

TASK ID LIST

ID #	Type	Description	ID #	Type	Description
10	Personal Care	Tub/Bath	53	Tx/Special Needs	Pulse
11	Personal Care	Shower	56	Tx/Special Needs	Weight
12	Personal Care	Bed Bath Partial	60	Support Activities	Ambulate only with Assistance
13	Personal Care	Bed Bath Complete	61	Support Activities	Wheelchair
14	Personal Care	Assist with Bath	62	Support Activities	Walker
15	Personal Care	Shower Cluster	63	Support Activities	Cane
20	Personal Care	Assist with Dressing	64	Support Activities	Crutches
21	Personal Care	Hair Care	65	Support Activities	Remain in Bed
22	Personal Care	Shampoo	66	Support Activities	Transfer
23	Personal Care	Skin Care	67	Support Activities	Turn & Position
24	Personal Care	Foot Care	68	Support Activities	AROM
25	Personal Care	Skin Care/Rprt Changes	69	Support Activities	PROM
26	Personal Care	Grooming	70	Support Activities	Exercise
27	Personal Care	Shave	71	Support Activities	Ambulate
28	Personal Care	Nail Care	72	Support Activities	Hoyer Lift
29	Personal Care	Mouth Care	80	Nutrition	Diet - Low Sodium
30	Personal Care	Denture	81	Nutrition	Diet - Diabetic
31	Personal Care	Change Diaper	82	Nutrition	Diet - Low Fat
32	Tx/Special Needs	Catheter Care	83	Nutrition	Diet - Regular
33	Tx/Special Needs	Empty Foley/Catheter/Colostomy	84	Nutrition	Assist with Feeding
34	Tx/Special Needs	Change Bedpan	85	Nutrition	Breakfast
35	Tx/Special Needs	Commode	86	Nutrition	Lunch
36	Personal Care	Toileting	87	Nutrition	Dinner
37	Personal Care	Urinal	88	Nutrition	Limit Fluids
38	Tx/Special Needs	Incontinent Care	89	Nutrition	Shopping/Preparations
39	Tx/Special Needs	Intake	90	Household	Encourage Fluids
40	Tx/Special Needs	Output	91	Household	Laundry
41	Tx/Special Needs	Bowel Movement—Yes	92	Household	Clean Dining/Living Room/Bedrm
42	Tx/Special Needs	Bowel Movement—No	93	Household	Clean Bathroom
46	Tx/Special Needs	Assist Dressing Change	94	Household	Clean Kitchen
48	Tx/Special Needs	Accompany Patient to Other	95	Household	Change Linen
49	Tx/Special Needs	Medication Reminder	96	Nutrition	Reinforce Diet
50	Tx/Special Needs	Oral Temp	97	General Duties	Assess Safety Status of Home
51	Tx/Special Needs	Rectal Temp	98	Household	Errands
52	Tx/Special Needs	Axillary Temp	99	Personal Care	Transport to a Medical Facility



Clock In and Out Instructions



Access Nursing Services

Dial:

English:.....855-641-3019

Russian:..... 855-641-3020

Spanish:.....855-641-3021

Chinese:.....855-641-3022

French:.....855-641-3023

MY ASSIGNMENT ID#

TO CALL IN

1. **From the patient's home phone, dial the number on the cover of this guide.**

The system will say:
Welcome to HHA Exchange. Press 1 for Call In, 2 for Call Out

2. **Press 1**

The system will say:
Enter your Assignment ID.

3. **Use the phone to enter your Assignment ID**

Write your Assignment ID on the cover for reference.

If you enter your number incorrectly

The system will say:
You have entered an invalid Assignment ID. Enter your Assignment ID

4. **Retype your Assignment ID**

If still incorrect, the system will say:
You have entered an invalid Assignment ID. You have not entered a valid Assignment ID after multiple attempts. Please try after some time. Goodbye.

5. **If you continue to have difficulty, contact your agency.**

If you enter your number correctly

The system will say:
You have entered XXXXX. If it is correct, press 1. Or press 0 to re-enter

4. **Press 1**

The system will say:
Your call has been successfully registered. Goodbye.

TO CALL OUT

Follow steps 1-4, however, press 2 for Call Out.

After confirming your Assignment ID, the system will say:
Enter Duty ID.

5. **Enter the 2-digit ID # for the first duty performed.**

If you enter an incorrect Duty ID

The system will say:
You have entered an Invalid Duty ID. Next Duty ID.

If you enter a correct Duty ID

The system will say:
Next Duty ID.

6. **Enter each Duty ID. When finished, type 000**

The system will say:
Your call out has been registered successfully. Goodbye.

What to do if you have a problem:

1. Re-read this instruction manual and attempt to re-enter your Clock In or Out
2. If that does not work, do not give up. You will not be clocked in/out.
3. Contact your manager at the agency. Write their contact information below for reference.

Manager Name:

Manager Phone Number: