immediately.

PROTECT ALL MEDICAL INFORMATION

Protected information includes diagnoses, medications, treatments, medical records, insurance information, photographs, electronic records, family information, and personal identifiers.

NEVER DISCUSS PATIENTS PUBLICLY

The Home Health Aide shall never discuss patient information in restaurants, elevators, social gatherings, public areas, or with unauthorized individuals.

NEVER SHARE INFORMATION ON SOCIAL MEDIA

The Home Health Aide shall never post patient photographs, videos, medical information, or patient situations on social media or personal electronic devices.

USE AGENCY-APPROVED COMMUNICATION METHODS ONLY

Patient information may only be communicated through agency-approved phone systems, secure electronic records, and authorized communication methods.

PROFESSIONAL COMMUNICATION

The Home Health Aide shall maintain respectful and professional communication with patients, families, Registered Nurses, and healthcare team members.

REPORTING CONFIDENTIALITY CONCERNS

The Home Health Aide shall immediately report lost records, unauthorized disclosures, improper communication practices, or suspected HIPAA violations according to agency policy.

CONSEQUENCES OF CONFIDENTIALITY VIOLATIONS

Violation of confidentiality requirements may result in disciplinary action, termination, civil penalties, legal consequences, and regulatory investigation.

PATIENT RIGHTS DURING HOME CARE SERVICES

Patients and families have the right to ask questions, participate in care planning, receive respectful care, refuse services when appropriate, and file complaints without retaliation.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document patient care provided, patient observations, communication with the RN, patient concerns, and incidents accurately, timely, and confidentially according to agency policy.

SECTION 4 – CULTURAL SENSITIVITY AND FAMILY-CENTERED CARE

Estimated Time: 45 Minutes

The Home Health Aide caring for medically fragile children must provide care that is respectful, compassionate, culturally sensitive, and family-centered while recognizing the importance of family participation and individualized care practices.

LEARNING OBJECTIVES

Upon completion of this training, the Home Health Aide will be able to:

- Define cultural sensitivity and family-centered care
- Respect cultural, religious, and family beliefs
- Demonstrate respectful communication
- Support caregiver participation and education
- Encourage collaboration with the healthcare team
- Demonstrate empathy and compassion during patient care

UNDERSTANDING CULTURAL SENSITIVITY

Cultural sensitivity means recognizing, respecting, and responding appropriately to the cultural backgrounds, customs, beliefs, language preferences, and values of patients and families without discrimination or judgment.

RESPECTING CULTURAL DIFFERENCES

The Home Health Aide shall respect family traditions, religious beliefs, language preferences, healthcare practices, and personal values while maintaining safe patient care and following the Plan of Care.

LANGUAGE PREFERENCES AND COMMUNICATION

The Home Health Aide shall communicate respectfully, clearly, and professionally, encourage caregiver questions, report communication barriers to the Registered Nurse, and follow agency policies regarding interpreter services.

UNDERSTANDING FAMILY-CENTERED CARE

Family-centered care recognizes parents, guardians, and caregivers as essential members of the healthcare team who participate in decision-making and patient care support.

RESPECTING FAMILY PARTICIPATION

The Home Health Aide shall encourage caregiver involvement in patient care, respect family routines and preferences, listen respectfully to caregiver concerns, and maintain professionalism during all interactions.

SUPPORTING CAREGIVER EDUCATION

The Home Health Aide may reinforce Registered Nurse-provided education regarding infection prevention, feeding safety, positioning, equipment safety, and emergency procedures according to agency policy.

ENCOURAGING COMMUNICATION AND COLLABORATION

The Home Health Aide shall maintain respectful communication with caregivers, Registered Nurses, physicians, and healthcare team members to promote patient safety and continuity of care.

MAINTAINING EMPATHY AND COMPASSION

The Home Health Aide shall demonstrate patience, compassion, emotional sensitivity, and understanding toward medically fragile children and families experiencing emotional stress or caregiver fatigue.

PROFESSIONAL BEHAVIOR IN THE HOME

The patient's home environment shall be treated respectfully. The Home Health Aide shall maintain professional appearance, behavior, communication, and boundaries at all times.

REPORTING CONCERNS TO THE REGISTERED NURSE

The Home Health Aide shall immediately report communication barriers, unsafe caregiving practices, family conflicts affecting patient safety, signs of abuse or neglect, and caregiver distress to the Registered Nurse.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document caregiver participation, communication with the Registered Nurse, educational reinforcement provided, patient tolerance to care, and significant observations affecting patient care.

COMPETENCY VALIDATION

Competency validation may include classroom participation, verbal discussion, communication skill observation, scenario-based learning, professional behavior evaluation, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding cultural sensitivity, family-centered care, respectful communication, caregiver collaboration, empathy, compassion, and professional interactions applicable to the care of medically fragile pediatric patients.

SECTION 5 – PROFESSIONAL BOUNDARIES AND ETHICS

Estimated Time: 45 Minutes

Professional boundaries and ethical behavior are essential components of safe and effective pediatric home health care. Professional boundaries protect the patient, family, healthcare worker, and agency while promoting safe, respectful, and ethical patient care.

LEARNING OBJECTIVES

Upon completion of this training, the Home Health Aide will be able to:

- Define professional boundaries and ethical conduct
- Maintain professional relationships with patients and families
- Identify inappropriate financial or social involvement
- Demonstrate honest documentation practices
- Recognize unsafe conditions and reporting responsibilities
- Follow agency policies and procedures

UNDERSTANDING PROFESSIONAL BOUNDARIES

Professional boundaries are limits that protect the relationship between the Home Health Aide and the patient or family. Boundaries help prevent conflicts of interest, inappropriate relationships, exploitation, and unsafe care situations.

MAINTAIN PROFESSIONAL RELATIONSHIPS

The Home Health Aide shall maintain respectful professional relationships with patients, caregivers, healthcare providers, and agency staff while maintaining appropriate communication, emotional professionalism, and patient dignity.

AVOID FINANCIAL INVOLVEMENT WITH FAMILIES

The Home Health Aide shall never borrow money, request gifts, participate in financial matters, sell products, or become financially involved with patients or families.

AVOID INAPPROPRIATE SOCIAL INTERACTIONS

The Home Health Aide shall maintain professional boundaries by avoiding inappropriate social relationships, personal involvement, or social media interactions with patients and families.

PROVIDE HONEST DOCUMENTATION

All patient documentation must be accurate, truthful, timely, complete, and completed according to agency policy. False documentation or documenting care not provided is prohibited.

REPORT UNSAFE CONDITIONS IMMEDIATELY

The Home Health Aide shall immediately report unsafe environments, equipment malfunction, abuse, neglect, medication errors, aggressive behavior, safety concerns, or environmental hazards to the Registered Nurse and agency.

FOLLOW AGENCY POLICIES AND PROCEDURES

The Home Health Aide shall comply with all agency policies related to infection prevention, HIPAA confidentiality, patient rights, emergency procedures, safety practices, abuse reporting, documentation standards, and professional conduct.

ETHICAL RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall provide care honestly, respectfully, ethically, and without discrimination while protecting patient dignity, privacy, safety, and legal rights.

PROFESSIONAL BEHAVIOR IN THE HOME

The Home Health Aide shall maintain professional appearance, respectful behavior, proper hygiene, punctuality, and focus on patient care responsibilities while working within the patient's home environment.

REPORTING ABUSE, NEGLECT, OR EXPLOITATION

The Home Health Aide is legally and ethically required to immediately report suspected abuse, neglect, exploitation, unsafe treatment, or patient abandonment according to agency policy and state reporting requirements.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document patient care provided, patient observations, safety concerns, incidents, communication with the Registered Nurse, and unusual findings accurately and timely according to agency policy.

COMPETENCY VALIDATION

Competency validation may include written examinations, verbal discussions, documentation review, observation of professional conduct, and ethics scenario evaluations.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding professional boundaries, ethical responsibilities, patient protection, documentation standards, safety reporting requirements, and compliance with agency policies and procedures applicable to the care of medically fragile pediatric patients.

MODULE 1 – INTRODUCTION TO PEDIATRIC HOME HEALTH CARE

MODULE 1 – INTRODUCTION TO PEDIATRIC HOME HEALTH CARE (4 HOURS)

Caring with Compassion. Supporting Families. Promoting Health and Independence.

1. ROLE AND RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide (HHA) plays a vital role in supporting medically fragile children and their families in the home setting.

Your Role Includes:

- ✓ Providing basic care and assistance under the direction of the Registered Nurse (RN).
- ✓ Supporting the child's health, comfort, safety, and well-being.
- ✓ Observing and reporting changes in the child's condition.
- ✓ Supporting family members and encouraging family involvement in care.
- ✓ Promoting dignity, respect, privacy, and independence.



YOUR CARE MAKES A DIFFERENCE

You are an important part of the healthcare team and a trusted partner in the child's care.



KEY PRINCIPLES



2. SCOPE OF PRACTICE AND DELEGATED DUTIES

The HHA provides care within the limits of training and as delegated by the RN according to the Plan of Care.

YOU MAY:

- ✓ Assist with activities of daily living (ADLs) such as bathing, dressing, grooming, and toileting.
- ✓ Assist with safe transfers, positioning, and mobility.
- ✓ Assist with feeding and oral intake as delegated.
- ✓ Observe and report changes in condition to the RN.
- ✓ Provide companionship and emotional support.
- ✓ Maintain a safe and clean environment.

YOU MAY NOT:

- ✗ Perform nursing tasks (e.g., administering medications, suctioning) unless specifically delegated and trained.
- ✗ Change the Plan of Care.
- ✗ Make independent clinical judgments.
- ✗ Perform tasks beyond your training or delegation.



When in doubt, ask your RN.
Always follow agency policies and procedures.

3. PATIENT RIGHTS AND CONFIDENTIALITY

Every child and family has rights.
You must respect and protect those rights.

Pediatric Patients Have the Right To:

- ♥ Dignity and respect
- 🔒 Privacy and confidentiality
- 🛡️ Safe and quality care
- 📄 Information about their care
- 👥 Participation in decisions

CONFIDENTIALITY



Keep all information about the child and family private.

Do NOT discuss information about patients with anyone not involved in their care.



Protect privacy in all settings:
In the home, in the community, and online.

4. CULTURAL SENSITIVITY AND FAMILY-CENTERED CARE

Every family is unique. Respect values, beliefs, and traditions.
Family-centered care means working together with the family.

WHAT YOU CAN DO:

- ✓ Listen to the family.
- ✓ Respect cultural beliefs and practices.
- ✓ Use respectful language and avoid assumptions.
- ✓ Support family choices whenever possible.
- ✓ Encourage family involvement.



Cultural sensitivity builds trust and improves outcomes.
Treat every family with kindness, respect, and understanding.

5. PROFESSIONAL BOUNDARIES AND ETHICS

Professional behavior protects you, the child, and the family.
Always act in a professional and ethical manner.

PROFESSIONAL BOUNDARIES

- 👥 Keep relationships professional.
- 📁 Do not accept gifts or favors.
- 🔒 Do not share personal information.
- 👁️ Avoid being alone with the child in a closed room without a clear view.
- 👋 Use appropriate touch and communication.

ETHICAL PRACTICE

- ✓ Be honest and reliable.
- ✓ Follow policies and procedures.
- ✓ Report concerns immediately.
- ✓ Always act in the best interest of the child.



When faced with an ethical dilemma, ask yourself: "What is best and safest for the child?"



REMEMBER

You are an essential part of the healthcare team.
Your care, compassion, and professionalism make a positive difference every day.



TEAMWORK

Work together with the RN, family, and other healthcare providers to support the child.



YOUR COMMITMENT

I will provide safe, respectful, and compassionate care every day.



MODULE 2 – PEDIATRIC DEVELOPMENT AND SPECIAL NEEDS

Estimated Time: 6 Hours

This module provides education regarding pediatric growth and development, developmental disabilities, behavioral and emotional support, and effective communication techniques when caring for medically fragile children and their families.

LEARNING OBJECTIVES

Upon completion of this training, the Home Health Aide will be able to:

- Identify pediatric growth and developmental stages
- Recognize common developmental disabilities and special needs
- Provide age-appropriate behavioral and emotional support
- Communicate effectively with pediatric patients and caregivers
- Recognize developmental delays and behavioral concerns

UNDERSTANDING PEDIATRIC GROWTH AND DEVELOPMENT

Growth and development refer to physical, emotional, cognitive, social, and behavioral changes that occur from infancy through adolescence. Medically fragile children may experience developmental delays due to chronic illness, neurological conditions, or physical disabilities.

INFANCY (BIRTH TO 12 MONTHS)

Infants require close monitoring, safe positioning, feeding support, comfort measures, and safe sleep practices. Developmental milestones may include rolling over, sitting, crawling, and vocalization.

TODDLER STAGE (1 TO 3 YEARS)

Toddlers develop mobility, communication, and independence. The Home Health Aide shall maintain close supervision, encourage safe independence, and provide consistent routines and safety precautions.

PRESCHOOL AGE (3 TO 5 YEARS)

Preschool children develop language, imagination, and social interaction skills. The Home Health Aide shall use simple explanations, positive reinforcement, and emotional reassurance during care.

SCHOOL-AGE CHILDREN (6 TO 12 YEARS)

School-age children develop greater independence and awareness of illness and disability. The Home Health Aide shall encourage participation, protect dignity, and provide emotional support.

ADOLESCENTS (13 TO 21 YEARS)

Adolescents may experience emotional sensitivity, body image concerns, and a strong desire for independence. The Home Health Aide shall respect privacy and encourage involvement in care decisions when appropriate.

UNDERSTANDING DEVELOPMENTAL DISABILITIES

Developmental disabilities may affect physical, cognitive, communication, emotional, or social functioning. Children may require specialized routines, adaptive equipment, communication support, and long-term care services.

COMMON DEVELOPMENTAL DISABILITIES

Common developmental disabilities may include Cerebral Palsy, Autism Spectrum Disorder, Down Syndrome, intellectual disabilities, seizure disorders, and neurological impairments.

BEHAVIORAL AND EMOTIONAL SUPPORT

Medically fragile children may experience fear, anxiety, frustration, emotional stress, or behavioral challenges related to chronic illness and medical procedures. The Home Health Aide shall remain calm, patient, supportive, and compassionate.

SUPPORTING EMOTIONAL WELL-BEING

The Home Health Aide shall encourage comfort, emotional reassurance, caregiver participation, and age-appropriate activities while reporting concerning behavioral or emotional changes to the Registered Nurse.

COMMUNICATION WITH PEDIATRIC PATIENTS

The Home Health Aide shall communicate according to the child's age, developmental level, emotional state, and communication abilities using clear, respectful, and age-appropriate language.

COMMUNICATION WITH NON-VERBAL CHILDREN

The Home Health Aide may use facial expressions, gestures, communication boards, assistive devices, and observation of behavioral cues when communicating with non-verbal pediatric patients.

COMMUNICATION WITH CAREGIVERS

The Home Health Aide shall maintain respectful and professional communication with caregivers, encourage questions, reinforce RN-provided education, and promptly report concerns to the Registered Nurse.

FAMILY-CENTERED COMMUNICATION

Family-centered communication includes respecting caregiver knowledge, promoting collaboration, supporting emotional well-being, and encouraging participation in the patient's care.

SAFETY CONSIDERATIONS

The Home Health Aide shall immediately report behavioral concerns, developmental changes, emotional distress, communication difficulties, signs of abuse or neglect, or safety concerns to the Registered Nurse.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document developmental observations, patient behaviors, caregiver participation, emotional concerns, communication issues, educational reinforcement, and communication with the Registered Nurse.

COMPETENCY VALIDATION

Competency validation may include classroom participation, verbal discussion, communication skill observation, scenario-based learning, behavioral support demonstrations, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding pediatric growth and developmental stages, developmental disabilities, behavioral and emotional support, and communication with pediatric patients and caregivers applicable to the care of medically fragile pediatric patients.

Notes: _____

SAMPLE

RECOGNIZING DEVELOPMENTAL DELAYS AND BEHAVIORAL CONCERNS

This training material provides education for Home Health Aides caring for medically fragile children regarding recognition of developmental delays, behavioral concerns, emotional distress, and communication challenges requiring observation and reporting to the Registered Nurse.

UNDERSTANDING DEVELOPMENTAL DELAYS

Developmental delays occur when a child does not reach expected developmental milestones related to physical, cognitive, speech, social, emotional, or behavioral functioning within the expected age range.

CAUSES OF DEVELOPMENTAL DELAYS

Developmental delays may occur due to prematurity, chronic illness, neurological disorders, genetic conditions, seizure disorders, physical disabilities, respiratory conditions, long-term hospitalization, or sensory impairments.

PHYSICAL DEVELOPMENT CONCERNS

The Home Health Aide shall observe and report concerns such as delayed sitting, crawling, walking, poor coordination, difficulty swallowing, feeding problems, muscle weakness, stiffness, or balance problems.

SPEECH AND LANGUAGE CONCERNS

The Home Health Aide shall observe limited speech development, difficulty understanding instructions, inability to express needs, delayed language development, lack of eye contact, or lack of response to voices and sounds.

COGNITIVE DEVELOPMENT CONCERNS

Developmental concerns may include difficulty learning new skills, poor attention span, memory difficulties, delayed problem-solving abilities, or inability to follow simple instructions.

SOCIAL AND EMOTIONAL CONCERNS

The Home Health Aide shall observe social withdrawal, excessive fear, anxiety, emotional outbursts, lack of interest in play, unusual emotional responses, or difficulty bonding with caregivers.

UNDERSTANDING BEHAVIORAL CONCERNS

Behavioral concerns may occur due to chronic illness, pain, emotional stress, developmental disabilities, communication difficulties, sensory overload, medication side effects, or environmental changes.

COMMON BEHAVIORAL CONCERNS

The Home Health Aide shall observe and report aggressive behavior, excessive crying, self-injurious behavior, mood changes, sleep disturbances, severe anxiety, repetitive behaviors, refusal of care, or behavioral regression.

RECOGNIZING EMOTIONAL DISTRESS

Signs of emotional distress may include fearfulness, sadness, withdrawal, changes in appetite, difficulty sleeping, irritability, anger, frustration, or loss of interest in activities.

AUTISM SPECTRUM DISORDER (ASD) OBSERVATIONS

Possible observations associated with Autism Spectrum Disorder may include repetitive behaviors, limited eye contact, delayed speech, difficulty with social interaction, sensory sensitivities, and difficulty with changes in routine.

ADHD OBSERVATIONAL CONCERNS

Behavioral observations associated with ADHD may include hyperactivity, impulsiveness, excessive movement, poor attention span, and difficulty following instructions.

BEHAVIORAL SUPPORT TECHNIQUES

The Home Health Aide shall remain calm, use positive reinforcement, provide clear instructions, maintain routines, redirect inappropriate behaviors safely, and provide emotional reassurance.

REPORTING DEVELOPMENTAL OR BEHAVIORAL CONCERNS

The Home Health Aide shall immediately report developmental regression, behavioral changes, emotional distress, self-harm concerns, aggressive behavior, feeding difficulties, safety concerns, or sudden communication changes to the Registered Nurse.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document developmental observations, behavioral changes, emotional status, communication concerns, patient responses to care, and communication with the Registered Nurse objectively and accurately.

SAFETY CONSIDERATIONS

Developmental or behavioral concerns may increase the risk of falls, injury, wandering, aspiration, aggressive behavior, equipment interference, or emotional crises requiring close observation and reporting.

FAMILY SUPPORT AND COMMUNICATION

The Home Health Aide shall provide compassionate support, respectful communication, and encouragement to families while recognizing caregiver stress, emotional fatigue, and anxiety related to caring for medically fragile children.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding recognition of developmental delays, behavioral concerns, emotional distress, communication difficulties, safety concerns, and reporting requirements applicable to the care of medically fragile pediatric patients.

MODULE 2 – PEDIATRIC DEVELOPMENT AND SPECIAL NEEDS






MODULE 2 – PEDIATRIC DEVELOPMENT AND SPECIAL NEEDS (6 HOURS)

HOME HEALTH AIDE FOR MEDICALLY FRAGILE CHILDREN TRAINING CURRICULUM PROGRAM

1. GROWTH AND DEVELOPMENTAL STAGES

Children grow and develop in different ways and at different rates. Understanding typical development helps you provide appropriate care and support.

DEVELOPMENTAL STAGES

INFANT 0–12 Months	TODDLER 1–3 Years	PRESCHOOL 3–5 Years	SCHOOL AGE 6–12 Years	ADOLESCENT 13+ Years
				
<ul style="list-style-type: none"> • Rapid growth • Learns through senses • Needs physical comfort and routine 	<ul style="list-style-type: none"> • Exploring and moving • Developing independence • Uses simple words 	<ul style="list-style-type: none"> • Imagination grows • Learns through play • Increasing social interaction 	<ul style="list-style-type: none"> • Builds skills and confidence • Understands rules • Developing relationships 	<ul style="list-style-type: none"> • Physical changes • Developing identity • Needs guidance and support

REMEMBER:

Every child is unique. Growth may be affected by medical conditions, disabilities, or life experiences. Be patient, observant, and supportive.

2. DEVELOPMENTAL DISABILITIES

Developmental disabilities affect how a child learns, communicates, behaves, or performs daily activities.

COMMON TYPES

-  **Autism Spectrum Disorder (ASD)**
Challenges with social interaction, communication, and behavior.
-  **Cerebral Palsy (CP)**
Affects movement, muscle control, and coordination.
-  **Down Syndrome**
Caused by a genetic condition that affects development.
-  **Intellectual Disabilities**
Affects learning, problem-solving, and daily living skills.
-  **Other Conditions**
Examples include ADHD, sensory processing disorder, epilepsy, etc.

HOW YOU CAN HELP






- ✓ Treat every child with respect and dignity.
- ✓ Follow the care plan and individualized instructions.
- ✓ Encourage independence based on ability.
- ✓ Provide a safe, supportive environment.
- ✓ Be patient and celebrate small achievements.
- ✓ Communicate concerns to the RN.



3. BEHAVIORAL AND EMOTIONAL SUPPORT

Children may express feelings and behaviors differently. Your support helps them feel safe, understood, and valued.

COMMON BEHAVIORS






-  Anxiety or fear
-  Frustration
-  Tantrums
-  Withdrawn behavior
-  Sensory sensitivities



HOW YOU CAN SUPPORT

- ✓ Use calm voice and positive tone.
- ✓ Offer choices when possible.
- ✓ Follow routines and provide structure.
- ✓ Respond gently.
- ✓ Provide praise and encouragement.
- ✓ Allow time to calm down.
- ✓ Report ongoing concerns to the RN.

TIPS FOR SUCCESS

-  Stay calm and patient.
-  Understand triggers.
-  Use simple words.
-  Give warnings before transitions.
-  Provide comfort and reassurance.

4. COMMUNICATION WITH PEDIATRIC PATIENTS AND CAREGIVERS

Effective communication builds trust, safety, and quality care.

WITH PEDIATRIC PATIENTS



- ✓ Use age-appropriate words.
- ✓ Speak clearly and calmly.
- ✓ Listen and show interest.
- ✓ Encourage questions.
- ✓ Be respectful and supportive.
- ✓ Use nonverbal communication (smiles, eye contact).

GOOD COMMUNICATION LEADS TO BETTER CARE



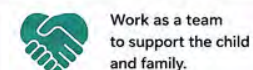
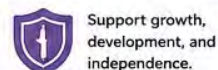
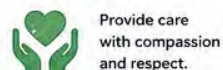
WITH CAREGIVERS AND FAMILIES



- ✓ Listen actively.
- ✓ Share accurate observations.
- ✓ Respect family values and beliefs.
- ✓ Maintain confidentiality.
- ✓ Report updates to the RN.
- ✓ Work together as a team.



ALWAYS TREAT THE CHILD AND FAMILY WITH RESPECT, KINDNESS, AND COMPASSION. YOU ARE AN IMPORTANT PART OF THEIR CARE TEAM!



REMEMBER:
Your care makes a difference in the life of a medically fragile child and their family every day.

MODULE 3 – PEDIATRIC COMPLEX MEDICAL CONDITIONS

Total Training Hours: 10 Hours

This training module provides education regarding pediatric complex medical conditions commonly encountered in medically fragile children receiving home health services. The Home Health Aide works under the supervision of the Registered Nurse and provides supportive and delegated care according to the individualized Plan of Care.

LEARNING OBJECTIVES

- Identify common pediatric complex medical conditions
- Recognize signs and symptoms requiring immediate reporting
- Provide safe supportive care according to the Plan of Care
- Understand respiratory, cardiac, neurological, and developmental challenges
- Recognize emergency situations requiring immediate intervention

SECTION 1 – PREMATURETY AND NEONATAL COMPLICATIONS

Premature infants are babies born before 37 weeks gestation and may experience respiratory complications, feeding difficulties, developmental delays, temperature instability, infection risks, and neurological complications.

The Home Health Aide shall monitor respiratory status, feeding tolerance, developmental progress, infection signs, and oxygen support needs while reporting complications immediately to the Registered Nurse.

COMMON NEONATAL COMPLICATIONS

Common complications may include Respiratory Distress Syndrome (RDS), Bronchopulmonary Dysplasia (BPD), feeding difficulties, aspiration risks, developmental delays, and chronic lung disease requiring long-term support and observation.

SECTION 2 – RESPIRATORY DISORDERS AND CHRONIC LUNG DISEASE

Children with chronic respiratory disorders may require oxygen therapy, tracheostomy care, ventilator support, nebulizer treatments, and close respiratory monitoring.

The Home Health Aide shall observe for respiratory distress, retractions, cyanosis, oxygen desaturation, increased secretions, wheezing, equipment malfunction, and emergency respiratory complications.

TRACHEOSTOMY AND VENTILATOR SUPPORT

The Home Health Aide may assist with delegated tracheostomy care, suctioning assistance, ventilator monitoring, oxygen monitoring, and respiratory equipment safety according to RN instruction and competency validation.

SECTION 3 – CARDIAC DISORDERS

Children with cardiac disorders may experience fatigue, poor circulation, respiratory distress, feeding intolerance, cyanosis, and activity limitations.

The Home Health Aide shall monitor activity tolerance, feeding tolerance, skin color, respiratory status, and immediately report signs of cardiac distress or sudden changes in condition.

SECTION 4 – NEUROLOGICAL DISORDERS AND SEIZURE PRECAUTIONS

Neurological disorders may affect mobility, communication, behavior, muscle control, breathing, and developmental functioning. Common conditions may include seizure disorders, cerebral palsy, hydrocephalus, and traumatic brain injury.

SEIZURE PRECAUTIONS

The Home Health Aide shall protect the patient from injury during seizures, monitor seizure duration and symptoms, maintain emergency equipment accessibility, and immediately report seizure activity according to agency policy.

The Home Health Aide shall never place objects in the patient's mouth or restrain seizure movements.

SECTION 5 – MUSCULAR DYSTROPHY AND MOBILITY LIMITATIONS

Children with muscular dystrophy and mobility limitations may require assistance with transfers, positioning, mobility devices, respiratory monitoring, and prevention of falls and pressure injuries.

The Home Health Aide shall use proper body mechanics, assist safely with mobility devices, observe for respiratory weakness, and follow positioning schedules.

SECTION 6 – DEVELOPMENTAL AND GENETIC DISORDERS

Developmental and genetic disorders may affect communication, learning, mobility, emotional functioning, and social interaction. Common conditions may include Autism Spectrum Disorder, Down syndrome, intellectual disabilities, and developmental delays.

COMMUNICATION AND BEHAVIORAL SUPPORT

The Home Health Aide shall use age-appropriate communication, maintain patience and compassion, reduce overstimulation, support routines when possible, and provide emotional reassurance to pediatric patients and caregivers.

EMERGENCY REPORTING REQUIREMENTS

The Home Health Aide shall immediately report respiratory distress, seizures, cyanosis, equipment malfunction, sudden weakness, fever, feeding intolerance, infection signs, behavioral changes, or safety concerns to the Registered Nurse.

MODULE 3

DETAILED RESPONSIBILITIES FOR SPECIALIZED MEDICAL TASK ASSISTANCE

This training material provides detailed education regarding delegated specialized medical task assistance for Home Health Aides caring for medically fragile pediatric patients, including anti-embolism stockings, catheter care assistance, and colostomy/ostomy care assistance under Registered Nurse supervision.

UNDERSTANDING DELEGATED MEDICAL TASKS

Specialized medical-related supportive tasks may only be performed after Registered Nurse delegation, patient-specific instruction, competency validation, and according to agency policy and state regulations.

ANTI-EMBOLISM STOCKINGS – PURPOSE

Anti-embolism stockings improve circulation and help reduce risks associated with immobility, swelling, venous stasis, and blood clot formation in medically fragile pediatric patients.

RESPONSIBILITIES WHEN APPLYING STOCKINGS

The Home Health Aide shall perform hand hygiene, inspect skin integrity, position the patient safely, apply stockings smoothly without wrinkles, monitor circulation, and observe for pain, redness, swelling, numbness, or skin breakdown.

RESPONSIBILITIES WHEN REMOVING STOCKINGS

The Home Health Aide shall carefully remove stockings, observe skin condition after removal, monitor for circulation concerns, pressure marks, redness, swelling, or skin injury, and report abnormalities immediately.

UNDERSTANDING URINARY CATHETERS

Urinary catheters may be required for pediatric patients with neurological disorders, mobility limitations, bladder dysfunction, post-surgical recovery, or congenital abnormalities.

CATHETER CARE ASSISTANCE RESPONSIBILITIES

The Home Health Aide may assist with routine catheter hygiene, maintaining tubing position, preventing pulling or kinking, emptying drainage bags if delegated, measuring output if assigned, and observing for complications.

INFECTION PREVENTION DURING CATHETER CARE

The Home Health Aide shall perform hand hygiene, wear gloves appropriately, maintain clean technique, keep drainage bags below bladder level, and avoid contamination of catheter equipment.

SIGNS OF CATHETER COMPLICATIONS

The Home Health Aide shall immediately report fever, cloudy urine, foul odor, blood in urine, leakage, reduced urine output, pain, catheter blockage, or signs of infection.

UNDERSTANDING OSTOMIES

Pediatric patients may require ostomy care due to congenital abnormalities, gastrointestinal disorders, neurological conditions, or surgical procedures. Types may include colostomy, ileostomy, and urostomy.

OSTOMY CARE ASSISTANCE RESPONSIBILITIES

The Home Health Aide may assist with emptying ostomy pouches, cleaning the outside of equipment, observing the stoma site, monitoring skin integrity, assisting with pouch changes if delegated, and reporting abnormalities.

OBSERVING THE STOMA SITE

The Home Health Aide shall observe for redness, swelling, bleeding, leakage, foul odor, skin irritation, skin breakdown, or changes in stoma appearance requiring immediate reporting.

PROVIDING EMOTIONAL SUPPORT

The Home Health Aide shall maintain patient dignity, provide emotional reassurance, protect privacy, use respectful communication, and support caregivers during specialized medical task assistance.

REPORTING REQUIREMENTS

The Home Health Aide shall immediately report skin breakdown, circulation concerns, signs of infection, severe leakage, bleeding, patient discomfort, equipment malfunction, respiratory distress, or sudden changes in patient condition.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document care provided, patient tolerance, skin observations, catheter observations, ostomy observations, drainage or output if assigned, communication with the Registered Nurse, and complications observed.

COMPETENCY VALIDATION

Competency validation may include classroom instruction, return demonstrations, RN observation, infection prevention review, patient-specific skills demonstrations, and documentation review before independent delegated task performance.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding delegated specialized medical task assistance including anti-embolism stockings, catheter care assistance, colostomy and ostomy care assistance, infection prevention, reporting requirements, patient safety, and documentation standards applicable to the care of medically fragile pediatric patients.

MODULE 3 – PEDIATRIC COMPLEX MEDICAL CONDITIONS

MODULE 3 – PEDIATRIC COMPLEX MEDICAL CONDITIONS (10 HOURS)

Understanding Complex Conditions. Providing Safe, Compassionate, and Skilled Care.



1. PREMATURITY AND NEONATAL COMPLICATIONS

Premature babies may have underdeveloped organs and need special care as they grow.



Common Complications

- Respiratory distress
- Infections
- Feeding difficulties
- Temperature instability
- Apnea (pauses in breathing)

Care Tips

- ✓ Follow the Plan of Care and RN instructions.
- ✓ Monitor for changes in breathing, feeding, and behavior.
- ✓ Maintain a calm, clean, and warm environment.

2. RESPIRATORY DISORDERS AND CHRONIC LUNG DISEASE

Children may have difficulty breathing or require oxygen or respiratory support.



Common Conditions

- Bronchopulmonary Dysplasia (BPD)
- Asthma
- Cystic Fibrosis
- Chronic Lung Disease

Care Tips

- ✓ Observe for increased work of breathing, coughing, wheezing, or color changes.
- ✓ Keep airway clear and follow respiratory treatments as ordered.
- ✓ Position child to promote easy breathing.
- ✓ Report changes to the RN promptly.

3. CARDIAC DISORDERS

Some children are born with heart problems or develop them over time.



Common Conditions

- Congenital Heart Defects
- Heart Failure
- Arrhythmias

Care Tips

- ✓ Monitor for fatigue, poor feeding, swelling, or fast breathing.
- ✓ Follow activity restrictions and medication instructions.
- ✓ Report changes such as chest pain, color changes, or fainting.

4. NEUROLOGICAL DISORDERS AND SEIZURE PRECAUTIONS

Neurological conditions affect the brain, nervous system, and development.



Common Conditions

- Cerebral Palsy
- Epilepsy (Seizure Disorders)
- Hydrocephalus
- Traumatic Brain Injury

Seizure Precautions

- ✓ Stay calm and protect the child.
- ✓ Do not put anything in the child's mouth.
- ✓ Time the seizure.
- ✓ After the seizure, stay with the child and monitor breathing.
- ✓ Report all seizures to the RN.

5. MUSCULAR DYSTROPHY AND MOBILITY LIMITATIONS

These conditions affect muscle strength and movement.



Common Conditions

- Muscular Dystrophy
- Spinal Muscular Atrophy (SMA)
- Other Muscle Weakness Disorders

Care Tips

- ✓ Assist with safe transfers and positioning.
- ✓ Use proper body mechanics and equipment.
- ✓ Encourage independence within ability.
- ✓ Prevent pressure injuries and promote skin integrity.

6. DEVELOPMENTAL AND GENETIC DISORDERS

These conditions can affect learning, behavior, growth, and physical development.



Common Conditions

- Down Syndrome
- Autism Spectrum Disorder (ASD)
- Chromosomal Disorders
- Global Developmental Delay

Care Tips

- ✓ Communicate with patience and respect.
- ✓ Follow routines and structured schedules.
- ✓ Use positive reinforcement.
- ✓ Support the child's strengths and independence.



REMEMBER: Every child is unique. Follow the Plan of Care, respect the family's choices, and work together as a team to promote the child's health, safety, and quality of life.

7. ASSISTING WITH MEDICAL TASKS

Home Health Aides may assist with certain tasks as delegated by the RN and according to the Plan of Care.

A. APPLYING AND REMOVING ANTIEMBOLISM STOCKINGS

Helps promote circulation and prevent blood clots.



SAFETY TIPS

- ✓ Do not pull or stretch the stocking.
- ✓ Check skin for redness or irritation.
- ✓ Report pain, swelling, or changes to the RN.

B. PROVIDING CATHETER CARE (Indwelling Urinary Catheter)

Helps prevent infection and maintains catheter patency.



SAFETY TIPS

- ✓ Never pull or tug on the catheter.
- ✓ Keep the drainage system closed.
- ✓ Report signs of infection (fever, cloudy urine, foul odor, pain).

C. ASSISTING WITH COLOSTOMY BAGS

Helps maintain skin integrity and prevent leaks.



SAFETY TIPS

- ✓ Keep skin clean, dry, and intact.
- ✓ Do not use lotions or powders unless directed.
- ✓ Report redness, swelling, or bleeding to the RN.

KEY POINTS

Know the child's condition and what is normal for them.

Communicate clearly with the RN, family, and healthcare team.

Follow the Plan of Care, agency policies, and safety precautions.

Report any changes in the child's condition immediately.

Provide care with compassion, patience, and respect.

MODULE 4 – INFECTION CONTROL & SAFETY

Total Training Hours: 6 Hours

This training module provides comprehensive education regarding infection prevention, standard precautions, hand hygiene, personal protective equipment (PPE), medication safety, environmental safety, and emergency preparedness for Home Health Aides caring for medically fragile pediatric patients.

LEARNING OBJECTIVES

- Understand infection prevention principles and standard precautions
- Demonstrate proper hand hygiene techniques
- Properly use and dispose of PPE
- Understand medication safety procedures
- Identify environmental safety hazards
- Respond appropriately during emergencies and disasters

SECTION 1 – STANDARD PRECAUTIONS

Standard precautions are infection prevention practices used during all patient care activities to reduce the spread of infectious diseases and protect patients, caregivers, and healthcare workers.

PURPOSE OF STANDARD PRECAUTIONS

Standard precautions help prevent infection transmission, reduce exposure to infectious materials, protect medically fragile pediatric patients, and promote patient safety.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

The Home Health Aide shall cover coughs and sneezes appropriately, dispose of tissues properly, perform hand hygiene after respiratory contact, wear masks when required, and immediately report signs of infection.

CLEANING AND DISINFECTING EQUIPMENT

The Home Health Aide shall clean and disinfect equipment according to agency policy including oxygen equipment, feeding pumps, wheelchairs, suction machines, nebulizers, and high-touch surfaces.

SECTION 2 – HAND HYGIENE

Hand hygiene is the most important method of preventing infection transmission and shall be performed before and after patient contact, after removing gloves, before handling medications, and after exposure to body fluids.

HANDWASHING PROCEDURES

The Home Health Aide shall wash hands using soap and water for at least 20 seconds, clean all surfaces of the hands, rinse thoroughly, and dry using clean towels according to infection prevention procedures.

SECTION 3 – PPE USE AND DISPOSAL

Personal Protective Equipment (PPE) protects healthcare workers and patients from infection exposure and may include gloves, masks, gowns, face shields, and eye protection.

GLOVE USE

The Home Health Aide shall wear gloves when exposure to blood, body fluids, respiratory secretions, catheter care, ostomy care, wound care, or contaminated materials is possible.

MASKS, GOWNS, AND EYE PROTECTION

Additional PPE may be required during respiratory procedures, suctioning assistance, tracheostomy care, cleaning contaminated equipment, or when splash exposure is possible.

PPE DISPOSAL PROCEDURES

The Home Health Aide shall dispose of PPE properly in designated waste containers, avoid contamination during removal, and perform hand hygiene immediately after PPE removal.

SECTION 4 – MEDICATION SAFETY

Medication safety is critical for medically fragile pediatric patients due to complex medication regimens, weight-based dosing, respiratory medications, and increased sensitivity to medication errors.

MEDICATION SAFETY RESPONSIBILITIES

Medication-related tasks may only occur under RN delegation, competency validation, and according to agency policy. The Home Health Aide shall observe for side effects, maintain medication security, and report concerns immediately.

SIGNS OF MEDICATION REACTIONS

The Home Health Aide shall immediately report rash, swelling, difficulty breathing, excessive drowsiness, vomiting, seizures, behavioral changes, or changes in consciousness.

SECTION 5 – ENVIRONMENTAL SAFETY AND EMERGENCY PREPAREDNESS

The Home Health Aide shall identify environmental hazards including fall risks, fire hazards, unsafe equipment, oxygen safety concerns, electrical hazards, and unsafe storage of medications or supplies.

FALL PREVENTION

The Home Health Aide shall maintain clear walkways, assist safely with mobility, use transfer safety procedures, observe for balance problems, and prevent injuries during patient care activities.

OXYGEN SAFETY

The Home Health Aide shall keep oxygen away from flames and heat sources, secure oxygen tanks properly, observe tubing for damage, and immediately report equipment concerns.

EMERGENCY PREPAREDNESS

The Home Health Aide shall understand evacuation procedures, emergency contacts, disaster preparedness plans, emergency equipment locations, and patient-specific emergency procedures.

EMERGENCY RESPONSE RESPONSIBILITIES

The Home Health Aide shall remain calm during emergencies, follow agency emergency procedures, notify the Registered Nurse immediately, and maintain patient safety during emergency situations.

REPORTING REQUIREMENTS

The Home Health Aide shall immediately report infection concerns, medication errors, environmental hazards, equipment malfunction, exposure incidents, injuries, and emergency situations according to agency policy.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document infection prevention procedures, medication observations, emergency incidents, environmental safety concerns, communication with the RN, and patient responses to care accurately and timely.

COMPETENCY VALIDATION

Competency validation may include hand hygiene demonstrations, PPE demonstrations, medication safety review, emergency response drills, infection prevention scenarios, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding infection prevention, standard precautions, hand hygiene, PPE use, medication safety, environmental safety, emergency preparedness, reporting requirements, and patient safety standards applicable to the care of medically fragile pediatric patients.

MODULE 4

STANDARD PRECAUTIONS AND HAND HYGIENE TRAINING

This training material provides detailed education regarding standard precautions, infection prevention, hand hygiene, handwashing procedures, respiratory hygiene, and patient safety requirements applicable to the care of medically fragile pediatric patients.

STANDARD PRECAUTIONS

Standard precautions are infection prevention practices used during all patient care activities to reduce the spread of infectious diseases and protect pediatric patients, family caregivers, healthcare workers, and the home environment.

PURPOSE OF STANDARD PRECAUTIONS

Standard precautions help prevent infection transmission, reduce exposure to infectious organisms, protect medically fragile pediatric patients from complications, and maintain safe home healthcare practices.

STANDARD PRECAUTIONS APPLY TO

Standard precautions apply to blood, body fluids, respiratory secretions, mucous membranes, non-intact skin, contaminated equipment, drainage, and potentially infectious materials encountered during patient care.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall perform hand hygiene, wear gloves and PPE appropriately, clean and disinfect equipment, dispose of contaminated materials safely, and immediately report signs of infection or exposure incidents.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE

The Home Health Aide shall cover coughs and sneezes appropriately, dispose of tissues safely, perform hand hygiene after respiratory contact, wear masks when required, and report signs of respiratory infection immediately.

CLEANING AND DISINFECTING EQUIPMENT

The Home Health Aide shall clean and disinfect feeding pumps, oxygen equipment, suction machines, nebulizers, wheelchairs, adaptive devices, and high-touch surfaces according to agency infection prevention procedures.

HAND HYGIENE

Hand hygiene is the single most effective method of preventing infection transmission and shall be performed before and after patient contact, after glove removal, before handling medications, and after exposure to body fluids.

WHEN HAND HYGIENE MUST BE PERFORMED

Hand hygiene shall be performed before patient contact, feeding assistance, medication assistance, wound care, catheter care, and after patient contact, glove removal, diaper changes, coughing, sneezing, or handling contaminated materials.

HANDWASHING PROCEDURES

The Home Health Aide shall wet hands with water, apply soap, rub hands vigorously for at least 20 seconds, clean all hand surfaces including fingers, nails, thumbs, and wrists, rinse thoroughly, and dry hands completely using clean towels.

ALCOHOL-BASED HAND SANITIZER

Alcohol-based hand sanitizer may be used when hands are not visibly soiled according to agency policy. Soap and water shall be used when contamination with body fluids or visible dirt is present.

GLOVE USE AND HAND HYGIENE

Gloves do not replace hand hygiene. The Home Health Aide shall perform hand hygiene before applying gloves and immediately after glove removal while changing gloves between contaminated and clean tasks.

COMMON HAND HYGIENE ERRORS

The Home Health Aide shall avoid inadequate handwashing time, missing fingertips or thumbs, touching contaminated surfaces after handwashing, reusing disposable gloves, or skipping hand hygiene after glove removal.

SIGNS OF INFECTION REQUIRING IMMEDIATE REPORTING

The Home Health Aide shall immediately report fever, redness, swelling, drainage, increased coughing, respiratory distress, vomiting, diarrhea, skin breakdown, or behavioral changes associated with illness.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document infection prevention procedures performed, signs of infection observed, exposure incidents, communication with the Registered Nurse, and equipment cleaning according to agency policy.

COMPETENCY VALIDATION

Competency validation may include handwashing demonstrations, infection prevention scenarios, PPE demonstrations, verbal discussions, observation during patient care, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding standard precautions, infection prevention, hand hygiene, handwashing procedures, respiratory hygiene, PPE requirements, patient safety standards, and reporting requirements applicable to the care of medically fragile pediatric patients.

MODULE 4 – INFECTION CONTROL & SAFETY

MODULE 4 – INFECTION CONTROL & SAFETY (6 HOURS)

Safe Practices. Healthy Children. Peace of Mind for Families.



1. STANDARD PRECAUTIONS

Use standard precautions with every child, every time, regardless of diagnosis.



- Treat all blood and body fluids as if infectious.
- Use PPE as needed.
- Practice good hand hygiene.
- Handle sharps safely.
- Clean and disinfect surfaces.

Examples of Body Fluids:

Blood, saliva, mucus, vomit, urine, stool, wound drainage, sweat, and any other body fluid.

2. HAND HYGIENE

Clean hands are the best way to prevent infections.

WHEN TO WASH YOUR HANDS



HOW TO WASH



If hands are not visibly dirty, use alcohol-based hand sanitizer (60-95% alcohol).

3. PPE USE AND DISPOSAL

Use the right PPE for the task. Wear it correctly. Remove it safely. Dispose of it properly.

TYPE OF PPE	WHEN TO USE	HOW TO REMOVE	DISPOSAL
GLOVES	When contact with blood, body fluids, mucous membranes, or non-intact skin is possible.	Peel off from wrist without touching outside. Discard.	
MASK	When at risk for respiratory secretions.	Remove by ear loops or ties. Do not touch front. Discard.	
GOWN	When clothing may become soiled.	Unfasten ties, pull away from neck and shoulders, roll inside out. Discard.	
EYE PROTECTION	When splashes or sprays are possible.	Remove from back or sides. Discard or disinfect.	

PPE DISPOSAL TIPS

- Place used PPE in the proper waste container immediately.
- Never reuse single-use items.

4. MEDICATION SAFETY

Always follow the 6 Rights of Medication Administration.

- Right Patient
- Right Medication
- Right Dose
- Right Route
- Right Time
- Right Documentation

MEDICATION SAFETY TIPS

- Verify the medication order and label.
- Check for allergies.
- Use medication as prescribed.
- Do not give medications that are expired, damaged, or unlabeled.
- Store medications safely, out of reach of children.
- Report any side effects or concerns to the RN immediately.



Never leave medications unattended. Document immediately after administration.

ENVIRONMENTAL SAFETY AND EMERGENCY PREPAREDNESS

ENVIRONMENTAL SAFETY

- Keep the child's environment clean and free of clutter.
- Clean and disinfect high-touch surfaces regularly.
- Ensure proper ventilation.
- Handle and dispose of soiled items properly.
- Follow safe food handling and storage practices.

EMERGENCY PREPAREDNESS

Be ready. Know what to do.



REPORT IMMEDIATELY
Report spills, injuries, unsafe conditions, or equipment problems to the RN right away.

COMMON SIGNS OF INFECTION

- Fever
- Redness or swelling
- Warmth
- Drainage
- Cough or shortness of breath
- Vomiting or diarrhea

Report these signs to the RN immediately.



Clean hands save lives.



Use PPE the right way, every time.



Medication safety protects our children.



A safe environment promotes healing and well-being.



Be prepared. Know what to do in an emergency.



Your care, attention, and safety matter.

YOUR ROLE MAKES A DIFFERENCE IN THE HEALTH, SAFETY, AND QUALITY OF LIFE OF MEDICALLY FRAGILE CHILDREN.

MODULE 5 – RESPIRATORY CARE & TRACHEOSTOMY MANAGEMENT

Total Training Hours: 12 Hours

This training module provides comprehensive education regarding respiratory care, tracheostomy management, oxygen administration, ventilator support, CPAP assistance, nebulizer treatments, emergency respiratory procedures, and recognition of respiratory distress in medically fragile pediatric patients.

LEARNING OBJECTIVES

- Understand pediatric respiratory conditions and respiratory support systems
- Assist safely with tracheostomy care and cleaning
- Assist with tracheostomy suctioning procedures
- Understand emergency tracheostomy replacement procedures
- Assist with oxygen administration and oxygen safety
- Support ventilator management and monitoring
- Assist with CPAP and nebulizer treatments
- Recognize signs of respiratory distress and oxygen desaturation

SECTION 1 – UNDERSTANDING PEDIATRIC RESPIRATORY CONDITIONS

Medically fragile pediatric patients may require respiratory support due to chronic lung disease, prematurity complications, neuromuscular disorders, airway abnormalities, ventilator dependence, or respiratory muscle weakness.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall monitor respiratory status, observe breathing patterns, assist with delegated respiratory procedures, monitor equipment function, maintain infection prevention procedures, and immediately report respiratory changes or distress.

SECTION 2 – TRACHEOSTOMY CARE AND CLEANING

A tracheostomy is a surgically created airway opening used to assist breathing. The Home Health Aide may assist with tracheostomy site care, equipment cleaning, respiratory monitoring, and delegated trach care procedures after competency validation.

TRACHEOSTOMY CARE PROCEDURES

The Home Health Aide shall perform hand hygiene, wear gloves appropriately, maintain a clean environment, observe the trach site for redness, swelling, drainage, bleeding, skin breakdown, loose ties, or signs of infection, and immediately report abnormalities.

CLEANING TRACHEOSTOMY EQUIPMENT

The Home Health Aide shall clean reusable respiratory equipment according to agency policy, maintain clean supply storage, prevent contamination, and report damaged or malfunctioning equipment immediately.

SECTION 3 – TRACHEOSTOMY SUCTIONING

Suctioning removes mucus and secretions from the airway to improve breathing and airway clearance. Suctioning assistance may only occur after RN delegation and competency validation.

SIGNS THAT SUCTIONING MAY BE NEEDED

The Home Health Aide shall observe for noisy breathing, visible secretions, increased coughing, respiratory distress, oxygen desaturation, increased work of breathing, or inability to clear secretions independently.

SUCTIONING SAFETY PRECAUTIONS

The Home Health Aide shall use clean technique, monitor patient tolerance, observe for respiratory distress, cyanosis, severe coughing, bleeding, oxygen desaturation, or changes in condition, and immediately report complications.

SECTION 4 – EMERGENCY TRACHEOSTOMY REPLACEMENT PROCEDURES

Tracheostomy emergencies may include trach dislodgement, airway obstruction, mucus plugging, equipment malfunction, respiratory distress, or oxygen desaturation requiring immediate emergency response.

EMERGENCY RESPONSIBILITIES

The Home Health Aide shall remain calm, follow emergency procedures, maintain emergency equipment accessibility, contact emergency services if necessary, and notify the Registered Nurse immediately.

SECTION 5 – OXYGEN ADMINISTRATION

Oxygen therapy assists pediatric patients experiencing respiratory compromise. The Home Health Aide may assist with oxygen monitoring, tubing observation, equipment safety, and monitoring patient tolerance according to RN delegation.

OXYGEN SAFETY PROCEDURES

The Home Health Aide shall keep oxygen away from heat sources and flames, avoid smoking near oxygen equipment, secure oxygen tanks properly, monitor tubing for damage, and report equipment concerns immediately.

SECTION 6 – VENTILATOR MANAGEMENT SUPPORT

Some medically fragile pediatric patients require mechanical ventilator support. The Home Health Aide may assist with monitoring alarms, observing tubing connections, monitoring respiratory status, and maintaining equipment cleanliness.

VENTILATOR SAFETY PRECAUTIONS

The Home Health Aide shall ensure tubing remains connected, monitor for kinks or leaks, keep emergency equipment accessible, report ventilator alarms immediately, and never independently change ventilator settings.

SECTION 7 – CPAP AND NEBULIZER ASSISTANCE

CPAP equipment helps maintain airway opening while nebulizers deliver medications directly into the lungs. The Home Health Aide may assist with equipment setup, monitoring patient tolerance, equipment cleaning, and reporting respiratory concerns.

SECTION 8 – RECOGNITION OF RESPIRATORY DISTRESS AND DESATURATION

Respiratory distress may become life-threatening rapidly. The Home Health Aide shall immediately report rapid breathing, labored breathing, retractions, nasal flaring, wheezing, cyanosis, oxygen desaturation, restlessness, increased secretions, or changes in mental status.

RESPONSIBILITIES DURING RESPIRATORY DISTRESS

The Home Health Aide shall remain calm, follow emergency procedures, monitor respiratory status closely, ensure equipment function, contact the Registered Nurse immediately, and activate emergency medical services if necessary.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document respiratory observations, suctioning assistance, oxygen monitoring, tracheostomy care assistance, equipment concerns, patient tolerance to respiratory procedures, emergency events, and communication with the Registered Nurse.

COMPETENCY VALIDATION

Competency validation may include tracheostomy care demonstrations, suctioning demonstrations, oxygen safety review, respiratory emergency simulations, ventilator equipment review, CPAP and nebulizer demonstrations, and observation during patient care.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding respiratory care, tracheostomy management, suctioning procedures, emergency tracheostomy procedures, oxygen administration, ventilator support, CPAP assistance, nebulizer assistance, recognition of respiratory distress, infection prevention, emergency response procedures, and patient safety requirements applicable to medically fragile pediatric patients.

MODULE 5

ADVANCED RESPIRATORY CARE SKILLS TRAINING AND COMPETENCY VALIDATION

This training material provides detailed education regarding respiratory care demonstrations, competency validation, tracheostomy care assistance, suctioning procedures, oxygen safety, respiratory emergency simulations, ventilator equipment review, CPAP and nebulizer assistance, and observation during patient care for medically fragile pediatric patients.

PURPOSE OF RESPIRATORY COMPETENCY TRAINING

Respiratory competency training ensures that the Home Health Aide can safely assist pediatric patients with respiratory support needs, recognize respiratory emergencies, use respiratory equipment correctly, follow infection prevention procedures, and maintain patient safety.

TRACHEOSTOMY CARE DEMONSTRATIONS

Tracheostomy care training includes tracheostomy site cleaning, skin assessment, trach tie assistance, respiratory observation, infection prevention procedures, emergency airway awareness, and respiratory equipment setup under Registered Nurse supervision.

TRACHEOSTOMY SITE OBSERVATION TRAINING

The Home Health Aide shall learn to observe for redness, swelling, drainage, bleeding, skin breakdown, loose trach ties, foul odor, respiratory distress, and signs of infection requiring immediate reporting.

SUCTIONING DEMONSTRATIONS

Suctioning training includes proper suction machine setup, infection prevention procedures, airway clearance assistance, respiratory assessment, monitoring patient tolerance, and emergency response procedures during suctioning complications.

RECOGNIZING WHEN SUCTIONING MAY BE REQUIRED

The Home Health Aide shall recognize noisy breathing, visible secretions, increased coughing, respiratory distress, oxygen desaturation, increased work of breathing, and inability to clear secretions independently.

SUCTIONING SAFETY TRAINING

The Home Health Aide shall learn suctioning duration limits, monitoring patient tolerance, infection prevention procedures, oxygen saturation monitoring if assigned, and immediate reporting of cyanosis, bleeding, respiratory distress, or severe desaturation.

OXYGEN SAFETY REVIEW

Oxygen safety training includes oxygen equipment handling, oxygen concentrators, oxygen tanks, tubing safety, humidification equipment, fire prevention procedures, and emergency oxygen safety precautions.

OXYGEN FIRE SAFETY TRAINING

The Home Health Aide shall never allow smoking near oxygen equipment, shall keep oxygen away from flames and heat sources, secure oxygen tanks properly, and report equipment malfunction immediately.

RESPIRATORY EMERGENCY SIMULATIONS

Emergency simulation training prepares the Home Health Aide to respond appropriately during respiratory distress, tracheostomy emergencies, ventilator alarms, oxygen desaturation events, airway obstruction, and respiratory equipment malfunction.

TRACHEOSTOMY EMERGENCY SIMULATIONS

Simulation training includes trach dislodgement, mucus plugging, airway obstruction, respiratory distress, emergency communication procedures, emergency supply identification, and emergency response prioritization.

DESATURATION RESPONSE TRAINING

The Home Health Aide shall recognize cyanosis, decreased oxygen saturation, altered mental status, increased work of breathing, respiratory fatigue, restlessness, and respiratory deterioration requiring immediate intervention.

VENTILATOR EQUIPMENT REVIEW

Ventilator training includes ventilator tubing, humidification systems, alarm systems, oxygen connections, emergency equipment, backup batteries, and emergency respiratory procedures for ventilator-dependent pediatric patients.

VENTILATOR ALARM TRAINING

The Home Health Aide shall learn common ventilator alarms, causes of alarms, emergency response procedures, reporting requirements, and approved troubleshooting procedures according to agency policy.

CPAP DEMONSTRATIONS

CPAP training includes equipment setup assistance, mask positioning, respiratory monitoring, equipment cleaning, patient tolerance observation, and identification of respiratory distress or equipment malfunction.

NEBULIZER DEMONSTRATIONS

Nebulizer training includes medication delivery assistance, equipment preparation, patient monitoring, equipment cleaning, recognition of medication reactions, wheezing, respiratory distress, and increased coughing.

OBSERVATION DURING PATIENT CARE

Clinical observation allows the Registered Nurse to validate competency regarding hand hygiene, PPE use, respiratory equipment handling, suctioning assistance, oxygen monitoring, emergency response readiness, communication skills, and documentation accuracy.

DOCUMENTATION OF COMPETENCY VALIDATION

Competency validation documentation shall include training dates, respiratory skills demonstrated, return demonstration results, RN instructor signatures, patient-specific validation if applicable, and remediation provided when necessary.

ONGOING COMPETENCY ASSESSMENT

Respiratory care competency shall be reassessed annually, after respiratory emergencies, when patient conditions change, after performance concerns, or when new respiratory equipment or procedures are introduced.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding respiratory care demonstrations, tracheostomy care assistance, suctioning procedures, oxygen safety, respiratory emergency simulations, ventilator management support, CPAP and nebulizer assistance, competency validation procedures, infection prevention, emergency response, and patient safety standards applicable to medically fragile pediatric patients.

Notes:

SAMPLE

MODULE 5 – RESPIRATORY CARE & TRACHEOSTOMY MANAGEMENT



MODULE 5 – RESPIRATORY CARE & TRACHEOSTOMY MANAGEMENT (12 HOURS)

Safe Care. Clear Airway. Better Breathing. Better Lives.



1. TRACHEOSTOMY CARE AND CLEANING

Daily trach care helps prevent infection and keeps the airway open.

STEPS

- 1 Gather supplies.
- 2 Wash hands and explain to the child.
- 3 Put on gloves.
- 4 Remove and replace trach ties if soiled.
- 5 Clean around the stoma with normal saline and gauze.
- 6 Dry and apply new dressing if needed.



SUPPLIES

- Clean gloves
- Trach ties
- Normal saline
- Dressing (if ordered)
- Gauze
- Trash bag

TIPS

- ✓ Keep stoma clean and dry.
- ✓ Do not use hydrogen peroxide.
- ✓ Report redness, swelling, or drainage.

2. TRACHEOSTOMY SUCTIONING

Suction to remove mucus when needed.

WHEN TO SUCTION

- ✓ Gurgling or noisy breathing
- ✓ Increased secretions
- ✓ Visible mucus
- ✓ Decreased oxygen saturation
- ✓ Restlessness or difficulty breathing

STEPS

- 1 Wash hands and gather supplies.
- 2 Explain the procedure.
- 3 Pre-oxygenate if ordered.
- 4 Open catheter package; connect to suction.
- 5 Insert catheter without suction.
- 6 Apply suction while withdrawing (5–10 seconds max).
- 7 Allow rest between passes.
- 8 Rinse catheter and dispose.



SUPPLIES



⚠ Never suction for more than 10 seconds. Monitor oxygen saturation and heart rate.

3. EMERGENCY TRACH REPLACEMENT PROCEDURES

Be prepared. Act quickly. Stay calm.

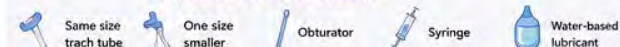
WHEN TO REPLACE

- Accidental decannulation
- Blocked or dislodged trach tube
- Unable to pass suction catheter
- Difficulty ventilating

EMERGENCY STEPS

- 1 Stay calm. Call for help.
- 2 Assess the child and call 911 if needed.
- 3 Place the child in a comfortable position.
- 4 Remove the old trach (if present).
- 5 Insert new trach with obturator using a gentle, twisting motion.
- 6 Remove obturator and attach ventilation if needed.
- 7 Secure trach ties.
- 8 Confirm placement and monitor the child.

SUPPLIES TO HAVE READY



⚠ Know your child's trach size and keep an emergency bag with all supplies at all times.

4. OXYGEN ADMINISTRATION

Provide oxygen as ordered to maintain adequate oxygen levels.

DEVICES



SAFETY TIPS

- ✓ Check the order and flow rate.
- ✓ Ensure equipment is working.
- ✓ Check skin around nares and ears.
- ✓ Keep tubing untangled and away from the face.
- ✓ Monitor oxygen saturation.
- ✓ Report changes to the RN.

⚠ Fire Safety: Oxygen supports combustion. Keep away from open flames and smoking.

5. VENTILATOR MANAGEMENT SUPPORT

Assist with ventilator care as trained and delegated. Do not make independent changes.

YOUR ROLE

- ✓ Ensure ventilator is plugged in and working.
- ✓ Check alarms and settings.
- ✓ Observe the child's response.
- ✓ Check tubing and connections.
- ✓ Keep equipment clean.
- ✓ Report all concerns to the RN.



⚠ Always follow the Plan of Care and manufacturer instructions.

6. CPAP AND NEBULIZER ASSISTANCE

CPAP (Continuous Positive Airway Pressure)

- ✓ Ensure mask fits properly.
- ✓ Check straps and skin.
- ✓ Monitor for leaks.
- ✓ Observe for comfort and effectiveness.



NEBULIZER

- ✓ Gather medication and equipment.
- ✓ Assemble nebulizer.
- ✓ Administer treatment as ordered.
- ✓ Encourage slow, deep breaths.
- ✓ Clean and store equipment.



CLEANING REMINDER

Clean nebulizer parts after each use as ordered to prevent infection.

7. RECOGNITION OF RESPIRATORY DISTRESS AND DESATURATION

SIGNS OF RESPIRATORY DISTRESS

- ✓ Rapid breathing
- ✓ Nasal flaring
- ✓ Retractions (skin pulls in around ribs/neck)
- ✓ Grunting
- ✓ Wheezing or stridor
- ✓ Increased secretions
- ✓ Restlessness or fatigue
- ✓ Color changes (pale, blue lips)
- ✓ Oxygen saturation below target



WHAT TO DO

- 1 Assess the child.
- 2 Check airway and equipment.
- 3 Suction if needed.
- 4 Increase oxygen as ordered.
- 5 Notify the RN immediately.
- 6 Call 911 if severe.

KEY REMINDERS

Wash hands before and after care.

Use sterile technique for suctioning.

Keep emergency supplies ready at all times.

Monitor oxygen saturation and report changes.

You are an important part of the child's care team.

COMPASSION + SKILL = QUALITY CARE
Your care helps children breathe easier and live better every day.

FOLLOW THE PLAN OF CARE. WHEN IN DOUBT, ASK YOUR RN. SAFETY, SKILL, AND COMPASSION MAKE THE DIFFERENCE.

MODULE 6 – ENTERAL FEEDING & GASTROSTOMY CARE

Total Training Hours: 8 Hours

This training module provides comprehensive education regarding enteral feeding procedures, gastrostomy tube care, nasogastric tube feeding support, enteral feeding pump management, aspiration precautions, complication recognition, and hydration monitoring for medically fragile pediatric patients.

LEARNING OBJECTIVES

- Understand enteral feeding systems and feeding tube types
- Assist safely with NG tube and G-tube feeding procedures
- Assist with enteral feeding pump management
- Follow aspiration precautions and feeding safety procedures
- Recognize feeding complications and emergency situations
- Monitor hydration status and nutritional tolerance

SECTION 1 – UNDERSTANDING ENTERAL FEEDING

Enteral feeding provides nutrition directly into the stomach or intestines through feeding tubes when patients cannot safely eat or drink by mouth due to swallowing disorders, neurological conditions, respiratory compromise, or developmental disabilities.

TYPES OF FEEDING TUBES

Nasogastric (NG) tubes are inserted through the nose into the stomach for short-term nutritional support, while Gastrostomy tubes (G-tubes) are surgically inserted into the stomach for long-term feeding support.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide may assist with feeding preparation, feeding pump support, patient positioning, hydration monitoring, G-tube site observation, equipment cleaning, and monitoring feeding tolerance according to RN delegation.

SECTION 2 – NG TUBE AND G-TUBE FEEDING PROCEDURES

The Home Health Aide shall perform hand hygiene, gather feeding supplies, verify patient identity, maintain proper patient positioning, monitor feeding tolerance, and follow aspiration precautions during enteral feedings.

PATIENT POSITIONING DURING FEEDINGS

Proper positioning helps reduce aspiration risk. The Home Health Aide shall maintain head elevation according to the Plan of Care and avoid feeding patients lying flat unless specifically instructed.

G-TUBE SITE CARE OBSERVATION

The Home Health Aide shall observe the feeding tube site for redness, swelling, drainage, bleeding, leakage, skin irritation, foul odor, pain, or signs of infection requiring immediate reporting.

INFECTION PREVENTION DURING FEEDINGS

The Home Health Aide shall perform proper hand hygiene, maintain clean feeding supplies, prevent contamination of feeding equipment, follow formula storage instructions, and clean equipment according to agency policy.

SECTION 3 – ENTERAL FEEDING PUMP MANAGEMENT

Feeding pumps deliver enteral nutrition continuously or intermittently according to prescribed schedules. The Home Health Aide may assist with monitoring feeding progress, tubing connections, equipment cleanliness, and pump alarms.

FEEDING PUMP SAFETY RESPONSIBILITIES

The Home Health Aide shall observe tubing for kinks or disconnections, prevent accidental tube pulling, report pump alarms immediately, and never independently change feeding pump settings unless specifically authorized.

SECTION 4 – ASPIRATION PRECAUTIONS

Aspiration occurs when food, liquid, or stomach contents enter the lungs instead of the stomach and may cause respiratory distress, pneumonia, infection, or respiratory failure.

ASPIRATION PREVENTION RESPONSIBILITIES

The Home Health Aide shall maintain proper positioning during and after feedings, monitor feeding tolerance, observe respiratory status, and immediately report coughing, choking, gagging, wheezing, or respiratory distress.

SIGNS OF ASPIRATION

Signs requiring immediate reporting include coughing during feedings, choking, vomiting, wet breath sounds, cyanosis, increased secretions, oxygen desaturation, wheezing, and respiratory distress.

SECTION 5 – COMPLICATION MANAGEMENT

Common enteral feeding complications may include vomiting, diarrhea, constipation, feeding intolerance, abdominal distension, tube displacement, aspiration, dehydration, respiratory complications, and skin breakdown.

SIGNS REQUIRING IMMEDIATE REPORTING

The Home Health Aide shall immediately report respiratory distress, tube dislodgement, severe abdominal swelling, bleeding, fever, feeding pump malfunction, aspiration symptoms, severe diarrhea, or decreased responsiveness.

SECTION 6 – HYDRATION MONITORING

Proper hydration is essential for growth, circulation, organ function, and medication effectiveness. Pediatric patients receiving enteral feedings may be at increased risk for dehydration during illness or feeding intolerance.

SIGNS OF DEHYDRATION

The Home Health Aide shall immediately report dry mouth, decreased urine output, dark urine, lethargy, sunken eyes, irritability, poor skin turgor, rapid heart rate, or weakness.

PATIENT COMFORT AND FAMILY SUPPORT

The Home Health Aide shall maintain patient dignity, provide emotional reassurance, use respectful communication, support caregiver participation, and reinforce RN-provided education during feeding procedures.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document feeding assistance provided, feeding tolerance, hydration observations, patient positioning, tube site observations, respiratory concerns, pump alarms, communication with the RN, and complications observed.

COMPETENCY VALIDATION

Competency validation may include feeding procedure demonstrations, aspiration precaution demonstrations, feeding pump review, hydration monitoring review, emergency complication scenarios, observation during patient care, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding NG tube feeding procedures, gastrostomy tube care, enteral feeding pump management, aspiration precautions, complication management, hydration monitoring, infection prevention, emergency response procedures, and patient safety requirements applicable to medically fragile pediatric patients.

Notes: _____

MODULE 6

DETAILED RESPONSIBILITIES OF THE HOME HEALTH AIDE – ENTERAL FEEDING & GASTROSTOMY CARE

This training material provides detailed education regarding the responsibilities of the Home Health Aide when assisting medically fragile pediatric patients receiving enteral feeding and gastrostomy care services under Registered Nurse delegation and supervision.

FEEDING PREPARATION RESPONSIBILITIES

The Home Health Aide shall perform hand hygiene, gather feeding supplies, verify patient identity, observe expiration dates, maintain clean feeding preparation areas, follow patient-specific instructions, and prevent contamination during feeding preparation.

SAFE HANDLING OF ENTERAL FORMULA

The Home Health Aide shall store formula according to manufacturer instructions, rehydrate formula if required, avoid prolonged room temperature exposure, prevent contamination, and report concerns regarding formula safety immediately.

FEEDING PUMP SUPPORT RESPONSIBILITIES

The Home Health Aide may assist with feeding pump observation, monitoring feeding progress, observing tubing connections, preventing accidental disconnections, monitoring alarms, and maintaining feeding equipment cleanliness.

FEEDING PUMP ALARMS

Feeding pump alarms may indicate tube blockage, air in tubing, feeding completion, low battery, flow interruption, tubing disconnection, or equipment malfunction. All alarms and equipment concerns shall be immediately reported.

PATIENT POSITIONING RESPONSIBILITIES

Proper patient positioning helps reduce aspiration risks and improves feeding tolerance. The Home Health Aide shall maintain head elevation according to the Plan of Care and monitor patient comfort and respiratory status during feedings.

OBSERVING FOR POSITIONING INTOLERANCE

The Home Health Aide shall immediately report coughing, gagging, vomiting, respiratory distress, increased secretions, oxygen desaturation, cyanosis, or discomfort occurring during or after feedings.

HYDRATION MONITORING RESPONSIBILITIES

The Home Health Aide may monitor fluid intake if assigned, observe urine output, identify signs of dehydration, monitor feeding tolerance, and report vomiting, diarrhea, weakness, lethargy, or changes in patient condition.

SIGNS OF DEHYDRATION

Signs requiring immediate reporting include dry mouth, decreased urine output, dark urine, sunken eyes, weakness, rapid heart rate, increased irritability, poor skin turgor, lethargy, and dehydration concerns.

G-TUBE SITE OBSERVATION RESPONSIBILITIES

The Home Health Aide shall observe the G-tube site for redness, swelling, drainage, bleeding, leakage, foul odor, skin irritation, pain, tenderness, or tube displacement concerns requiring immediate reporting.

INFECTION PREVENTION DURING G-TUBE CARE

The Home Health Aide shall perform proper hand hygiene, use gloves according to policy, maintain clean feeding supplies, prevent contamination of feeding systems, and follow all infection prevention procedures.

EQUIPMENT CLEANING RESPONSIBILITIES

The Home Health Aide shall clean feeding pumps, feeding bags, tubing, syringes, and related feeding equipment according to agency policy and manufacturer instructions while observing for damage or malfunction.

MONITORING FEEDING TOLERANCE

The Home Health Aide shall observe for patient comfort, stable respiratory status, absence of vomiting, appropriate activity level, absence of abdominal distension, and overall feeding tolerance during and after feedings.

SIGNS OF FEEDING INTOLERANCE

The Home Health Aide shall immediately report vomiting, diarrhea, abdominal swelling, constipation, respiratory distress, increased secretions, gagging, choking, coughing during feedings, irritability, or changes in consciousness.

RESPIRATORY MONITORING DURING FEEDINGS

The Home Health Aide shall observe for increased work of breathing, wheezing, coughing, cyanosis, oxygen desaturation, respiratory distress, or changes in breathing patterns during feeding procedures.

COMMUNICATION AND REPORTING RESPONSIBILITIES

The Home Health Aide shall promptly communicate feeding concerns, report complications immediately, notify the Registered Nurse regarding abnormalities, follow emergency procedures, and maintain patient safety during all feeding-related activities.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document feeding assistance provided, patient positioning, feeding tolerance, hydration observations, tube site observations, respiratory concerns, pump alarms, complications observed, and communication with the Registered Nurse.

MODULE 6 – ENTERAL FEEDING & GASTROSTOMY CARE

MODULE 6 – ENTERAL FEEDING & GASTROSTOMY CARE (8 HOURS)

Safe Nutrition. Prevent Complications. Promote Growth. Support Quality of Life.



1. NG TUBE AND G-TUBE FEEDING PROCEDURES

A. NG TUBE FEEDING (Nasogastric Tube)



- 1 Wash hands and gather supplies.
- 2 Verify tube placement as ordered.
- 3 Elevate head of bed 30–45 degrees.
- 4 Check formula, amount, and rate.
- 5 Flush tube with water as ordered.
- 6 Start feeding slowly as ordered.
- 7 Flush tube with water after feeding.

NG TUBE CHECK

Verify placement as ordered and monitor for signs of intolerance.

- Coughing
- Gagging
- Nausea
- Abdominal distention

B. G-TUBE FEEDING (Gastrostomy Tube)



- 1 Wash hands and gather supplies.
- 2 Check stoma site and skin.
- 3 Attach syringe and check placement (aspirate stomach contents if ordered).
- 4 Flush tube with water as ordered.
- 5 Administer feeding as ordered.
- 6 Flush tube with water after feeding.
- 7 Clean and cap/close tube as ordered.

G-TUBE SITE CARE

- Clean around stoma daily and as needed.
- Use mild soap and water.
- Rinse and pat dry.
- Check for redness, swelling, or drainage.

TUBE PLACEMENT CHECK

Check residuals as ordered and monitor for signs of intolerance.

- Nausea
- Vomiting
- Bloating
- Abdominal pain

2. ENTERAL FEEDING PUMP MANAGEMENT



- 1 Wash hands and gather supplies.
- 2 Prime the tubing per manufacturer's instructions.
- 3 Program pump: rate, volume, and time.
- 4 Start the feeding and check for proper flow.
- 5 Monitor pump for alarms.
- 6 Keep tubing free from kinks.
- 7 Maintain pump per agency policy.
- 8 Document feeding, rate, and tolerance.



PUMP SAFETY TIPS

- ✓ Keep pump above the level of the stomach.
- ✓ Do not force connections.
- ✓ Check expiration dates on formula and tubing.
- ✓ Clean pump per agency policy.
- ✓ Report errors or issues to the RN.

3. ASPIRATION PRECAUTIONS



Elevate head of bed 30–45 degrees during feeding and for at least 30–60 minutes after.



Check gastric residuals as ordered.



Monitor for signs of aspiration.



Do not lay flat during or after feeding.

SIGNS OF ASPIRATION

- Coughing during or after feeding
- Gagging or choking
- Wet/gurgly voice
- Wheezing
- Shortness of breath
- Fever
- Changes in oxygen saturation
- Increased secretions



If aspiration is suspected, stop feeding, keep child upright, and notify the RN immediately. Follow the Plan of Care.

4. COMPLICATION MANAGEMENT

COMPLICATION	SIGNS	WHAT TO DO
Tube Clogged	<ul style="list-style-type: none"> • Resistance when flushing • Feeding does not go in 	<ul style="list-style-type: none"> • Do not force • Attempt flushing per policy • Notify RN if unable to clear
Dislodged Tube	<ul style="list-style-type: none"> • Tube partially or completely comes out 	<ul style="list-style-type: none"> • Do not reinsert • Cover site (G-tube) with clean dressing • Notify RN immediately
Skin Irritation / Infection (G-tube site)	<ul style="list-style-type: none"> • Redness, swelling • Drainage • Pain 	<ul style="list-style-type: none"> • Clean site per policy • Keep area dry and clean • Notify RN if signs of infection
Nausea / Vomiting	<ul style="list-style-type: none"> • Nausea • Vomiting • Bloating 	<ul style="list-style-type: none"> • Stop feeding • Keep HOB elevated • Notify RN
Diarrhea	<ul style="list-style-type: none"> • Loose, watery stools • Dehydration risk 	<ul style="list-style-type: none"> • Notify RN • Monitor I&O and hydration
Constipation	<ul style="list-style-type: none"> • Hard stools • Abdominal discomfort 	<ul style="list-style-type: none"> • Increase fluids as ordered • Notify RN

Report all complications and changes in condition to the RN promptly.

HYDRATION MONITORING

Hydration is essential for health and helps prevent complications.



MONITOR

- ✓ Intake (formula, water, flushes, oral fluids if allowed)
- ✓ Output (urine, stools, emesis)
- ✓ Weight as ordered
- ✓ Skin turgor and mucous membranes
- ✓ Urine color and frequency
- ✓ Lab values (as ordered)

SIGNS OF DEHYDRATION

- Dry mouth / lips
- Decreased tears
- Dark yellow urine
- Decreased urine output
- Lethargy
- Dizziness
- Sunken eyes or fontanel (in infants)

TIPS

- Give water flushes as ordered to keep the tube clear and maintain hydration.
- Keep accurate I&O records and report changes to the RN.

KEY REMINDERS

- ✓ Always follow the Plan of Care and agency policy.
- ✓ Verify tube placement as ordered.
- ✓ Use the correct formula and rate.
- ✓ Maintain cleanliness and infection control.
- ✓ Monitor for tolerance and report changes.
- ✓ Document accurately.



SAFETY FIRST!

Small actions today help prevent complications tomorrow. You play a vital role in the child's nutrition, growth, and well-being.



YOUR ROLE MAKES A DIFFERENCE



Provide safe, compassionate care every time.



Partner with families and respect their choices and culture.



Safety, communication, and documentation protect our patients.



Hydration and good nutrition support healing, growth, and quality of life.



When in doubt, ask your RN.

MODULE 7 – MEDICATION ASSISTANCE & RN DELEGATION

Total Training Hours: 6 Hours

This training module provides comprehensive education regarding medication assistance, Registered Nurse delegation requirements, medication documentation, route-specific medication training, controlled substance restrictions, medication safety, and patient monitoring for medically fragile pediatric patients.

LEARNING OBJECTIVES

- Understand medication administration principles and safety procedures
- Understand RN delegation requirements for medication-related tasks
- Assist safely with medication-related activities according to delegation
- Understand route-specific medication assistance procedures
- Follow medication documentation requirements
- Recognize medication reactions and emergency situations

SECTION 1 – MEDICATION ADMINISTRATION PRINCIPLES

Medication safety is critical in pediatric home healthcare due to weight-based dosing, respiratory sensitivity, multiple medications, and complex medical conditions. Medication errors may quickly become life-threatening in pediatric patients.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide may assist with medication reminders, observation of medication administration, monitoring patient tolerance, enteral medication assistance if delegated, and reporting medication concerns immediately according to RN delegation.

RIGHTS OF MEDICATION SAFETY

Medication safety procedures may include verifying the right patient, right medication, right dose, right route, right time, and right documentation according to agency policy and RN instruction.

PATIENT IDENTIFICATION

The Home Health Aide shall verify the correct patient before medication assistance, observe medication labels carefully, follow agency identification procedures, and confirm medications match the individualized Plan of Care.

MEDICATION STORAGE AND SECURITY

The Home Health Aide shall store medications according to instructions, observe expiration dates, maintain medication security, report damaged or expired medications, and follow controlled substance procedures according to agency policy.

SECTION 2 – RN DELEGATION REQUIREMENTS

Medication-related tasks may only occur after RN assessment, delegation, competency validation, patient-specific instruction, and ongoing RN supervision according to state regulations and agency policies.

RN SUPERVISION RESPONSIBILITIES

The Registered Nurse remains responsible for clinical assessment, delegation decisions, medication evaluation, competency validation, supervision of delegated tasks, reassessment of competency, and ongoing patient evaluation.

COMPETENCY VALIDATION REQUIREMENTS

Competency validation may include medication safety review, return demonstrations, observation during medication assistance, route-specific training, emergency response review, and documentation review before independent delegated task performance.

SECTION 3 – MEDICATION DOCUMENTATION

Medication documentation helps maintain patient safety, continuity of care, legal compliance, and medication tracking. Documentation must remain accurate, timely, objective, professional, and confidential.

DOCUMENTATION RESPONSIBILITIES

The Home Health Aide shall document medication assistance provided, patient responses, medication refusals, missed medications, adverse reactions, communication with the Registered Nurse, and observations during medication assistance according to agency policy.

REPORTING MEDICATION CONCERNS

The Home Health Aide shall immediately report medication errors, incorrect medication doses observed, medication refusals, adverse reactions, respiratory distress, seizure activity, vomiting after medication administration, or changes in consciousness.

SECTION 4 – ROUTE-SPECIFIC MEDICATION TRAINING

Different medication administration routes involve unique risks and monitoring requirements. Medication routes may include oral, enteral, inhaled, topical, eye, ear, and nasal medications.

ORAL MEDICATION ASSISTANCE

The Home Health Aide may assist with pre-prepared oral medications according to delegation, monitor swallowing ability, observe patient tolerance, and immediately report choking, vomiting, respiratory distress, or medication refusal.

ENTERAL MEDICATION ASSISTANCE

The Home Health Aide may assist with delegated enteral medication procedures after competency validation while observing feeding tube integrity, monitoring patient tolerance, maintaining infection prevention procedures, and reporting complications immediately.

INHALED MEDICATION ASSISTANCE

The Home Health Aide may assist with nebulizer setup, respiratory medication support, patient monitoring, respiratory equipment cleaning, and immediate reporting of wheezing, respiratory distress, oxygen desaturation, or medication reactions.

TOPICAL MEDICATION ASSISTANCE

The Home Health Aide shall use gloves according to infection prevention procedures, follow patient-specific instructions, observe skin condition carefully, and report irritation, redness, or adverse skin reactions immediately.

MEDICATION REACTION MONITORING

The Home Health Aide shall immediately report rash, swelling, wheezing, vomiting, excessive drowsiness, seizures, behavioral changes, respiratory distress, or changes in consciousness following medication administration.

SECTION 5 – CONTROLLED SUBSTANCE RESTRICTIONS

Controlled substances require strict security and monitoring procedures due to risks for misuse, diversion, dependency, abuse, and respiratory depression.

CONTROLLED SUBSTANCE RESPONSIBILITIES

The Home Health Aide shall maintain medication security, report missing medications immediately, observe for medication discrepancies, and follow all agency controlled substance procedures carefully.

CONTROLLED SUBSTANCE RESTRICTIONS

The Home Health Aide shall never independently administer controlled substances outside delegated authority, change doses, share medications, remove medications from the home, or ignore discrepancies involving controlled substances.

EMERGENCY RESPONSE FOR MEDICATION EVENTS

The Home Health Aide shall immediately follow emergency procedures and notify the Registered Nurse regarding medication overdose concerns, allergic reactions, respiratory distress, seizures, cyanosis, or severe medication reactions.

INFECTION PREVENTION DURING MEDICATION ASSISTANCE

The Home Health Aide shall perform hand hygiene before and after medication assistance, use gloves when indicated, maintain clean medication preparation areas, and prevent contamination of medications and supplies.

PATIENT RIGHTS AND MEDICATION SAFETY

The Home Health Aide shall maintain patient dignity and privacy, use respectful communication, encourage caregiver involvement when appropriate, maintain confidentiality, and report medication concerns professionally.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document medication assistance provided, patient tolerance, medication refusals, respiratory observations, communication with the Registered Nurse, adverse reactions, and emergency events according to agency policy.

COMPETENCY VALIDATION

Competency validation may include medication safety review, route-specific demonstrations, return demonstrations, medication documentation review, emergency response scenarios, infection prevention review, and observation during patient care.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding medication assistance, Registered Nurse delegation requirements, medication safety principles, route-specific medication procedures, medication documentation, controlled substance restrictions, emergency response procedures, infection prevention, and patient safety requirements applicable to medically fragile pediatric patients.

Notes: _____

SAMPLE

MODULE 7

MEDICATION ASSISTANCE COMPETENCY VALIDATION TRAINING

This training material provides detailed education regarding medication assistance competency validation, route-specific medication demonstrations, medication safety review, documentation review, emergency response scenarios, infection prevention review, and clinical observation requirements for Home Health Aides caring for medically fragile pediatric patients.

PURPOSE OF COMPETENCY VALIDATION

Competency validation ensures that the Home Health Aide can safely perform delegated medication-related tasks, recognize medication reactions and emergencies, maintain infection prevention procedures, follow RN instructions accurately, and protect medically fragile pediatric patients from medication-related harm.

MEDICATION SAFETY REVIEW

Medication safety review includes medication-related risks, pediatric medication sensitivity, medication storage and security, medication error prevention, emergency reporting requirements, and safe medication handling procedures according to RN delegation and agency policy.

MEDICATION SAFETY TRAINING CONTENT

The Home Health Aide shall demonstrate understanding of the right patient, right medication, right dose, right route, right time, and right documentation while following the individualized Plan of Care and RN instructions carefully.

MEDICATION ERROR PREVENTION TRAINING

Medication error prevention training includes recognition of wrong medication, wrong patient, wrong time, missed medications, duplicate medication, correct routes, and reporting procedures for medication-related concerns or incidents.

ROUTE-SPECIFIC DEMONSTRATIONS

Route-specific medication training includes oral, enteral, inhaled, topical, eye, ear, and nasal medication assistance procedures according to patient-specific instructions and RN delegation requirements.

ORAL MEDICATION DEMONSTRATIONS

The Home Health Aide may demonstrate competency regarding safe oral medication handling, swallowing observation, monitoring patient tolerance, and recognition of choking, vomiting, respiratory distress, or medication refusal.

ENTERAL MEDICATION DEMONSTRATIONS

The Home Health Aide may demonstrate competency regarding feeding tube safety, enteral medication preparation assistance, proper patient positioning, flushing assistance if delegated, infection prevention procedures, and monitoring patient tolerance.

INHALED MEDICATION DEMONSTRATIONS

The Registered Nurse may provide demonstrations regarding nebulizer setup assistance, respiratory medication support, respiratory equipment cleaning, patient monitoring, and recognition of respiratory distress or medication reactions.

TOPICAL MEDICATION DEMONSTRATIONS

The Home Health Aide may demonstrate competency regarding glove use, skin observation, infection prevention procedures, topical medication assistance, and recognition of skin irritation or adverse reactions.

RETURN DEMONSTRATIONS

Return demonstrations allow the Registered Nurse to directly observe medication safety practices, hand hygiene, patient identification procedures, route-specific medication assistance skills, patient monitoring, and emergency response readiness.

RN OBSERVATION DURING RETURN DEMONSTRATIONS

The Registered Nurse shall evaluate compliance with agency policy, medication safety awareness, communication skills, infection prevention practices, documentation accuracy, patient safety awareness, and competency regarding delegated medication-related tasks.

MEDICATION DOCUMENTATION REVIEW

Medication documentation review helps ensure accurate medication records, continuity of care, legal compliance, communication among health care providers, and patient safety during medication-related activities.

DOCUMENTATION TRAINING CONTENT

The Home Health Aide shall demonstrate understanding of documentation requirements including medication assistance provided, patient responses, medication refusals, missed medications, adverse reactions, emergency events, and communication with the Registered Nurse.

DOCUMENTATION ERRORS TO AVOID

The Home Health Aide shall avoid falsifying documentation, documenting care not provided, delayed documentation, incomplete records, inappropriate comments, and failure to report medication concerns or incidents.

EMERGENCY RESPONSE SCENARIOS

Emergency scenario training prepares the Home Health Aide to respond appropriately during allergic reactions, respiratory distress, seizures, choking, cyanosis, medication overdose concerns, unresponsiveness, and severe medication reactions.

SIGNS OF MEDICATION EMERGENCIES

The Home Health Aide shall immediately report difficulty breathing, wheezing, swelling, cyanosis, seizures, severe drowsiness, unresponsiveness, vomiting after medications, severe allergic reactions, or sudden behavioral changes.

INFECTION PREVENTION REVIEW

Infection prevention review includes proper hand hygiene, glove use, clean medication preparation techniques, contamination prevention, standard precautions compliance, and safe disposal of contaminated supplies.

HAND HYGIENE COMPETENCY

The Home Health Aide shall demonstrate proper handwashing procedures, alcohol-based hand sanitizer use, and hand hygiene before and after medication assistance or glove removal according to infection prevention standards.

OBSERVATION DURING PATIENT CARE

Clinical observation during patient care allows the Registered Nurse to evaluate medication safety practices, patient identification procedures, infection prevention compliance, route-specific medication assistance, patient monitoring, and emergency response readiness.

PATIENT SAFETY DURING CLINICAL OBSERVATION

The Home Health Aide shall demonstrate calm and professional behavior, accurate reporting of concerns, respect for patient dignity and privacy, safe medication handling, and compliance with delegated task limitations.

DOCUMENTATION OF COMPETENCY VALIDATION

Competency validation documentation shall include training dates, medication routes validated, skills demonstrated, RN instructor signatures, return demonstration results, remediation provided if necessary, and final competency determination.

ONGOING COMPETENCY ASSESSMENT

Medication-related competency shall be reassessed annually, after medication incidents, when patient conditions change, when medication routes change, after performance concerns, or when new medications or equipment are introduced.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding medication assistance competency validation, route-specific medication demonstrations, medication safety review, documentation requirements, emergency response procedures, infection prevention standards, and patient safety requirements applicable to medically fragile pediatric patients.

MODULE 7 – MEDICATION ASSISTANCE & RN DELEGATION



MODULE 7 – MEDICATION ASSISTANCE & RN DELEGATION (6 HOURS)

Safe Medication Practices. Right Patient. Right Medication. Right Time. Right Route. Right Documentation.



1. MEDICATION ADMINISTRATION PRINCIPLES

2. RN DELEGATION REQUIREMENTS

3. MEDICATION DOCUMENTATION

Follow the 6 RIGHTS at all times.

- ✔ **RIGHT PATIENT**
Verify the child's identity using two identifiers.
- ✔ **RIGHT MEDICATION**
Check the medication name, label, and order.
- ✔ **RIGHT DOSE**
Check the dose and ensure it matches the order.
- ✔ **RIGHT ROUTE**
Give the medication by the ordered route.
- ✔ **RIGHT TIME**
Give at the scheduled time and frequency.
- ✔ **RIGHT DOCUMENTATION**
Document immediately after giving the medication.

ALSO:

- Check for allergies.
- Know the purpose and side effects.
- Monitor the child's response.
- Report any adverse reactions to the RN immediately.

SAFETY FIRST!


Ask your RN if you are unsure about anything.

When in doubt, **DON'T** give—**CHECK** it out!

You may only give medications that have been delegated to you by an RN.

THE RN WILL:

- Assess the child.
- Determine the medication and route.
- Educate and train you.
- Delegate specific tasks in writing.
- Monitor and evaluate your performance.



YOU MUST:

- ✔ Understand the task and have the skills to perform it safely.
- ✔ Follow the RN's instructions and the Plan of Care.
- ✔ Ask questions if you do not understand.
- ✔ Notify the RN of any changes or concerns.
- ✔ Never perform a task that has not been delegated to you.

⚠ Delegation can be changed or stopped at any time by the RN.

Accurate documentation protects the child and you.

MEDICATION RECORD

- Date/Time
- Medication Name
- Dose
- Route
- Reason (if required)
- Child's Response
- Your Signature/Initials

DOCUMENT IMMEDIATELY AFTER GIVING THE MEDICATION.

- Use ink—never pencil.
- Do not use abbreviations.
- If an error is made, draw a single line through it, write "error", initial, and correct it.
- Report and document refusals or vomiting.


DOCUMENTATION EXAMPLE

5/20/24	8:00 AM	Acetaminophen 160 mg	PO	For pain/fever	No adverse reaction JS
Date	Time	Medication/Dose	Route	Reason	Response Initials

4. ROUTE-SPECIFIC MEDICATION TRAINING


Follow the RN's instructions and the Plan of Care for each medication.

ORAL (PO)




- Check the medication and dose.
- Give with a cup or spoon as appropriate.
- Ensure the child swallows the medication.

GASTROSTOMY TUBE (G-TUBE)




- Check tube placement per care plan.
- Flush tube before and after medication (as ordered).
- Give medication as ordered.
- Never mix medications unless directed by RN.

NASOGASTRIC TUBE (NG-TUBE)




- Verify tube placement as ordered.
- Crush medication if allowed and dissolve in water (as ordered).
- Flush tube before and after.
- Keep the head of bed elevated.

INHALATION



- Use the correct device and medication.
- Follow steps for inhaler or nebulizer use.
- Clean equipment as ordered.

TOPICAL (SKIN, EYE, EAR, NOSE)



- Wash hands and wear gloves if needed.
- Apply the correct amount to the correct site.
- Do not touch dropper or tube tip to the area.
- Replace cap and store properly.

⚠ Never change a medication's form, dose, or route without an RN's order.

5. CONTROLLED SUBSTANCE RESTRICTIONS

HOME HEALTH AIDES MAY NOT:


- ✗ Administer controlled substances unless specifically delegated by an RN.
- ✗ Accept verbal orders for controlled substances.
- ✗ Refill, transfer, or waste controlled substances.
- ✗ Store controlled substances in your possession.
- ✗ Take controlled substances home.


IF YOU ARE DELEGATED TO GIVE A CONTROLLED SUBSTANCE:


- ✔ Follow the RN's instructions exactly.
- ✔ Document immediately.
- ✔ Report any lost, missing, or wasted medication to the RN right away.


⚖ All controlled substances must be handled according to agency policy and state and federal laws.


EXAMPLES OF CONTROLLED SUBSTANCES



Opioid
Pain Relievers


Stimulants



Benzodiazepines


Barbiturates



Other
Schedule Drugs




KEY REMINDERS




Wash your hands before and after medication.




Know the child, medication, and Plan of Care.




Communicate clearly with the RN and family.



Report side effects, errors, or concerns immediately.



Respect the child's privacy and keep all information confidential.



Your careful actions support the child's safety and well-being.

SAFE MEDICATION PRACTICES SAVE LIVES. | WHEN IN DOUBT, ASK YOUR RN. | YOU ARE AN IMPORTANT PART OF THE HEALTHCARE TEAM!

MODULE 8 – MOBILITY, SKIN CARE, AND WOUND MANAGEMENT

Total Training Hours: 6 Hours

This training module provides comprehensive education regarding safe mobility assistance, transfer techniques, skin integrity protection, pressure injury prevention, positioning, range of motion exercises, basic wound care support, and the use of mobility devices for medically fragile pediatric patients.

LEARNING OBJECTIVES

- Understand safe mobility and transfer techniques
- Assist with positioning and range of motion exercises safely
- Understand pressure injury prevention procedures
- Assist with delegated basic wound care support
- Use mobility devices safely and appropriately
- Recognize complications related to immobility and skin breakdown

SECTION 1 – SAFE TRANSFER TECHNIQUES

Transfers involve safely moving patients from one surface or position to another including bed to wheelchair transfers, repositioning, standing assistance, and mobility support. Improper transfers may result in falls, fractures, skin tears, pain, respiratory distress, or staff injury.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall follow the Plan of Care, use proper body mechanics, observe patient tolerance during transfers, maintain patient dignity and safety, report mobility concerns immediately, and request assistance when necessary.

BODY MECHANICS AND INJURY PREVENTION

The Home Health Aide shall bend at the knees instead of the waist, keep the back straight, avoid twisting motions, use leg muscles during lifting, and use assistive devices properly to reduce injury risks.

TRANSFER SAFETY PROCEDURES

The Home Health Aide shall lock wheelchairs before transfers, clear pathways, use gait belts if instructed, position equipment safely, explain procedures to the patient, and observe for weakness, dizziness, or respiratory distress during mobility assistance.

SECTION 2 – PRESSURE INJURY PREVENTION

Pressure injuries occur when prolonged pressure reduces blood flow to the skin and tissues. Pediatric patients with immobility, paralysis, poor circulation, wheelchair dependence, or nutritional deficiencies may be at increased risk for pressure injuries.

COMMON PRESSURE INJURY AREAS

The Home Health Aide shall observe pressure areas including heels, hips, tailbone, elbows, shoulders, ankles, back of the head, and areas beneath medical equipment or tubing.

PRESSURE INJURY PREVENTION RESPONSIBILITIES

The Home Health Aide shall reposition patients according to the Plan of Care, maintain skin cleanliness and dryness, use pressure-relieving devices if instructed, observe skin condition daily, and immediately report redness or skin breakdown.

EARLY SIGNS OF SKIN BREAKDOWN

The Home Health Aide shall immediately report redness, swelling, skin discoloration, blisters, drainage, warm areas, complaints of pain, burning sensations, or open areas that may indicate pressure injury development.

SKIN CARE RESPONSIBILITIES

The Home Health Aide shall keep skin clean and dry, change wet clothing or linens promptly, use gentle skin care products if instructed, avoid excessive friction during repositioning, and observe for irritation caused by medical devices.

SECTION 3 – POSITIONING AND RANGE OF MOTION (ROM) EXERCISES

Proper positioning improves circulation, respiratory function, comfort, and posture while reducing pressure injury risks and contractures. Range of motion exercises help maintain joint flexibility, circulation, and mobility.

POSITIONING RESPONSIBILITIES

The Home Health Aide shall follow positioning instructions, use pillows and positioning devices appropriately, maintain body alignment, reposition patients safely, and observe patient comfort and tolerance.

ROM SAFETY PROCEDURES

The Home Health Aide shall move joints slowly and gently, support joints during movement, stop exercises if pain occurs, follow RN instructions carefully, and immediately report swelling, spasms, stiffness, or respiratory distress during activity.

SECTION 4 – BASIC WOUND CARE SUPPORT

The Home Health Aide may assist with delegated wound-related support tasks including gathering supplies, positioning the patient, observing wounds and dressings, maintaining infection prevention procedures, and reporting abnormalities immediately.

INFECTION PREVENTION DURING WOUND CARE

The Home Health Aide shall perform hand hygiene before and after care, use gloves appropriately, maintain clean supplies, follow standard precautions, and safely dispose of contaminated materials according to agency policy.

OBSERVING WOUNDS AND DRESSINGS

The Home Health Aide shall observe for redness, swelling, drainage, bleeding, foul odor, dressing saturation, increased pain, fever, or signs of infection requiring immediate reporting to the Registered Nurse.

SECTION 5 – USE OF MOBILITY DEVICES

Mobility devices support safe movement, positioning, transfers, fall prevention, and patient independence. Devices may include wheelchairs, walkers, gait belts, transfer boards, orthopedic supports, and stand-assist devices.

RESPONSIBILITIES DURING USE OF MOBILITY DEVICES

The Home Health Aide shall use mobility devices according to instructions, lock wheelchair brakes during transfers, observe equipment safety, maintain proper positioning, check for equipment damage, and report malfunctioning devices immediately.

WHEELCHAIR SAFETY

The Home Health Aide shall ensure brakes are locked during transfers, position footrests safely, observe for pressure areas, maintain safe seating alignment, and use seatbelts as instructed according to the Plan of Care.

FALL PREVENTION

The Home Health Aide shall keep walkways clear, observe for weakness or dizziness, use assistive devices correctly, maintain safe lighting, and encourage safe movement techniques to reduce fall risks.

RESPIRATORY CONSIDERATIONS DURING MOBILITY

The Home Health Aide shall observe for increased work of breathing, oxygen desaturation, fatigue, cyanosis, or respiratory distress during mobility assistance and activity-related care procedures.

PATIENT COMFORT AND FAMILY SUPPORT

The Home Health Aide shall maintain patient dignity and privacy, use respectful communication, support family caregivers, encourage participation when appropriate, and reinforce RN-provided education regarding mobility and skin care procedures.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document transfers performed, positioning assistance, ROM exercises if delegated, skin observations, wound observations reported, patient tolerance to activity, falls or safety incidents, and communication with the Registered Nurse.

REPORTING REQUIREMENTS

The Home Health Aide shall immediately report falls, near falls, skin breakdown, wound drainage, signs of infection, respiratory distress during activity, increased pain, equipment malfunction, or changes in mobility ability.

COMPETENCY VALIDATION

Competency validation may include transfer demonstrations, positioning demonstrations, ROM exercise demonstrations, mobility device safety review, wound observation review, pressure injury prevention scenarios, observation during patient care, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding safe transfer techniques, pressure injury prevention, positioning procedures, range of motion exercises, basic wound care support, mobility device safety, infection prevention procedures, emergency reporting requirements, and patient safety standards applicable to medically fragile pediatric patients.

Notes:

SAMPLE

MODULE 8

COMPETENCY VALIDATION – MOBILITY, SKIN CARE, AND WOUND MANAGEMENT

This training material provides detailed education regarding competency validation requirements for transfer demonstrations, positioning demonstrations, range of motion exercises, mobility device safety review, wound observation review, pressure injury prevention scenarios, clinical observation, and documentation review for medically fragile pediatric patients.

PURPOSE OF COMPETENCY VALIDATION

Competency validation ensures that the Home Health Aide can safely perform delegated mobility assistance, positioning procedures, skin care support, range of motion exercises, wound-related support tasks, and mobility device safety procedures while protecting medically fragile pediatric patients from injury and complications.

TRANSFER DEMONSTRATIONS

Transfer demonstrations allow the Registered Nurse to evaluate the Home Health Aide's ability to safely move pediatric patients during bed-to-wheelchair transfers, repositioning, standing assistance, and mobility-related care procedures.

TRANSFER SKILLS TRAINING

The Registered Nurse shall demonstrate proper body mechanics, transfer equipment use, wheelchair positioning, gait belt use if applicable, fall prevention procedures, and safe patient handling techniques according to the Plan of Care.

BODY MECHANICS COMPETENCY

The Home Health Aide shall demonstrate bending at the knees, maintaining a straight back, avoiding twisting motions, using leg muscles for lifting assistance, maintaining patient stability, and requesting assistance when necessary.

TRANSFER SAFETY OBSERVATION

The Registered Nurse shall evaluate the Home Health Aide's ability to lock wheelchair brakes, clear pathways, position equipment safely, maintain patient dignity and safety, and recognize mobility limitations or transfer-related concerns.

POSITIONING DEMONSTRATIONS

Positioning demonstrations help validate the Home Health Aide's ability to maintain body alignment, improve comfort, reduce pressure injury risks, support respiratory function, and safely reposition medically fragile pediatric patients.

POSITIONING SKILLS TRAINING

The Registered Nurse shall demonstrate use of pillows and positioning devices, pressure-relieving positioning methods, safe turning procedures, respiratory-supportive positioning, and proper body alignment techniques.

POSITIONING SAFETY REVIEW

The Home Health Aide shall demonstrate understanding of safe limb support, prevention of pressure on bony prominences, positioning around medical devices and tubing, respiratory comfort positioning, and immediate reporting of pain or distress.

ROM EXERCISE DEMONSTRATIONS

Range of motion exercise demonstrations help validate the Home Health Aide's ability to safely perform delegated passive, active, and assisted ROM exercises to support joint flexibility, circulation, and mobility.

ROM SAFETY COMPETENCY

The Home Health Aide shall demonstrate slow and gentle joint movement, proper support of extremities, observation of patient tolerance, recognition of pain or discomfort, and proper stopping procedures when complications occur.

MOBILITY DEVICE SAFETY REVIEW

Mobility device safety review ensures safe use of wheelchairs, walkers, gait belts, transfer boards, orthopedic supports, and stand-assist devices while reducing risks for falls and injuries.

WHEELCHAIR SAFETY COMPETENCY

The Home Health Aide shall demonstrate locking wheelchair brakes before transfers, proper footrest positioning, safe seating alignment, observation for pressure areas, safe transport procedures, and use of safety belts if instructed.

EQUIPMENT SAFETY RESPONSIBILITIES

The Home Health Aide shall inspect equipment for damage, report malfunctioning devices immediately, maintain safe positioning of mobility devices, and follow manufacturer and agency safety instructions carefully.

WOUND OBSERVATION REVIEW

Wound observation review validates the Home Health Aide's ability to recognize and report redness, swelling, drainage, bleeding, foul odor, dressing saturation, skin breakdown, pressure injuries, or signs of infection.

PRESSURE INJURY PREVENTION SCENARIOS

Pressure injury prevention scenarios help prepare the Home Health Aide to identify pressure injury risks, follow repositioning schedules, maintain skin integrity, perform moisture management, and recognize early signs of skin breakdown.

COMMON PRESSURE INJURY AREAS

The Home Health Aide shall identify pressure-prone areas including heels, hips, tailbone, elbows, shoulders, ankles, back of the head, and areas beneath medical devices or tubing.

EARLY SKIN BREAKDOWN RECOGNITION

The Home Health Aide shall demonstrate recognition of redness, skin discoloration, warm areas, blisters, swelling, pain, burning sensations, drainage, or open areas requiring immediate reporting.

OBSERVATION DURING PATIENT CARE

Clinical observation during patient care allows the Registered Nurse to evaluate transfer safety, positioning techniques, ROM exercises, mobility device use, infection prevention practices, communication skills, and emergency response readiness.

PATIENT SAFETY DURING CLINICAL OBSERVATION

The Home Health Aide shall demonstrate calm and professional behavior, safe patient handling, proper reporting of concerns, respect for patient dignity and privacy, and compliance with delegated task limitations during patient care activities.

DOCUMENTATION REVIEW

Documentation review helps ensure accurate patient records, continuity of care, legal compliance, and patient safety during mobility assistance, positioning procedures, wound-related support tasks, and skin observation activities.

DOCUMENTATION TRAINING CONTENT

The Home Health Aide shall demonstrate understanding of documentation requirements including transfers performed, positioning assistance, ROM exercises completed, skin observations, wound concerns reported, falls or near falls, and communication with the Registered Nurse.

DOCUMENTATION ERRORS TO AVOID

The Home Health Aide shall avoid falsifying documentation, delayed documentation, incomplete records, subjective statements, documenting care not provided, or failure to report incidents and concerns appropriately.

INFECTION PREVENTION REVIEW

The Home Health Aide shall demonstrate proper hand hygiene, glove use during wound-related tasks, standard precautions compliance, safe disposal of contaminated materials, and prevention of contamination during patient care procedures.

DOCUMENTATION OF COMPETENCY VALIDATION

Competency validation documentation shall include dates of validation, skills demonstrated, RN instructor signatures, return demonstration results, remediation provided if necessary, patient-specific validation if applicable, and final competency determination.

ONGOING COMPETENCY ASSESSMENT

Competency shall be reassessed annually, after falls or injuries, when patient conditions change, following performance concerns, after wound-related complications, or when new mobility equipment is introduced.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding competency validation requirements for mobility assistance, positioning procedures, ROM exercises, wound observation review, pressure injury prevention, mobility device safety, infection prevention standards, documentation requirements, and patient safety procedures applicable to medically fragile pediatric patients.

MODULE 8 – MOBILITY, SKIN CARE, AND WOUND MANAGEMENT



MODULE 8 – MOBILITY, SKIN CARE, AND WOUND MANAGEMENT (6 HOURS)

Promote Comfort. Prevent Injury. Support Healing. Enhance Quality of Life.



1. SAFE TRANSFER TECHNIQUES

Always follow the Plan of Care and use proper body mechanics.

GENERAL PRINCIPLES

- ✓ Explain the transfer to the child and caregiver.
- ✓ Lock brakes on wheelchairs and beds.
- ✓ Keep the child as close to your body as possible.
- ✓ Use your legs, not your back.
- ✓ Never leave the child unattended during a transfer.
- ✓ Use gait belt if ordered and trained.

COMMON TRANSFERS

Bed to Wheelchair



Wheelchair to Toilet



Bed to Chair



Toilet to Wheelchair



Ask for help when needed. Use mechanical lifts as ordered and according to agency policy.

2. PRESSURE INJURY PREVENTION

Assess skin daily. Early prevention is key.

RISK FACTORS

- Limited mobility
- Moisture
- Poor nutrition
- Friction and shear
- Medical conditions

PREVENTION STRATEGIES

- ✓ Reposition at least every 2 hours.
- ✓ Keep skin clean and dry.
- ✓ Use pressure-redistributing mattresses and cushions.
- ✓ Avoid friction—use lift sheets.
- ✓ Encourage good nutrition and hydration.
- ✓ Inspect bony areas daily.

AT-RISK AREAS

Check these areas every day.



- ✓ Back of head
- ✓ Shoulders
- ✓ Elbows
- ✓ Lower back
- ✓ Hips
- ✓ Knees
- ✓ Heels

REPORT IMMEDIATELY

Report any redness, swelling, or changes in the skin to the RN.

3. POSITIONING AND ROM EXERCISES

Promote comfort, prevent contractures, and improve circulation.

POSITIONING TIPS

- ✓ Change positions at least every 2 hours.
- ✓ Use pillows and supports to maintain alignment.
- ✓ Keep head of bed at the lowest safe level.
- ✓ Protect bony prominences with pillows or padding.
- ✓ Ensure devices (tubes, catheters, straps) are not causing pressure.

COMMON POSITIONS

Supine (on back)



Side-lying



Semi-Fowler's



Prone (as ordered)



RANGE OF MOTION (ROM) EXERCISES

Do only as ordered and taught by the RN.

- ✓ Helps maintain joint flexibility and muscle strength.
- ✓ Move slowly and gently.
- ✓ Stop if the child shows pain or discomfort.
- ✓ Support the joint above and below.



4. BASIC WOUND CARE SUPPORT

Follow the Plan of Care and RN instructions.

GENERAL GUIDELINES

- ✓ Wash hands and wear gloves.
- ✓ Prepare supplies before starting.
- ✓ Keep the area clean and minimize contamination.
- ✓ Do not touch the wound bed.
- ✓ Follow the ordered dressing change schedule.
- ✓ Document and report changes.

TYPES OF WOUNDS



STEPS – BASIC WOUND CARE

- 1 Wash hands and put on gloves.
- 2 Remove old dressing gently.
- 3 Inspect the wound and surrounding skin.
- 4 Cleanse as ordered (usually with Normal Saline).
- 5 Pat dry surrounding skin.
- 6 Apply ordered dressing.
- 7 Dispose of supplies and remove gloves. Wash hands again.



REPORT: Increased redness, swelling, drainage, odor, pain, fever, or any change.

5. USE OF MOBILITY DEVICES

Use devices safely and as ordered.

COMMON DEVICES



Wheelchair
• Lock brakes before transfers.

Walker
• Ensure proper height and stability.

Gait Belt
• Use for safe transfers and ambulation.

Hoyer Lift
• Use as trained and according to policy.

Standing Frame
• Promotes weight bearing as ordered.

SAFETY CHECK

- ✓ Ensure device is in good working condition.
- ✓ Follow manufacturer instructions.
- ✓ Never leave the child in a device unsupervised unless ordered.
- ✓ Ensure proper fit and positioning.
- ✓ Report any issues immediately.



KEY REMINDERS



Safety first in every activity.



Reposition, protect, and promote comfort.



Clean skin stays healthy.



Report changes and concerns promptly.



Teamwork and communication improve outcomes.



Your care makes a difference in every day.

COMPASSIONATE CARE • PREVENT INJURY • PROMOTE HEALING • SUPPORT INDEPENDENCE

MODULE 9 – EMERGENCY RESPONSE & INCIDENT REPORTING

Total Training Hours: 6 Hours

This training module provides comprehensive education regarding emergency recognition and response, CPR awareness, seizure management, tracheostomy dislodgement emergencies, mandatory adverse incident reporting, emergency communication procedures, patient safety, and emergency preparedness for medically fragile pediatric patients receiving home health services.

LEARNING OBJECTIVES

- Recognize pediatric medical emergencies promptly
- Understand emergency response procedures and communication requirements
- Demonstrate CPR awareness and emergency activation procedures
- Recognize and respond appropriately to seizure emergencies
- Understand tracheostomy dislodgement emergency procedures
- Understand mandatory adverse incident reporting requirements

SECTION 1 – EMERGENCY RECOGNITION AND RESPONSE

Pediatric emergencies may rapidly become life-threatening in medically fragile children and may include respiratory distress, oxygen desaturation, seizures, choking, aspiration, tracheostomy emergencies, severe allergic reactions, cardiac emergencies, falls with injury, medication reactions, or unresponsiveness.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall recognize emergency signs immediately, remain calm during emergencies, activate emergency medical services when appropriate, notify the Registered Nurse immediately, follow patient-specific emergency plans, maintain patient safety, and document emergency events according to agency policy.

EMERGENCY RESPONSE PROCEDURES

During emergencies, the Home Health Aide shall assess the situation, ensure patient safety, activate emergency medical services if necessary, follow agency emergency procedures, notify the Registered Nurse immediately, and continuously observe the patient's condition.

SIGNS OF MEDICAL EMERGENCIES

The Home Health Aide shall immediately report difficulty breathing, cyanosis, oxygen desaturation, seizures, loss of consciousness, severe bleeding, chest pain, choking, respiratory distress, severe allergic reactions, severe vomiting, or sudden changes in condition.

EMERGENCY COMMUNICATION REQUIREMENTS

The Home Health Aide shall communicate the patient's name, type of emergency, current condition, interventions performed, time of the incident, emergency services activation status, and any available vital signs during emergency situations.

SECTION 2 – CPR AWARENESS

CPR awareness training prepares the Home Health Aide to recognize cardiac or respiratory emergencies, understand emergency activation procedures, support emergency preparedness, and understand the importance of CPR certification according to agency policy.

SIGNS REQUIRING IMMEDIATE EMERGENCY RESPONSE

Emergency procedures shall be activated immediately for no breathing, no pulse if trained to assess, sudden collapse, severe cyanosis, respiratory arrest, cardiac arrest, or unresponsiveness.

AED AWARENESS

The Home Health Aide may receive education regarding Automated External Defibrillator (AED) awareness, emergency equipment location, emergency activation procedures, and safety precautions during emergency response situations.

SECTION 3 – SEIZURE MANAGEMENT

Medically fragile pediatric patients may experience seizure disorders related to epilepsy, neurological disorders, fever, metabolic conditions, brain injuries, or medication-related complications.

SIGNS OF SEIZURES

Seizure symptoms may include body shaking, muscle stiffening, staring episodes, repetitive movements, eye rolling, breathing changes, sudden behavioral changes, or loss of consciousness.

RESPONSIBILITIES DURING SEIZURES

The Home Health Aide shall remain calm, protect the patient from injury, move harmful objects away, observe seizure duration, maintain airway safety, notify the Registered Nurse immediately, and activate emergency services if necessary.

SEIZURE EMERGENCIES

Emergency procedures shall be activated immediately for prolonged seizures, repeated seizures without recovery, breathing difficulties after seizures, severe injuries during seizures, cyanosis, or unresponsiveness after seizure activity.

POST-SEIZURE CARE

After seizure activity, the Home Health Aide shall monitor breathing, observe responsiveness, maintain patient safety, provide reassurance, notify the Registered Nurse, and document seizure observations according to policy.

SECTION 4 – TRACHEOSTOMY DISLODGE MENT EMERGENCIES

Tracheostomy dislodgement emergencies may rapidly become life-threatening due to airway obstruction, oxygen desaturation, respiratory distress, mucus plugging, bleeding, or equipment failure.

RESPONSIBILITIES DURING TRACH EMERGENCIES

The Home Health Aide shall remain calm, follow patient-specific emergency procedures, notify emergency medical services if required, notify the Registered Nurse immediately, maintain emergency supply accessibility, and continuously observe respiratory status.

EMERGENCY EQUIPMENT AWARENESS

The Home Health Aide shall know the location of emergency trach supplies, backup trach tubes, suction equipment, oxygen supplies, Ambu bag equipment if applicable, and emergency contact information.

SIGNS OF RESPIRATORY DISTRESS

The Home Health Aide shall immediately report cyanosis, increased work of breathing, oxygen desaturation, retractions, noisy breathing, respiratory fatigue, panic, distress, or loss of airway patency.

SECTION 5 – MANDATORY ADVERSE INCIDENT REPORTING

Home health agencies caring for medically fragile pediatric patients must follow mandatory adverse incident reporting requirements according to applicable regulations, agency policy, and patient safety standards.

REPORTING REQUIREMENTS

Mandatory adverse incident reporting may include serious injuries, deaths, medication errors causing harm, falls with injury, respiratory emergencies, fever, infections, abuse allegations, equipment-related injuries, or hospitalizations related to care incidents.

48-HOUR REPORTING REQUIREMENT

Adverse incidents requiring mandatory reporting shall be reported through agency reporting procedures within required regulatory timeframes, including incidents requiring reporting within 48 hours according to applicable regulations and agency policy.

INCIDENT DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document the date and time of incidents, patient condition, interventions performed, notifications made, emergency services involvement, witnesses if applicable, and patient outcomes accurately and objectively.

INCIDENT REPORTING ERRORS TO AVOID

The Home Health Aide shall never delay incident reporting, falsify documentation, omit important information, speculate in documentation, assign blame, or fail to notify supervisors appropriately regarding emergency situations.

EMERGENCY PREPAREDNESS RESPONSIBILITIES

The Home Health Aide shall review patient-specific emergency plans, know emergency contact numbers, maintain awareness of evacuation procedures, ensure emergency equipment accessibility, and participate in emergency preparedness training.

FAMILY SUPPORT DURING EMERGENCIES

The Home Health Aide shall use calm and reassuring communication, maintain professionalism, support family caregivers appropriately, reinforce safety procedures, and maintain patient dignity and privacy during emergencies.

DOCUMENTATION REQUIREMENTS

The Home Health Aide shall document emergency events, seizure activity observation, respiratory distress observations, emergency interventions, notifications made, emergency services involvement, incident reporting actions, and communication with the Registered Nurse.

COMPETENCY VALIDATION

Competency validation may include emergency response simulations, seizure management scenarios, CPR awareness review, trach emergency scenarios, incident reporting review, emergency communication exercises, observation during patient care, and documentation review.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding emergency recognition and response, CPR awareness, seizure management, tracheotomy emergencies, mandatory adverse incident reporting requirements, emergency communication procedures, patient safety standards, and emergency preparedness applicable to medically fragile pediatric patients.

Notes: _____

SAMPLE

MODULE 9

COMPETENCY VALIDATION – EMERGENCY RESPONSE & INCIDENT REPORTING

This training material provides detailed education regarding competency validation requirements for emergency response simulations, seizure management scenarios, CPR awareness review, tracheostomy emergency scenarios, incident reporting review, emergency communication exercises, clinical observation, and documentation review for medically fragile pediatric patients.

PURPOSE OF COMPETENCY VALIDATION

Competency validation ensures that the Home Health Aide can safely recognize, respond to, report, and assist during emergency situations involving medically fragile pediatric patients while maintaining patient safety and regulatory compliance.

EMERGENCY RESPONSE SIMULATIONS

Emergency response simulations prepare the Home Health Aide to recognize and respond appropriately during respiratory distress, oxygen desaturation, seizures, choking, aspiration, falls with injury, allergic reactions, cardiac emergencies, and sudden patient deterioration.

EMERGENCY RESPONSE TRAINING CONTENT

The Registered Nurse shall review patient-specific emergency plans, emergency activation procedures, emergency communication requirements, respiratory emergency recognition, seizure response procedures, tracheostomy emergency procedures, and incident reporting requirements.

EMERGENCY RESPONSE COMPETENCY

The Home Health Aide shall demonstrate the ability to remain calm during emergencies, recognize emergency symptoms quickly, activate emergency services when required, notify the Registered Nurse immediately, and protect the patient from injury.

SIGNS REQUIRING IMMEDIATE EMERGENCY RESPONSE

The Home Health Aide shall immediately recognize and report difficulty breathing, cyanosis, oxygen desaturation, severe bleeding, seizures, sudden collapse, severe allergic reactions, respiratory distress, choking, unresponsiveness, or sudden changes in mental status.

SEIZURE MANAGEMENT SCENARIOS

Seizure management scenarios prepare the Home Health Aide to recognize seizure activity, protect the patient from injury, maintain airway safety, observe seizure duration, recognize seizure emergencies, and follow emergency response procedures appropriately.

SEIZURE RESPONSE TRAINING CONTENT

The Registered Nurse shall review seizure symptoms, seizure safety procedures, emergency activation criteria, post-seizure monitoring requirements, and patient-specific seizure management plans if applicable.

SEIZURE RESPONSE COMPETENCY

The Home Health Aide shall demonstrate the ability to remain calm during seizures, protect the patient from injury, move hazardous objects away, monitor breathing, maintain airway safety, notify the Registered Nurse immediately, and activate emergency services if necessary.

SEIZURE EMERGENCIES

Emergency procedures shall be activated immediately for prolonged seizures, repeated seizures without recovery, breathing difficulties after seizures, cyanosis, severe injuries during seizures, or unresponsiveness following seizure activity.

CPR AWARENESS REVIEW

CPR awareness review helps ensure the Home Health Aide understands recognition of cardiac emergencies, respiratory arrest, emergency activation procedures, rapid intervention importance, and emergency preparedness responsibilities.

SIGNS REQUIRING CPR EMERGENCY ACTIVATION

The Home Health Aide shall immediately activate emergency procedures for no breathing, sudden collapse, severe cyanosis, respiratory arrest, cardiac arrest symptoms, or unresponsiveness according to emergency protocols.

AED AWARENESS REVIEW

The Home Health Aide may receive education regarding AED awareness, emergency equipment location, emergency coordination procedures, and safety precautions during emergency response situations.

TRACH EMERGENCY SCENARIOS

Tracheostomy emergency scenarios prepare the Home Health Aide to recognize airway emergencies including trach tube dislodgement, mucus plugging, respiratory distress, oxygen desaturation, bleeding, or equipment malfunction.

TRACH EMERGENCY COMPETENCY

The Home Health Aide shall demonstrate the ability to remain calm during airway emergencies, notify emergency medical services if required, notify the Registered Nurse immediately, maintain patient safety, and identify emergency trach supplies quickly.

EMERGENCY EQUIPMENT REVIEW

The Home Health Aide shall know the location of backup trach tubes, suction equipment, oxygen supplies, Ambu bag equipment if applicable, respiratory emergency supplies, and emergency contact information.

INCIDENT REPORTING REVIEW

Incident reporting review ensures that the Home Health Aide understands mandatory reporting requirements, adverse incident definitions, agency reporting procedures, patient safety responsibilities, and legal compliance standards.

REPORTABLE INCIDENTS MAY INCLUDE

The Home Health Aide shall immediately report falls with injury, medication errors causing harm, respiratory emergencies, severe infections, abuse or neglect concerns, equipment-related injuries, unexpected hospitalization, deaths, or serious patient injuries.

48-HOUR REPORTING REQUIREMENT REVIEW

The Home Health Aide shall understand that certain adverse incidents require mandatory reporting within required regulatory timeframes, including reporting within 48 hours according to agency policy and applicable regulations.

EMERGENCY COMMUNICATION EXERCISES

Emergency communication exercises prepare the Home Health Aide to communicate clearly and accurately during emergencies by reporting the patient name, emergency type, patient condition, interventions performed, and emergency activation status.

OBSERVATION DURING PATIENT CARE

Clinical observation during patient care allows the Registered Nurse to evaluate emergency preparedness awareness, recognition of patient deterioration, respiratory distress recognition, seizure response procedures, patient safety practices, and communication skills.

PATIENT SAFETY DURING CLINICAL OBSERVATION

The Home Health Aide shall demonstrate calm and professional behavior, safe emergency response procedures, prompt reporting of concerns, respect for patient dignity and privacy, and compliance with agency emergency policies.

DOCUMENTATION REVIEW

Documentation review helps ensure accurate emergency records, legal compliance, continuity of care, and appropriate communication among healthcare providers during emergency and incident-related situations.

DOCUMENTATION TRAINING CONTENT

The Home Health Aide shall demonstrate understanding of documentation requirements including emergency observations, seizure activity observations, respiratory distress observations, interventions performed, notifications made, emergency services involvement, and patient outcomes.

DOCUMENTATION ERRORS TO AVOID

The Home Health Aide shall avoid delayed documentation, falsifying records, incomplete incident documentation, speculation in documentation, failure to report incidents, or subjective and inappropriate comments.

INFECTION PREVENTION REVIEW

The Home Health Aide shall demonstrate proper hand hygiene, use of gloves when indicated, standard precautions compliance, safe handling of contaminated materials, and prevention of contamination during emergency situations.

DOCUMENTATION OF COMPETENCY VALIDATION

Competency validation documentation shall include dates of validation, emergency scenarios completed, skills demonstrated, RN instructor signatures, return demonstration results, remediation provided if necessary, and final competency determination.

ONGOING COMPETENCY ASSESSMENT

Emergency response competency shall be reassessed annually, after emergency incidents, following respiratory emergencies, when patient conditions change, after performance concerns, or when new emergency procedures or equipment are introduced.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding competency validation requirements for emergency response procedures, seizure management, CPR awareness, tracheostomy emergency response, incident reporting procedures, emergency communication standards, infection prevention, and patient safety applicable to medically fragile pediatric patients.

Notes:

SAMPLE

MODULE 9 – EMERGENCY RESPONSE & INCIDENT REPORTING

MODULE 9 – EMERGENCY RESPONSE & INCIDENT REPORTING (6 HOURS)

Be Prepared. Act Quickly. Report Promptly. Keep Children Safe.

1. EMERGENCY RECOGNITION AND RESPONSE

Early recognition saves lives. Know the signs. Take action.

RECOGNIZE:

- Changes in breathing (rate, effort, color)
- Unresponsiveness or extreme drowsiness
- Seizure activity
- Bleeding
- Vomiting or aspiration
- Fever with behavior change
- Device problems (trach, G-tube, etc.)

RESPOND:

- Ensure safety of the child.
- Assess the child and the situation.
- Provide immediate care within your training.
- Call for help / Notify the RN and family.
- Stay with the child and monitor.

When in doubt, CALL for HELP. Notify the RN immediately.

2. CPR AWARENESS

CPR can make a life-saving difference. Follow the steps you are trained to perform.

CHILD CPR (1 to Puberty)

C Check responsiveness
Tap and shout.

A Activate Emergency Response
Call 911 and get AED if available.

B Breathing
Look, listen, and feel for breathing (up to 10 seconds).

C Compressions
30 compressions in the center of the chest, about 2 inches deep.

A Airway & Breaths
Open airway and give 2 breaths. Continue cycles of 30:2.

D Defibrillation
Use AED as soon as available and follow prompts.

You may be trained in CPR awareness only. Provide care within your training and scope of practice.

3. SEIZURE MANAGEMENT

Stay calm. Protect from injury. Time the seizure.

WHAT TO DO

- Stay with the child.
- Note the time the seizure starts.
- Keep the child safe—move objects away. Do not restrain.
- Turn the child on their side (recovery position) if possible.
- Do NOT put anything in the mouth.
- After the seizure, monitor breathing and responsiveness.
- Notify the RN and follow the seizure action plan.

CALL 911 IF:

- Seizure lasts more than 5 minutes
- The child does not regain consciousness
- Another seizure follows immediately
- Difficulty breathing or injury occurs

SEIZURE LOG INFORMATION

Date/Time, Duration, Location, Interventions, Child's response

4. TRACH DISLODGE MENT EMERGENCIES

Act fast. Stay calm. Follow the plan.

IF THE TRACH COMES OUT:

- Stay calm and CALL for HELP.
- Encourage the child to cough if they can.
- Try to reinsert the trach with a clear obturator (if trained and ordered to do so).
- If unable to reinsert:
 - Cover the stoma with a clean gauze.
 - Provide oxygen if ordered and available.
 - Monitor the child closely.

SIGNS OF DISTRESS

- Difficulty breathing
- No air movement
- Blue lips or skin
- Anxiety or restlessness
- Decreased oxygen saturation

CALL 911 if the child is not breathing or is turning blue.

5. MANDATORY ADVERSE INCIDENT REPORTING WITHIN 48 HOURS

All adverse incidents must be reported within 48 hours.

REPORTABLE INCIDENTS INCLUDE:

- Medication errors
- Falls or injuries
- Choking or aspiration
- Seizures requiring emergency care
- Trach dislodgement
- Hospitalization
- Unexpected change in condition
- Death
- Any other event causing harm or potential harm

REPORTING PROCESS

- Ensure the child is safe and get help.
- Notify the RN immediately.
- Document the incident accurately.
- Complete the agency incident report within 48 hours.
- Follow up and cooperate with investigation.

REPORT WITHIN 48 HOURS
Report today. Protect tomorrow.

EMERGENCY CONTACTS

RN Name: _____

RN Phone: _____

Agency: _____

After-Hours #: _____

Parent/Guardian: _____

Emergency Services: 911

CHILD CPR QUICK GUIDE

30 COMPRESSIONS : 2 BREATHS

Check response | Call 911 Get AED | 30 Compressions | Repeat until help arrives or child responds

COMPRESSION DEPTH

- About 2 inches (5 cm) for children
- Push hard and fast: 100-120 per minute

SEIZURE MANAGEMENT REMINDERS

- Do not restrain the child.
- Do not put anything in the mouth.
- Turn on side if possible.
- Time the seizure.
- Stay with the child until fully recovered.
- Notify the RN and document.

TRACH EMERGENCY AT-A-GLANCE

IF TRACH COMES OUT

- Stay calm. Call for help.
- Encourage coughing if able.
- Try to reinsert with obturator (if trained).
- If unable: Cover stoma, oxygen, monitor.
- Notify RN and call 911 if not breathing.

DOCUMENT, COMMUNICATE, FOLLOW UP

- Document facts, not opinions.
- Be accurate and objective.
- Report within 48 hours.
- Follow the Plan of Care and agency policy.
- Ask your RN if you are unsure.

INCIDENT REPORT

KEY REMINDERS

- Be observant. Early signs matter.
- Stay calm. Your calm helps the child.
- Act within your training and scope of practice.
- Communicate clearly with the RN, child, and family.
- Report all incidents within 48 hours.
- Safety first, always.
- You make a difference every day.

PREPARE TODAY. RESPOND WITH CONFIDENCE. REPORT PROMPTLY. TOGETHER, WE KEEP MEDICALLY FRAGILE CHILDREN SAFE.

MODULE 10 – CLINICAL COMPETENCY VALIDATION

Total Training Hours: 16 Hours

This training module provides comprehensive education regarding direct patient competency evaluation, Registered Nurse (RN) supervised skill validation, return demonstrations, documentation competency, care coordination, communication responsibilities, and final clinical competency assessment for Home Health Aides caring for medically fragile pediatric patients.

LEARNING OBJECTIVES

- Demonstrate safe patient care skills under RN supervision
- Perform delegated pediatric care tasks according to competency standards
- Demonstrate infection prevention and patient safety procedures
- Communicate effectively with caregivers and healthcare staff
- Accurately document patient care activities
- Successfully complete competency validation requirements

SECTION 1 – DIRECT PATIENT COMPETENCY EVALUATION

Direct patient competency evaluation allows the Registered Nurse to observe the Home Health Aide performing delegated pediatric care tasks in actual patient care situations while maintaining patient safety and regulatory compliance.

RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall follow RN instructions carefully, maintain professional behavior, perform delegated skills safely, report patient concerns immediately, maintain confidentiality, demonstrate safe patient handling techniques, and follow the individualized Plan of Care.

CLINICAL AREAS SUBJECT TO COMPETENCY EVALUATION

Competency evaluation may include hand hygiene, vital signs monitoring, respiratory observation, oxygen monitoring, enteral feeding assistance, tracheostomy care assistance, positioning and transfers, ROM exercises, skin care support, medication assistance, emergency preparedness, documentation, and communication skills.

PATIENT SAFETY DURING COMPETENCY EVALUATION

The Home Health Aide shall verify patient identity, maintain infection prevention procedures, observe patient tolerance, ensure emergency equipment accessibility, use safe body mechanics, and report abnormalities immediately during patient care activities.

OBSERVATION OF PATIENT CONDITION

The Home Health Aide shall demonstrate the ability to recognize and report respiratory distress, oxygen desaturation, skin changes, feeding intolerance, signs of infection, seizure activity, behavioral changes, pain, mobility limitations, or

changes in responsiveness.

SECTION 2 – RN SUPERVISED SKILL VALIDATION

RN supervised skill validation ensures that delegated pediatric care skills are performed safely under direct Registered Nurse supervision and according to patient-specific instructions and agency policies.

SKILL VALIDATION REQUIREMENTS

The Registered Nurse shall demonstrate proper procedures, observe return demonstrations, evaluate infection prevention compliance, assess communication skills, provide remediation if necessary, and document competency outcomes appropriately.

SKILLS SUBJECT TO RN VALIDATION

Skills requiring RN validation may include hand hygiene procedures, PPE use, respiratory support assistance, tracheostomy care assistance, enteral feeding assistance, medication assistance, wound observation support, mobility assistance, and emergency response procedures.

RESPIRATORY CARE SKILL VALIDATION

The Registered Nurse may validate competency regarding oxygen monitoring, pulse oximeter use, recognition of respiratory distress, tracheostomy care assistance, nebulizer support, and emergency respiratory response procedures.

ENTERAL FEEDING SKILL VALIDATION

The Registered Nurse may validate competency regarding feeding preparation, aspiration precautions, feeding pump observation, enteral medication assistance (if delegated), hydration monitoring, and feeding tolerance observation.

MOBILITY AND POSITIONING VALIDATION

The Registered Nurse may validate competency regarding safe transfer techniques, wheelchair safety, positioning procedures, pressure injury prevention, range of motion exercises, mobility device safety, and fall prevention procedures.

INFECTION PREVENTION VALIDATION

The Home Health Aide shall demonstrate proper hand hygiene, standard precautions compliance, PPE use and disposal, equipment cleaning procedures, prevention of cross-contamination, and safe handling of contaminated materials.

SECTION 3 – RETURN DEMONSTRATIONS

Return demonstrations allow the Home Health Aide to perform delegated skills while directly observed by the Registered Nurse to verify competency, patient safety awareness, infection prevention compliance, and emergency preparedness.

RETURN DEMONSTRATION REQUIREMENTS

The Home Health Aide shall demonstrate proper hand hygiene, patient identification procedures, safe patient handling, PPE use, equipment safety awareness, communication skills, patient observation abilities, and documentation competency.

RETURN DEMONSTRATION AREAS

Return demonstrations may include vital signs monitoring, positioning procedures, ROM exercises, transfer techniques, feeding assistance, medication assistance if delegated, respiratory support observation, skin care support, and emergency response procedures.

REMEDICATION DURING RETURN DEMONSTRATIONS

If deficiencies are identified, the Registered Nurse may provide additional instruction, repeat demonstrations, offer corrective guidance, require additional practice, or repeat competency evaluation until safe performance is achieved.

SECTION 4 – DOCUMENTATION COMPETENCY

Documentation competency ensures accurate patient records, continuity of care, legal compliance, regulatory compliance, and effective communication among healthcare providers during pediatric home healthcare services.

DOCUMENTATION RESPONSIBILITIES

The Home Health Aide shall document care provided, patient observations, respiratory observations, feeding tolerance, skin observations, mobility assistance, communication with the Registered Nurse, incidents, emergencies, and patient responses to care according to agency policy.

DOCUMENTATION ERRORS TO AVOID

The Home Health Aide shall avoid falsifying records, delayed documentation, incomplete entries, subjective comments, failure to report concerns, or documenting care not provided.

CONFIDENTIALITY REQUIREMENTS

The Home Health Aide shall maintain HIPAA compliance, protect medical information, use secure documentation handling procedures, and maintain confidentiality during all patient care and communication activities.

SECTION 5 – CARE COORDINATION AND COMMUNICATION

Care coordination supports safe and effective pediatric care through communication among Registered Nurses, physicians, therapists, caregivers, and Home Health Aides involved in the patient's care plan.

COMMUNICATION RESPONSIBILITIES OF THE HOME HEALTH AIDE

The Home Health Aide shall report changes in patient condition immediately, communicate respectfully with caregivers, follow agency communication procedures, reinforce RN-provided education appropriately, and participate in care coordination activities as instructed.

CHANGES IN PATIENT CONDITION REQUIRING REPORTING

The Home Health Aide shall immediately report respiratory distress, oxygen desaturation, fever, feeding intolerance, vomiting, seizure activity, falls, injuries, medication concerns, increased pain, skin breakdown, or changes in responsiveness.

FAMILY-CENTERED COMMUNICATION

The Home Health Aide shall maintain respectful communication, support caregiver participation, maintain empathy and compassion, respect cultural and language preferences, and reinforce patient safety procedures appropriately.

PROFESSIONAL BEHAVIOR DURING CARE COORDINATION

The Home Health Aide shall demonstrate professional appearance, ethical behavior, confidentiality compliance, cooperation with healthcare staff, timely reporting of concerns, and appropriate boundaries with families.

FINAL COMPETENCY DETERMINATION

The Registered Nurse shall determine whether the Home Health Aide has demonstrated competency regarding delegated patient care tasks, patient safety procedures, infection prevention compliance, emergency preparedness, communication skills, documentation accuracy, and professional behavior.

DOCUMENTATION OF COMPETENCY VALIDATION

Competency validation documentation shall include dates of validation, skills demonstrated, return demonstration results, RN instructor signature, remediation provided if necessary, and final competency determination according to agency policy.

ONGOING COMPETENCY ASSESSMENT

Clinical competency shall be reassessed annually, when patient conditions change, following performance concerns, after emergencies or incidents, and when new equipment or procedures are introduced.

TRAINING ACKNOWLEDGMENT

I acknowledge that I have received education and training regarding direct patient competency evaluation, RN supervised skill validation, return demonstrations, documentation competency, care coordination, communication responsibilities, infection prevention standards, patient safety procedures, and clinical competency requirements applicable to medically fragile pediatric patients.

MODULE 10 – CLINICAL COMPETENCY VALIDATION




MODULE 10 – CLINICAL COMPETENCY VALIDATION (16 HOURS)

Competent Care. Safe Children. Confident Caregivers.



1. DIRECT PATIENT COMPETENCY EVALUATION

Evaluate skills with the child in real care situations.



EVALUATION AREAS

- ✔ Safety and infection control
- ✔ Assessment and monitoring
- ✔ Medical equipment care
- ✔ Medication assistance
- ✔ Enteral feeding and GI care
- ✔ Tracheostomy and respiratory care
- ✔ Mobility and positioning
- ✔ Wound and skin care
- ✔ Emergency response

EVALUATION CRITERIA

Safe Performance

Accurate Technique

Effective Communication

Follow Policy and Procedures


✔ Competency is demonstrated by consistent, safe, and correct performance.

2. RN SUPERVISED SKILL VALIDATION

An RN observes, evaluates, and validates each required skill.

RN ROLE

- ✔ Review the Plan of Care and agency policies.
- ✔ Demonstrate the skill as needed.
- ✔ Observe the caregiver perform the skill.
- ✔ Provide immediate feedback.
- ✔ Verify competence or identify areas for improvement.
- ✔ Document validation and date.



VALIDATION OUTCOMES

Competent (Independent)

Needs Practice (Continue Training)

Not Yet Competent (Do Not Perform Independently)

👤 No caregiver performs skill independently until validated by an RN.


3. RETURN DEMONSTRATION

Caregivers must return demonstrate each skill as taught.

RETURN DEMO PROCESS

- 1 RN demonstrates the skill.
- 2 Caregiver explains the steps.
- 3 Caregiver performs the skill.
- 4 RN evaluates and provides feedback.

Repeat until competency is achieved.



SKILLS MAY INCLUDE

- ✔ Tracheostomy care
- ✔ Suctioning
- ✔ Enteral feeding (G/NG tube)
- ✔ Medication administration
- ✔ Ventilator/oxygen support

- ✔ Seizure management
- ✔ Transfer and positioning
- ✔ Wound care
- ✔ Emergency response

✔ Caregivers must demonstrate competency for each task specific to the child's Plan of Care.

4. DOCUMENTATION COMPETENCY

Accurate documentation ensures safe, quality care.

DOCUMENTATION INCLUDES

- ✔ Care notes and flowsheets
- ✔ Medication administration records (MAR)
- ✔ Vital signs and assessments
- ✔ Incident and adverse event reports
- ✔ Equipment logs
- ✔ Communication logs (RN, family, team)

DAILY CARE NOTE

Date: 5/15/24 Time: 0900
Patient Initials: J.D.

- Assessment
- Medications
- Enteral Feeding
- Respiratory Care
- Skin Care / Positioning
- Education / Communication

Caregiver Signature: _____

DOCUMENTATION BEST PRACTICES

- ✔ Document in real time
- ✔ Be complete, accurate, and objective.
- ✔ Use approved abbreviations.
- ✔ Protect confidentiality.
- ✔ Report and document changes immediately.

📄 Good documentation = Good communication = Safe care.

5. CARE COORDINATION AND COMMUNICATION

Teamwork ensures continuity of care for medically fragile children.

EFFECTIVE COMMUNICATION

- ✔ Share updates and changes.
- ✔ Ask questions and clarify.
- ✔ Listen actively.
- ✔ Respect roles and expertise.
- ✔ Use secure communication methods.

🗨️ Keep the child and family at the center of every decision.

👥 Strong communication. Shared goals. Better outcomes.



CARE COORDINATION TASKS

- ✔ Review Plan of Care together.
- ✔ Attend care conferences.
- ✔ Coordinate appointments and equipment needs.
- ✔ Document and communicate care changes.
- ✔ Ensure smooth transitions (In/out of hospital, school, respite, etc.).

★ **KEY REMINDERS**

Competency protects children and builds caregiver confidence.

Only perform skills you are trained and validated to do.

Ask for help and clarification when in doubt.

Maintain professionalism and protect patient confidentiality.

Your skills and compassion make a difference every day.

COMPETENCY VALIDATION SUMMARY

Caregivers must successfully complete all required evaluations, return demonstrations, and documentation reviews to provide safe, independent care.

COMPETENT CAREGIVERS. SAFE CHILDREN. STRONGER TOGETHER. ❤️

TOGETHER, WE MAKE A DIFFERENCE

Providing compassionate, skilled, and family-centered care for medically fragile children in the place they call home.

OUR MISSION

To equip Home Health Aides with the knowledge, skills, and confidence to deliver safe, high-quality care that enhances the health, dignity, and quality of life for medically fragile children and supports their families.

OUR CORE VALUES



COMPASSION

We care with empathy and kindness.



COMPETENCE

We pursue knowledge and deliver evidence-based care.



INTEGRITY

We act with honesty, respect, and professionalism.



TEAMWORK

We collaborate with families and healthcare teams.



ACCOUNTABILITY

We take responsibility for excellence in every action.



SAMPLE

The best care happens when knowledge, heart, and teamwork come together.



OUR COMMITMENT TO YOU

We are committed to providing you with the resources, support, and training you need to succeed. Together, we can make a lasting difference in the lives of children and families.



THANK YOU

for being an essential part of a team that makes a difference every day.



SCAN TO ACCESS

TRAINING RESOURCES, POLICIES, AND IMPORTANT FORMS.



Empowering Home Health Aides
to Make a Lasting Difference



SAFE CARE.
STRONGER FUTURES.
TOGETHER.



FAMILY-CENTERED
SUPPORT



CLINICAL
EXCELLENCE



COMPLIANCE &
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