



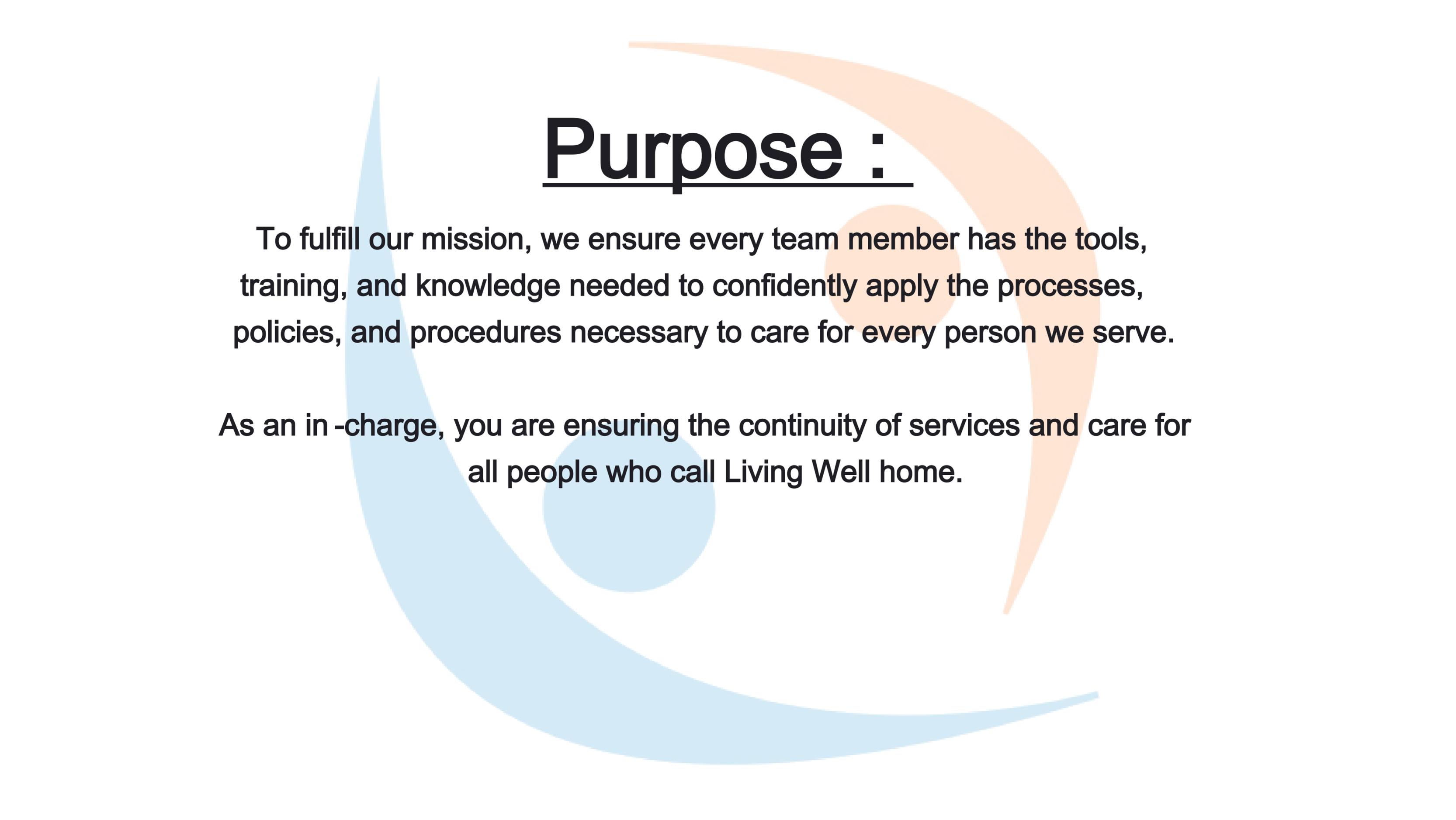
Living Well Disability Services: In - Charge Training

Mission:

Our mission is to deliver exceptional service —every shift, for every person, and in every home.

Our top priority is the well-being of those who live in our homes —ensuring everyone feels safe from harm, is healthy, and living their best possible life.

As guests and stewards within each person's home, we entrust our employees to provide care that goes beyond the basics —care rooted in respect, compassion, and excellence.



Purpose :

To fulfill our mission, we ensure every team member has the tools, training, and knowledge needed to confidently apply the processes, policies, and procedures necessary to care for every person we serve.

As an in-charge, you are ensuring the continuity of services and care for all people who call Living Well home.

Training Objective:

This training module will cover topics to prepare you to be in **in-charge**.

- The employee will ensure implementation of Living Well policies and procedures to address situations both emergency and nonemergency.
- The employee will ensure shift accountability with co-workers & to people in the home.
- The employee will learn the expectations of providing oversight and communication requirements when any incident arises.

The Program Manager designates a staff to be an in-charge on specific shifts.

An in-charge is generally designated whenever a scheduled shift has at least 2 staff scheduled and no Assistant Program Manager is present to provide oversight.

In Charge Staff Overall Expectations:

- Help a shift to run smoothly with good teamwork and effective communication.
- Lead the shift with positive attitudes while ensuring person centered services.
- Deal with Emergencies
- Address house/maintenance emergencies
- Maintain Safety in the Home - ensure doors are locked as expected.
- Complete general check in with people supported and fellow employees at beginning and end of shift.
- Ensure Policies are Followed
- Maintain and Promote Confidentiality
- Contacting the PM and or Nurse for required notifications or support is needed.

Shift Direction & Planning:

Providing shift direction and planning is a key responsibility of the in -charge role. Some key aspects of the role include:

- Organizing the Shift
- Ensuring Medication Administration occurs
- Lead Teamwork, assist with conflict Management and Problem Solving
- Coordinating staff breaks
- Giving Directions to Volunteers, Relief, Occasional and Temporary Employees
- Documentation Overview
- Responding to incidents and injuries; ensuring reporting (GERs) occurs, including mandated reporting/ MAARC
- Ensure adequate staffing is present and helping with last minute schedule changes.

When **MUST** the Program Manager be called or texted immediately:

1. An injury is possible or noticed resulting in a GER/Incident Report being filled out for a person receiving services.
2. A death, elopement, vehicle accident, Emergency Use of Controlled Procedures (EUCP).
3. A Medical Emergency —A medical emergency is a 911 or Poison Control call or if a person goes to see a doctor or nurse for medical care.
4. Any time the police, emergency personnel or the fire department is called to the home.
5. When an employee is injured on the job - workman's comp issue.
6. Staffing conflicts (i.e. verbal or physical altercation) or staffing ratio concern (only after all other resources have been exhausted).
7. Suspected VA—abuse, neglect, maltreatment.

When to call or text the Nurse:

In-Charge staff **MUST CALL** the Program Manager or On -Call Manager
AND Nurse or On -Call Nurse immediately if or when;

- The Individual Served goes to the Hospital
- The Individual Served goes to Urgent Care
- Medication Discrepancies or Missing Medications
- Any falls with or without injury
- Any choking incidents (whether or not person successfully dislodged item)
- Seizures
- Topics indicated on the Nurse Notification document (see next slide).

Refer to Nurse Notification posting:

Nurse Notification



1. Nurse for this site: Nicole Touroutoutoudis Number: 612-202-1691
If no call back within 10 minutes after leaving a message, move on to step 2.

2. **Living Well On-Call Nurse:** 612-812-4479 If your call is not answered, leave a brief message as to why you are calling, your name, and a ten-digit phone number where the call can be returned. Please keep the line open so the nurse can return your call. If no call back within 30 minutes, call again (there may be a problem with the phone or the message may not have been received).
****Be prepared to give the nurse detailed information****

It may take 60-90 minutes for the on call nurse to return your call. If the matter is more urgent, you may contact the primary doctor for written faxed orders, or have the client seen in their primary clinic, urgent care, or emergency room.

In the event of an emergency, call 911.

IT IS EXPECTED THAT YOU NOTIFY THE NURSE AND FOLLOW THEIR INSTRUCTIONS WHEN:

- **A MEDICATION DISCREPANCY OCCURS.** Call if any of the following occur: wrong dose given, wrong medication given, medication given to the wrong client, medication is given on the wrong date; medication is given at the wrong time, medication given via the wrong route. If you discover a medication was not documented, call the person responsible to check if it was given; if it was not given, call the nurse.
- **MEDICATION OR TREATMENT CHANGE OCCURS.** Notify the nurse anytime a new medication/treatment is ordered, a dosage is changed, or a medication/treatment is discontinued.
- **MEDICATION SIDE EFFECTS ARE SUSPECTED.** Notify the nurse whenever you think a client may be experiencing side effects from a medication.
- **STANDING ORDER MEDICATIONS ARE GIVEN.** See the *Standing Orders for Over-the-Counter Medications* list for specific instructions on when to notify the nurse.
- **A CLIENT BECOMES ILL OR INJURED.** See *Care of Illness and Injury* section for instructions on when to call the nurse.
- **A CLIENT'S SEIZURE PATTERN CHANGES.** See the client's seizure plan for specific instructions.
- **A CLIENT'S MEDICAL, PSYCHIATRIC, OR HEALTH STATUS CHANGES**
- **YOU HAVE QUESTIONS ABOUT MEDICATION OR HEALTH CARE PROCEDURES OR DOCUMENTATION**
- **YOU HAVE QUESTIONS OR CONCERNS ABOUT A CLIENT'S HEALTH STATUS OR CARE.** The general rule is: When in doubt, call.

****Anytime you talk to a nurse or physician, you must document the details in the Health Progress Notes****

Organizing the Shift

At the beginning of the shift, the in -charge person is responsible for deciding who is responsible for which duties during the shift.

This includes but is not limited to:

- **Adhering to team responsibilities such as;**
 - Deciding who is responsible for taking individuals to where they want to go
 - Deciding who is cooking
 - Deciding who is the med passer and med checker
 - Anything else that is needed to support the individual.
- **Ensuring documentation is completed throughout the shift**
 - T-Logs, Communication Book, ISP Data, Tracking sheets
- **Individual responsibilities:**
 - Taking individuals to their medical appointments
 - Any other tasks that need to be completed
 - End of the shift, the in -charge must ensure that all tasks, med checks, T-Logs and ISP data is completed.
 - Chain of command guidelines;
 - Who to notify and when

Medication Administration

The in-charge staff may or may not be the designated medication passer during a shift.

- The in-charge must know the medication administration times and responsibilities and ensure all procedures are followed correctly throughout the shift.
- If the assigned med passer needs to leave the house for an activity or another duty, the in-charge staff will delegate the responsibility to another med passer.
- Ensure the reassignment of med passing duties is documented clearly in a communication book or shift sheet per expectation at the house.
- Ensure that the nurse has been contacted if medication administration error has occurred or any other instances indicated in the “Nurse Notification Guidelines”.

Shift Leadership Tips:

- **Lead by example.** Your tone, attitude, and professionalism set the standard.
- **Stay approachable.** Staff should feel comfortable coming to you with questions or concerns.
- **Acknowledge good work.** Be specific when acknowledging what is going well.
- **Stay calm under pressure.** Your composure helps the team and individuals served during busy or stressful times.
- **Communicate and report;** key incidents, handoffs, and issues clearly and factually via email or text message to the Program Manager for their follow-up.
- **Know your resources.** When in doubt, consult policies, the Program Manager, or on-call Program Manager or Nurse or On-Call Nurse.

Team Oversight & Support



As the in-charge staff, you are leading the shift to create a collaborative and supportive team environment.

- Monitor team interactions to ensure communication remains respectful and professional.
- Encourage staff to ask questions, share information and suggestions, and assist one another.
- Provide clear instructions and follow up to verify understanding and completion of assigned tasks.
- Model effective teamwork by demonstrating patience, openness, and problem solving skills.
- Address any signs of disengagement/lack of motivation or interest, tension, or confusion promptly and constructively. Promote an environment that is safe, inclusive, and respectful for all staff and individuals served.

Teamwork - Standards of Conduct & Professional Expectations

In-Charge staff play a key role in upholding organizational values and professional standards.

- You are responsible for adhering to and promoting the Standards of Conduct and Practice outlined in the Living Well Employee Handbook.
- Living Well Disability Services' success depends on trust, professionalism, and commitment from every employee.
- In-charge staff must:
 - Model ethical behavior at all times.
 - Hold team members accountable to the standards of the organization.
 - Report unethical or inappropriate behavior promptly.

Teamwork: Problem Solving & Conflict Management

- Team members are expected to make reasonable efforts to resolve conflicts directly with one another in a professional and respectful manner.
- If those efforts are unsuccessful or inappropriate for the situation, the in -charge shift lead must intervene to support and guide the resolution process.
- The in-charge staff will approach conflicts calmly and objectively, focusing on solutions rather than blame.
- Address challenges such as;
 - Staff disagreements or communication breakdowns
 - Task completion or motivation issues
 - Implementation of emergency or behavioral procedures
 - **All conflict resolution efforts must be handled privately, respectfully, and in full alignment with the Living Well Employee Handbook and expectations.**
- Communicate significant concerns to your Program Manager or on - call Program Manager via email or text message.

Coordinating Breaks

The in-charge is responsible for approving staff break times.

- All breaks must be scheduled so that required supervision ratios and safety protocols are always maintained.

Rest periods/breaks will be taken in designated areas and will be scheduled at the discretion of the in -charge to ensure the needs of the people who live in the home are met first.

- All employees are entitled to one 15 -minute paid rest period/break for every 4 hours worked, regardless of position within the organization.
- Employees working six or more consecutive hours are entitled to a paid meal break of at least 30 minutes.
 - Employees who request a meal break off- site it is an unpaid break, and they must punch out in MITC.
 - Offsite breaks may only be taken with the permission of the Program Manager, On-call Program Manager.

Coordinating Breaks

- Employees who want or need to pray, must notify the in -charge.
 - If possible, prayer breaks must be scheduled in a way that does not disrupt required supervision or care
 - Prayer breaks should be arranged in a manner that ensures consistent coverage
- Employees on break must be available to return to work immediately in the event of an emergency.

All breaks must be scheduled so that required supervision ratios and safety protocols are always maintained.

Employees are responsible for communicating their break needs with supervisors in a timely and respectful manner.

Individuals supported absolutely cannot not be left unsupervised at anytime unless their Service Plan specifically allows for it.

Guiding Float & Temp Employees

When float, temporary and relief employees come to work at the house, the in-charge will provide a house tour, information and basic training to support the fill-in staff to be able to complete their needed tasks.

See next slide for training document guide.

The in-charge will ensure to orient these staff to:

- Red Emergency Preparedness Folder and Blue policy folder location
- Emergency exit and contact numbers
- Program Abuse Prevention Plan (PAPP) location and review
- Review Individual Abuse Prevention Plan (IAPP) of each person
- Personal Centered Planning Profiles for each person

It may be necessary to inform the Program Manager of any performance concerns of the float, temporary and relief employee for any necessary follow up or for any further training.

Guiding Volunteers

When volunteers come to the home;

- The in-charge staff should welcome volunteers to the house.
- Assist volunteers with any materials they would need.
 - Crafts
 - Games, etc.
- If the person served is in their rooms, the in-charge will go and get the person. Assist them to become engaged with volunteer activity.
- If the person served is gone or on leave when the volunteer is scheduled to come, the in-charge is responsible for calling the volunteer to reschedule them.
- Volunteers are not responsible or expected to assist with personal cares.

Documentation Overview

The in-charge is responsible for ensuring all documentation is completed before co-workers leave.

This includes;

- The daily Therap notes
- Any medical related Therap notes
- Communication logs/books
- Tracking Sheets
- Any other house specific books as needed.

Any work/day program communication books need to be checked daily on weekdays and pertinent information should be communicated/documentated in Therap.

The in-charge will verbally confirm with co-workers that all necessary documentation is completed.

Incidents & Injury Reports - GERs

The in-charge staff must maintain awareness of all incidents, accidents, and injuries that occur during the shift and ensure that appropriate care, documentation, and follow-up are completed promptly and accurately.

- A General Event Report or GER must be completed when an incident, accident or injury occurs for people we support, maltreatment and injury of unknown origins.
 - All GERs must be reported to the PM or on-call PM as part of our notification process.
- The PM may direct the In-charge staff to complete a MAARC report per our guidelines if maltreatment or injury of unknown origins are a factor.
- The PM may also direct the in-charge to complete the required notifications to Team members (guardian, case manager, house nurse, day program, etc.)
- The in-charge is responsible for reviewing all incident reports GERs written during the shift and communicating relevant information to the nurse and/or on-call nurse as well as the PM.

Incidents & Injury Reports - GERs

When a GER needs to be completed, the PM can support and advise you while walking you through the steps to do the GER and provide guidance to make notifications to guardian, case manager, and/or day program as necessary.

An on-call PM may not know the house as well as the staff based out of that home, so the in-charge should be prepared to answer questions about an individual's background, health history, falls history, etc.) .

When do you need to fill out a GER?

A GER must be completed when:

- A person served goes to the Hospital or urgent care (don't forget to notify PM and nurse immediately)
- Any injury - including any injury of unknown origin
- Elopement/ Missing Person
- Any serious injury
- Death
- Falls with or without possible injury
- Any 9-1-1 call
- Choking Emergencies - when back blows and abdominal thrusts have been used.
- Vehicle Accident with or without injury
- Maltreatment

Vulnerable Adult & Maltreatment of Minors

All employees are mandated reporters and are legally and ethically required to report any suspected or confirmed instances of abuse, neglect, or financial exploitation.

If the in-charge suspects possible maltreatment or the incident involves a serious injury, they must immediately implement the reporting procedures Vulnerable Adults Maltreatment reporting policy and Incident Response reporting policies (located in Blue Folder).

One of the key steps is to contact the PM, on -call PM, or Regional Director ASAP.

Vulnerable Adult & Maltreatment of Minors

The in-charge is responsible for ensuring that:

- An Incident Report/ GER is completed accurately and promptly.
- The Program Manager or designated on -call Program Manager is contacted immediately to report the situation and receive further direction.
- Notifications of team members occur (guardian, case manager, etc.)
- The in-charge must also ensure the safety and well -being of all individuals involved while maintaining confidentiality and following agency policy and state regulations.
- The in-charge is expected to maintain objectivity, confidentiality, and compliance with all organizational and state reporting requirements throughout the process.

Emergency Controlled Procedures

The in-charge will be the lead to take action if an emergency -controlled procedure is warranted.

- The in-charge will call the Program Manager or designated on -call Program Manager for prior authorization before implementing a controlled procedure.
- A controlled procedure is a pre -determined, step -by-step action plan designed to guide individuals to respond calmly, safely, and effectively.
 - It replaces panicked reactions with structured actions, minimizing risk and optimizing the outcome of the situation.
- If an emergency-controlled procedure is performed, the in-charge will ensure all proper techniques and procedures are followed, and proper documentation is completed, including a GER.

Active Supports & Advocacy

The in-charge is responsible to make sure that they really know the people they are supporting.

- They need to make sure that co-workers follow people's preferences, areas of risk, and history.
- The in-charge ensures that the team follows through on each person's Individual Program Plan and documents at the end of the day if the person completed their goal or not.
- People supported should be encouraged to be actively involved in their daily routines with meaningful activities in and out of the home. The In-charge staff should ensure that "active supports" are occurring during the shift.
- People supported must be offered an engaging activity in or out of the home each shift.

Interactions between people living & working in the house

The in-charge will need to ensure that all interactions are;

- Respectful
- Age appropriate and
- Inclusive of the people that live in the house.

The in-charge will interrupt any interaction that is;

- Disrespectful or
- Inappropriate and
- Ensure people's rights are respected as outlined in their Bill of Rights.

Interactions between people living & working in the house

The in-charge is also responsible for promoting and maintaining age -appropriate interactions, activities, and settings.

- Living Well values people being treated as their chronological age.
- If an in-charge hears or sees any inappropriate interactions or any derogatory comments, they will step in and address the issue.

Recreational Supports

It is the in-charge's responsibility to ensure that in-house and community involvement takes place.

- At the beginning of the shift, the in-charge will look at the activities planned, and coordinate those within the people's routine.
- The in-charge is responsible for organizing or assisting in successful completion of the activity.
- The in-charge can assign employees to go on community activities if no one has yet volunteered, or if the person going has not chosen who they would like to accompany them.
- It is the in-charge's responsibility to make sure that all activities occur unless;
 - There is severe/dangerous weather or
 - If a person is ill

Then the in-charge must use their best judgment in changing the routine.

Monitoring Implementation of People's CSSP and Support Plan Addendum

It is the responsibility of the in -charge to make sure that Support Objectives and To Do Lists are completed correctly and as often as necessary.

- As needed, the in -charge will oversee that the proper implementation of CSSP -A are completed and occur as care plans indicate.
- The in-charge will let the Assistant Program Manager and/or Program Manager know if follow up training is needed with a co -worker.
- Consistency of the implementation of Support Objectives and To Do Lists is crucial and must be consistent between employees working with people.

Communication

The In-Charge is responsible for ensuring the proper communication takes place on the shift:

- Shift to Shift Communication
- Family/ Guardian contact
- Work Program or School Contact

The in-charge is responsible for ensuring that all important information is communicated to the incoming shift.

- This communication must be both verbal and written.
 - Key updates—such as behavioral concerns, medical issues, recreational activities, or family and work-related matters.
- At the beginning of each shift, the in-charge must read the communication book and ensure that all other staff members on duty do the same.

The in-charge staff will ensure that the house phone is answered, answering machine is checked, and that needed messages are communicated.

Family/Guardian Contact

The in-charge may be the person on the shift and the person to whom family member or guardian should be directed to if they call or visit.

- Any calls, visits, or information will be documented in the program books and communication book.
- Confidential concerns and issues should be relayed to the Program Manager as soon as possible.

The in-charge staff may need to field questions or provide guidance for work/school contacts/ family/ and guardians.

Last Minute Schedule Changes

Our organization expects that staff call a minimum of 2 hours before the beginning of their shift if they cannot work.

The In-charge may need to assist with finding replacement staff for a call in.

You will need to call down the phone list and try to get someone to come in to cover the shift.

- If a replacement employee cannot come into help, then you should call the Program Manager or On -Call Program Manager.
- When seeking replacement staff coverage ensure that all needs of people are met, including a med passer, driver, lifting, CPR certification, designated in - charge, and supervision needs can be safely met.
- If an employee cannot be found, the in -charge must stay on duty.

Last Minute Schedule Changes

If there is an emergency and staff need to leave shift early;

- The staff person is responsible for talking to the in -charge person and arrange coverage for the shift.

The in-charge person needs the approval of a Program Manager to leave early.

Any changes made to the schedule must be communicated to the Program Manager by leaving a note or sending a text or email.

Scheduled Work - Time

The in-charge will confirm that staff are punched in/out accurately on MITC.

When a person has approval to deviate from scheduled work time, the in-charge will need to document the change and call or text the Program Manager.

Examples of this include:

- Approved late start, or
- Early leave times
- Extended shift stays as verified by emergency or necessity.
 - This includes temporary agency (Grape Tree) time records.

Ensure Policies Are Followed

It is very important to know Living Well's policies and be able to determine when co-workers are not following policy.

- Knowing and following company policies are an expectation of all employees.
 - The Employee Handbook is available for reference to all employees in print or digital form.
- When policies are not followed, it is the in -charge's responsibility to let the Assistant Program Manager and/or Program Manager know so that they can follow up.

Household Maintenance

There may be maintenance problems in which the in -charge will need to request maintenance services.

- Examples of this would be; if the heat, electricity, vehicle, or major appliance broke down.

Emergency Household problems are those that make us unable to care for the people living in the house or is a major safety hazard.

If that happens, follow the maintenance procedure for emergencies indicated in the Red Folder and on SharePoint Operations page.

- You can also call the Program Manager or On -Call Program Manager for guidance.

Don't forget to leave a note for the PM or APM if general (non - emergency) house items are broken in the home so that repair can be addressed.

Maintain & Promote Confidentiality

The in-charge may be told information that is confidential.

It is the responsibility of the in -charge to respect this need for confidentiality and adhere to HIPPA procedures and the data privacy policy as stated in the Employee Handbook.

Promoting confidentiality also means that if the in -charge hears employees talking about any private or confidential information that violates data privacy or a person's rights, they must intervene and end the conversation.

Congratulations!

Thank you for taking this training.
You are officially trained to be an in-charge Direct Support Professional.

While you are the in-charge, you represent Living Well Disability Services' mission and values, and the person served. Thank you for your commitment to helping lead shifts while ensuring the continuity of services and providing good care for all people who call Living Well their home.