Missouri Alliance for Home Care in partnership with the Association for Home & Hospice Care of NC presents...

The Aide’s Role in Home Care Safety

A Webinar • Thursday, April 16, 2020 • 2:00—3:00 p.m. CST

Presented by Kathie Smith, RN, BSN

Safety hazards can exist in many areas of the client's home and the hazards may increase the risk of client falls and other injuries. This workshop will cover ways the In-Home aide can help the client to make their home safer and avoid injury to the client and worker.

Use this session to meet your training requirements. All in-services emphasize the role of home care aides in observation and reporting. It is the responsibility of the home care company to determine if this workshop meets the specific requirements of its aides. The Missouri Department of Health & Senior Services affirms that this session meets the requirements found at 484.36[b] of the Medicare Conditions of Participation and for in-home service companies, this session meets the required standard for on-going training of aides.

Registration Form

No Recordings will be available for this webinar.

How the In-Service Works:
♦ The conference is scheduled from 2:00 to 3:00 p.m. CST.
♦ Register in advance; one fee per connection—Registration DEADLINE is April 15, 2020.
♦ MAHC will provide a GoToWebinar link that will be e-mailed to you the day before the webinar. You will need to register through this link to attend the webinar. Once registered you will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts if available, the sign-in sheet, and evaluation before the webinar.
♦ Listen to the presentation.
♦ Participate in the question & answer session.

Company _________________________________________________________________________________________________
Address __________________________________________________________________________________________________
Phone _________________________________________________ Fax _______________________________________________
Name  __________________________________________ Email ____________________________________________________

Registration Fees
Payable by check or credit card
☐ Check  ☐ Credit Card

Name as it appears on card:__________________________________________________________
CC#:__________________________________________  ☐ Visa  ☐ MC  ☐ Discover  ☐ Am. Express
Billing Address:_______________________________________________________________ City, State, Zip________________
Exp. Date:_________ CVC(3 or 4 digit code):_________ Signature:_____________________________________________________

For security reasons, if paying via credit card please fax or mail (not e-mail) your registration form

Registration Fees: (Note 3% discount if paid by check)
MAHC Members: $99 Check/$102 Credit Card per connection
Non-Members: $198 Check/$204 Credit Card per connection

Total: $____________________

Cancellations: Refunds will NOT be issued for cancellations received less than 2 business days prior to the event and non-paid registrations will be billed full price. Cancellations received prior to 2 business days before the event will receive a 90% refund.

Send Registration & Payment to: Missouri Alliance for Home Care 2420 Hyde Park Rd., Suite A Jefferson City, MO 65109 (P) 573-634-7772 (F) 573-634-4374 abby@mahcmail.org

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