



Seeding Hope Academy

Caregiver Training Study Guide

Seeding Hope Home Healthcare Agency LLC

Companion to the In-Home Aide Training & Competency Policy, Version 2 | October 9, 2026

This guide covers the training every Seeding Hope caregiver completes. Part 1 is the core required by North Carolina home care licensure rules and must be completed before you are assigned to a client. Part 2 covers supplemental topics the agency adds when a client's needs call for them. Read each unit, then demonstrate the hands-on skills to the RN Supervisor. Your competency is documented on the Competency Validation Record and your training is recorded on the Training Log.

Please note: This guide is written to support the agency's own reading of the North Carolina rules and is not legal advice. The Agency Director reviews it annually.

How to use this guide

- Read the learning objectives for each unit before you begin.
- Watch the training video for that unit when one is listed.
- Review the key points and ask questions about anything unclear.
- Demonstrate every hands-on skill to the RN Supervisor, who marks it competent or not yet competent.
- Never perform a task with a client until it has been demonstrated and documented as competent.

PART 1

Required Core (State Required)

The following units cover the training required for in-home aides under North Carolina home care licensure rules, 10A NCAC 13J.

Unit 1: Mobility (ambulation, transfers, bed mobility)

Why it matters: Helping a client move is the highest-risk task a caregiver performs.

WHAT YOU WILL LEARN

- Describe safe body mechanics.
- Prepare the area before a move.
- Safely assist with ambulation, transfers and bed mobility.
- Explain when a task is beyond what you should attempt alone.

KEY POINTS

- Clear the path and remove clutter first.
- Check the equipment (walker, cane, gait belt, wheelchair brakes) before starting.
- Explain each step and wait for the client to agree before moving.
- Never pull on a client's arms and never try to catch someone who is falling.
- Report any fall, near fall, dizziness or new weakness the same day.

Demonstration required? Yes. Every mobility task assigned to you must be demonstrated and documented before you perform it with a client.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1110, 13J .1003.

Unit 2: Bathing and showering

Why it matters: Bathing is personal, and doing it well protects both safety and dignity.

WHAT YOU WILL LEARN

- Prepare a safe bathing environment.
- Help a client bathe or shower while protecting privacy and dignity.
- Recognize skin changes that must be reported.
- Encourage as much independence as the client can manage.

KEY POINTS

- Gather everything you need before you start.
- Warm the room and test the water temperature first.
- Cover the client and let them do every step they can do themselves.
- Use a shower chair, nonslip mat, handheld shower and grab bars when available.
- Check skin for redness, tears, rash or bruising and report changes.
- Never leave a client with dementia alone in a tub or shower.

Demonstration required? Yes.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1110, 13J .1003.

Unit 3: Toileting

Why it matters: Toileting support protects dignity, skin and safety.

WHAT YOU WILL LEARN

- Assist with toilet, bedpan, urinal and commode use.
- Support a client who needs help but can still do part of the task.
- Recognize and report changes in bowel or bladder habits.

KEY POINTS

- Keep the routine private, calm and predictable.
- Help the client to the toilet as soon as they ask.
- Check the path is clear and the equipment is stable.
- Assist with clothing and perineal care as needed, always from front to back.
- Watch for and report pain, blood, changes in frequency, or any accident that is new.

Demonstration required? Yes.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1110, 13J .1003.

Unit 4: Dressing

Why it matters: Dressing is a daily task where a caregiver can build confidence or take it away.

WHAT YOU WILL LEARN

- Help a client choose clothing that fits the season and the occasion.
- Help a client dress while preserving as much independence as possible.
- Adapt your approach for limited range of motion or a weak side.

KEY POINTS

- Lay out clothing and let the client choose when they can.
- Dress the weak side first and undress it last.
- Check the floor is not a tripping hazard while you work.
- Watch for clothing that no longer fits, which can signal weight change.
- Replace buttons and zippers with easier closures when needed.

Demonstration required? Yes.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1110, 13J .1003.

Unit 5: Eating (meal and nutrition support)

Why it matters: Eating is one of the named core competencies, and it is where most nutrition problems show up first.

WHAT YOU WILL LEARN

- Prepare a safe meal in the client's home.
- Offer food and fluids in a way that encourages intake.
- Recognize and report swallowing or appetite changes.

KEY POINTS

- Follow the client's food preferences and any diet instructions from their prescriber.
- Make sure food is the right temperature and cut into safe pieces.
- Sit with the client when they eat rather than rushing them.
- Offer fluids often, since thirst drops with age.
- Report coughing or choking while eating, a wet or gurgly voice, or a sudden drop in appetite the same day, and do not change food or fluid textures on your own.

Demonstration required? Yes.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1110, 13J .1003.

Unit 6: Continence care

Why it matters: Continence care is a named core competency that protects skin, dignity and independence.

WHAT YOU WILL LEARN

- Care for a client who uses incontinence products.
- Help a client with a toileting schedule.
- Recognize and report skin breakdown and urinary changes.

KEY POINTS

- Check and change products on a regular schedule, not only when asked.
- Clean and dry the skin thoroughly and gently at every change.
- Keep the skin protected with the product the family or prescriber has chosen.
- Note and report redness, rash, sores, odor, or cloudy or dark urine.
- Keep the client covered and the room private throughout.

Demonstration required? Yes.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1110, 13J .1003.

Unit 7: Medication assistance and self-administration support

Why it matters: This is where the non-medical boundary matters most.

WHAT YOU WILL LEARN

- Explain the difference between assisting with self-administration and administering medication.
- Keep an accurate medication list.
- Store medications safely.
- Document what you observed without making decisions.

KEY POINTS

- A Seeding Hope caregiver never administers medication.
- Assistance means helping a client who takes their own medication ordered by their prescriber.
- Keep an updated list of prescriptions, over-the-counter products and supplements with doses and times.
- Use alarms or organizers only as directed by a pharmacist or prescriber.
- Store medications per the label, away from children and visitors.
- Record and report missed doses, refusals, questions or changes in routine.

Demonstration required? Yes. Assisted self-administration must be demonstrated and documented.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1003. Delegation follows the NC Board of Nursing decision tree for delegation to unlicensed assistive personnel.

Unit 8: Recording and reporting changes in condition

Why it matters: Reporting changes is a duty the rule names, and it is often how a small problem is caught early.

WHAT YOU WILL LEARN

- Recognize a change that must be reported.
- Report to the right person using the right channel.
- Write clear, factual notes.
- Know what is an emergency.

KEY POINTS

- Report changes in the client's condition, family situation or needs to an appropriate health care practitioner.
- Write what you saw, heard and did, and the time, without guessing at a cause.
- Call 911 for severe breathing difficulty, chest pain, signs of stroke, uncontrolled bleeding, serious injury or unresponsiveness.
- Contact the appropriate health care professional promptly for a fall, head injury, sudden confusion, fever, dehydration concerns, a medication error or a sudden decline.
- Never decide on your own that something is not worth reporting.

Demonstration required? No. This unit is knowledge and practice based and is reviewed at orientation and in in-service.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1003.

Unit 9: Assisting with prescribed exercises

Why it matters: Exercises are only safe when both the caregiver and the client were taught them by a licensed health care practitioner.

WHAT YOU WILL LEARN

- Explain the limit on exercise assistance.
- Safely help with an exercise that has been taught to you.
- Recognize when to stop and report.

KEY POINTS

- Help only with exercises that the client and you were both taught by a licensed health care practitioner.
- Follow the written instructions exactly, including how many times and how often.
- Stop immediately and report if the client has pain, shortness of breath, dizziness or a new symptom.
- Never add, change or progress an exercise on your own.
- Keep the walkway clear and support the client as instructed during the exercise.

Demonstration required? Yes, when the client's plan of care includes prescribed exercises.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1003.

Unit 10: Incidental household services

Why it matters: A safe, orderly home supports the client's care at home.

WHAT YOU WILL LEARN

- Perform household tasks essential to the client's care.
- Keep the home safe and free of hazards.
- Stay within what the plan of care authorizes.

KEY POINTS

- Incidental household services are the light housekeeping that is essential to the client's care at home, such as laundry, dishes, light cleaning and meal clean-up.
- Keep walkways clear and remove trip hazards you can safely move.
- Wear gloves for soiled laundry and clean hands afterwards.
- Separate clean and soiled laundry.
- Do not take on work outside the plan of care, and ask the office if you are unsure.
- Report anything in the home that looks unsafe or unsanitary.

Demonstration required? No. Reviewed at orientation and in in-service.

Training video: *to be linked*

NC DHSR reference: 10A NCAC 13J .1003.

Orientation and In-Service Education

Every caregiver completes orientation before their first assignment and completes 12 hours of in-service education each calendar year. Your hours are recorded on your Training Log.

PART 2

Supplemental Topics

These topics are not required by North Carolina home care licensure rules. The agency adds them as in-service topics, or when a client's plan of care calls for them. Any skill you are assigned must still be demonstrated and documented as competent before you perform it.

1. Dementia care

Why it matters: Many of the clients we serve live with memory changes, and a calm approach changes the day.

- Keep communication calm, brief and predictable: use the client's preferred name and one step at a time.
- Offer limited choices rather than open questions.
- Explain what you are about to do before you touch the client.
- Do not argue, rush or correct every detail.
- Keep a familiar routine and use music, photographs or a short walk to settle the moment.

2. Communication with the healthcare team

Why it matters: Clear information is what keeps a client safe between visits.

- Report to the office, not to family members, when something changes.
- Keep notes factual and short, covering what you saw, when, and what you did.
- Write down instructions you receive and who gave them.
- Ask questions at your supervisory visit rather than guessing.

3. Infection control and hand hygiene

Why it matters: Clean hands are the single most effective thing a caregiver does.

- Clean hands before and after personal care, after soiled laundry and after contact with bodily fluids.
- Gloves do not replace handwashing.
- Clean frequently touched surfaces and care equipment.
- Stay home and notify the office when you are sick.

4. Emergency preparedness

Why it matters: Emergencies are rare and the first minute decides the outcome.

- Know where the exits, phone and emergency information are in each home.
- Know the client's emergency contact and their code status document location if one exists.
- Call 911 first for a medical emergency, then the office.
- Keep your own list of the office and 24/7 numbers with you.

5. Client rights and dignity

Why it matters: Care that protects dignity is care that clients accept.

- Knock, introduce yourself and ask before entering a room.
- Protect privacy during personal care and keep the client covered.
- Never discuss a client's information with anyone outside the care team.
- Respect the client's choices, belongings and routines.
- Report anything you witness that feels disrespectful.

Knowledge Check

Answer each question on the line below. Review your answers with the RN Supervisor.

1. Name three things you check before helping a client walk.

2. What do you do if a client starts to fall while you are helping them move?

3. How do you protect a client's privacy while helping them bathe?

4. Name two changes in bowel or bladder habits you must report.

5. A client's food suddenly tastes different to them and they stop eating. What do you report, and to whom, and do you change their food texture?

6. What is the difference between assisting with self-administration of medication and administering medication?

7. Name three situations that mean you call 911.

8. Under what condition may you help a client with a prescribed exercise?

Completion

Caregiver name: _____ Date: _____

RN Supervisor: Mary, FNP-BC, Agency Director Signature: _____

Training is recorded on the Training Log and competency is documented on the Competency Validation Record. A certificate of completion is issued by Seeding Hope Academy.

This guide supports in-house caregiver training. It is not a state-issued Nurse Aide I credential.