

Caregiver Train-the-Trainer Workshop

The Indiana Home & Hospice Care (IHHC) Foundation has partnered with the Indiana Association for Home & Hospice Care to create the **Indiana Home Care Work Force Training Project**. This project was developed by volunteers & employees to meet the needs of our growing senior Hoosier population.



INDIANA
HOME & HOSPICE
CARE FOUNDATION



Indiana Home Care
Work Force Training

Next Class
Aug 17-18, 2010
8:30 am - 4:30 pm
Check-in: 8:00 am

The IHHC Foundation has developed a curriculum to train students/employees in a progressive and flexible manner. Students can be trained to be a Homemaker/Companion, Personal Care Attendant and/or Home Health or Hospice Aide. Each level of training has its own curriculum with lesson plans, activities & Power Point presentations.

Course Content

Homemaker/Companion

- Orientation to home care industry
- Ethical & legal principles, including respect for client, client's privacy and property
- Communication
- Basic client needs
- Working with different populations
- Infection control

- Maintenance of a clean & safe client environment
- Planning, purchasing, storing, preparing & serving food
- Body mechanic basics
- Recognizing & responding to emergencies
- Employee safety

Personal Care Attendant I

- Observation, reporting & documenting
- Unique needs of geriatric clients
- Therapeutic diets
- Skin care
- Personal care, hygiene & grooming
- Safe client transfers & ambulation
- Intake & output
- Systems of the body
- Common diseases

Personal Care Attendant II

- Unique needs of children
- Care of dying client & their families
- Pressure ulcer prevention

Home Health/Hospice Aide

- Assisting with client rehabilitation activities
- Assisting a client in bed
- Range of motion
- Taking & recording vital signs
- Special procedures

Trainer certification levels:

- Homemaker/Companion thru Personal Care Attendant II (*Personal Services Agencies*)
- Homemaker/Companion thru Home Health/Hospice Aide (*Home Health Agencies*)

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Method of payment: Check (made payable to **IHHC Foundation**) Visa MasterCard

Credit Card # _____ - _____ - _____

Expiration Date ____/____/____ Security Code _____

Name on Card _____ Signature _____

PSA Level \$300

Home Health Level* \$400

Mail registration to:

IHHC Foundation
6320-G Rucker Road
Indianapolis, IN 46220

Fax registration to:

(317) 575-8751

For more information:

www.Care4Indiana.com
(317) 844-6643

* To teach the Home Health Agency curriculum, the instructor needs to have been an **RN for two years with a minimum of one year in Home Health.**