1. **POSITION**

The primary purpose of your position, as a nursing assistant, is to assist residents with activities of daily living to meet their physical, mental, psycho-social, and spiritual needs. The care you provide is in accordance with the resident’s individualized plan of care and established policies and procedures.

1. **STANDARD REQUIREMENTS**
   * Must have Minnesota Nursing Assistant Certification
   * Is knowledgeable of resident rights and ensures an atmosphere which allows for the privacy, dignity, and well-being of all residents in a safe, secure environment.
   * Supports, cooperates with, and implements specific procedures and programs for:
     1. Safety and safe work practices established fire/safety/disaster plans, risk management, and security, report and/or correct unsafe working conditions, equipment repair, and maintenance needs.
     2. Infection Control including hand washing, standard precautions, transmission-based precautions, and isolation.
     3. Confidentiality of all data, including resident, employee, and operations data.
     4. Immediately report any abuse or neglect per the abuse prevention plan & Elder Justice Act.
     5. Quality assurance and compliance with all regulatory requirements.
     6. Compliance with current law and policy to provide a work environment free from sexual harassment and all illegal and discriminatory behavior.
   * Supports and participates in common teamwork:
     1. Cooperates and works together with all co-workers; plan and complete job duties with minimal supervisory direction including appropriate judgment.
     2. Uses tactful, appropriate communication in sensitive and emotional situations.
     3. Follows up as appropriate with supervisor, co-workers, or residents regarding reported complaints, problems, and concerns.
     4. Promotes positive public relations with residents, family members, and guests.
     5. Completes requirements for in-service training, acceptable attendance, uniform dress codes including personal hygiene, and other work duties as assigned.
2. **ESSENTIAL FUNCTIONS**
   * Always demonstrate AAH Values.
   * **Communication** with Residents, families, visitors, and coworkers using AIDET & Key Word principles. Listen attentively & observe both verbal & non-verbal communication.
   * **Hourly Rounding** – Check on each of your residents at least every hour looking at the four P’s – Positioning, Potty, Pain, & Peace of Mind.
   * **Call Lights** – Responsible for answering call lights promptly. Never pass a call light.
   * **Abuse/Neglect Prevention & Reporting** – Immediately report any suspected, actual, or potential abuse or neglect of Residents to the charge nurse/director of nursing/social worker & administrator.
   * **Dressing –** Assist Residents to dress appropriately following the individualized plan of care. Assist in changing clothing throughout the day as needed.
   * **Grooming –** Assist Residents with combing hair, oral cares & shaving following the individualized plan of care.
   * **Nail Care –** Includes toe and fingernail trimming & cleaning. Also, assist with activity nail care and spa days.
   * **Assistive Devices –** Assist residents with glasses, hearing aids, dentures, etc. following the individualized plan of care.
   * **Bathing –** Assist Residents with tub/shower & partial baths, including washing face, hands, back & perineal area following the individualized plan of care.
   * **Mobility –** Assist the Resident with position changes, transfers, wheeling, & ambulation following the individualized plan of care and safe patient handling guidelines.
   * **Restorative Care –** Assist residents with restorative cares following the individualized plan of care.
   * **Meals/Snacks & Water–** Pass meals, snacks & water. Assist Residents to & from the dining room & prepare them for meals. Assist Residents as needed with meals & snacks following the individualized plan of care. Assistance may vary from tray set up & supervision to feeding the resident. Every resident must be offered an HS snack.
   * **Toileting/Incontinence Care –** Assist Residents as needed with toileting & incontinence care including barrier creams following the individualized plan of care.
   * **Skin Care –** Provide position changes & skin care for Residents following the individualized plan of care.
   * **Behavior/Mood Management –** Manage Resident behaviors following the individualized plan of care.
   * **Activities –** Assist Residents to & from activities of choice following the individualized plan of care. Assist Residents with individualized activities & provide one-to-one visit with residents following the individualized plan of care.
   * **Fall Prevention –** Assist Residents with safety devices following the individualized plan of care. Report risks, near misses, and falls immediately. Never move a Resident after a fall, stay with Resident & alert a Nurse, who will assess for injuries & events of the fall. Never lift a Resident without a lift, from the floor.
   * **Weights –** Weigh & record weights for Residents following the resident’s individualized plan of care. Report a change of three or more pounds up or down to the charge nurse.
   * **Observe & Report –** Any pertinent Resident observations, changes in condition, mood, behaviors, skin, accidents & incidents, risks for falls, complaints, etc. to the charge nurse.
   * **Document –** ADL’s, Mood, Behaviors, Restorative Care, Skin, Weights, Intakes & Outputs, Nutrition Intakes etc. as required & directed.
   * **Maintain Ward Order –** Make beds, keep room, bedside stand, and medicine cabinet clean & orderly. Mark Residents’ personal items & date them appropriately. Always keep the supply room and work areas clean and orderly. Mark and date all supplies/food items appropriately.
3. **PHYSICAL AND MENTAL DEMANDS** For physical and mental demands of the position and environment, see the following description.

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| **Physical and Mental Demands (The ADA requires employers to make reasonable accommodations for a person with a Disability. This information is needed to assist AAHS in meeting these obligations).** | | | | | | | | | |
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| **PHYSICAL DEMANDS** (FREQUENCY BASED ON AN 8 HOUR SHIFT) | | | | **NOT APPLICABLE** | **OCCASIONALLY**  **1-2.5 HR** | | **FREQUENTLY**  **>2.5-6 HR** | | **CONTINUOUSLY**  **>6-8 HR** |
|
| STANDING | | | |  |  | | X | |  |
| WALKING | | | |  |  | | X | |  |
| SITTING | | | |  | X | |  | |  |
| REACHING ABOVE SHOULDERS | | | |  | X | |  | |  |
| REACHING AT WAIST LEVEL | | | |  |  | | X | |  |
| REACHING BELOW KNEE | | | |  | X | |  | |  |
| CLIMBING | | | | X |  | |  | |  |
| LIFTING ABOVE SHOULDER <10 LBS | | | |  | X | |  | |  |
| LIFTING ABOVE SHOULDER > 10 LBS | | | | X |  | |  | |  |
| LIFTING FROM FLOOR TO WAIST <10 LBS | | | |  |  | | X | |  |
| LIFTING FROM FLOOR TO WAIST 10-30 LBS | | | |  |  | | X | |  |
| LIFTING FROM FLOOR TO WAIST >30 LBS | | | |  |  | | X | |  |
| CARRY WAIST LEVEL <10 LBS | | | |  | X | |  | |  |
| CARRY WAIST LEVEL 10 - 30 LBS | | | | X |  | |  | |  |
| CARRY WAIST LEVEL TO 31 - 50 LBS | | | | X |  | |  | |  |
| CARRY WAIST LEVEL > 50 LBS | | | | X |  | |  | |  |
| PUSHING/PULLING < 20 LBS | | | |  | X | |  | |  |
| PUSHING/PULLING 21 - 75 LBS | | | |  | X | |  | |  |
| PUSHING/PULLING 76 - 150 LBS | | | |  | X | |  | |  |
| PUSHING/PULLING >150 LBS | | | |  | X | |  | |  |
| WRITING | | | |  | X | |  | |  |
| HEARING | | | |  |  | |  | | X |
| SQUAT/KNEELING | | | |  | X | |  | |  |
| REPETITIVE ACTIONS | | | |  | X | |  | |  |
| KEYBOARDING | | | |  | X | |  | |  |
| DRIVING | | | | X |  | |  | |  |
| SPEAKING | | | |  |  | |  | | X |
| SEEING/VISUAL | | | |  |  | |  | | X |
| **PHYSICAL ENVIRONMENT** | | | | | | | | | |
| X | NOISE |  | FUMES/GASES | | | X | | CHEMICALS | |
| X | HEAT/COLD | X | HUMAN TISSUE/FLUIDS | | | X | | BIOHAZARD MATERIALS | |
| X | INFECTIOUS DISEASE | X | ANIMAL TISSUE/FLUIDS | | | X | | DIRT | |
| X | MOVING MACHINERY |  | RADIATION | | |  | | LASERS | |
|  | VIBRATION | X | WET/HUMID ENVIRONMENT | | | X | | WORK INSIDE | |
| x | WORK OUTSIDE | X | TELEPHONE USAGE | | |  | |  | |
| **MENTAL DEMANDS** | | | | | | | | | |
| X | FREQUENT PEOPLE CONTACT | X | FREQUENT INTERRUPTIONS | | | X | | MULT. CONCURRENT TASKS | |
| X | IRREGULAR WORK SCHEDULE | X | DECISION MAKING SKILLS | | | X | | FREQUENT DEADLINES | |
|  | SUPERVISORY SKILLS | X | CONCENTRATION REQUIREMENT | | | X | | ORGANIZATIONAL SKILLS | |
| X | DETAILED WORK | X | ABILITY TO WORK INDEPENDENTLY | | | X | | ABILITY TO WORK W/ OTHERS | |
| **SPECIAL CONSIDERATIONS/UNIQUE ENVIRONMENTS OR DEMANDS:** | | | | | | | | | |
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**Disclaimer**

The above statements are intended to describe the general nature of job duties and responsibilities typically assigned, identify the essential functions, and list the requirements of this job. They are not intended to be an exhaustive list of all supplemental duties, responsibilities, or non-essential requirements; nor should this document limit the supervisor’s right to modify assignments as necessary. This document does not create a contract for employment.

**Receipt and Acknowledgement**

I acknowledge and understand that:

* Receipt of this job description does not imply nor create a promise of employment, nor an employment contract of any kind, and that my employment is at-will.
* The job description provides a general summary of the position in which I am employed, that the contents of this job description are job requirements and, at this time, I know of no limitations which would prevent me from performing these functions with or without accommodation, I further understand that it is my responsibility to inform my supervisor at any time that I am unable to perform these functions.
* Job duties, tasks, work hours and work requirements may be changed at any time.
* I have read and understand this job description.

I do/do not (please circle one) need accommodations under the Americans with Disabilities Act.

Employee’s Name (Printed):

Employee Signature:

Effective Date: