



## End of Shift Procedure

**It is everyone's responsibilities to ensure the best care for every client. The following procedure will help meet this goal by making certain that every caregiver has the most up to date information for their client.**

- 1. Clean and sanitize all durable medical equipment that has been used during the shift.** By wiping down walkers, lifts, commodes and other durable medical equipment with approved sanitizer, we are greatly reducing the risk of spreading infectious illness to our co-workers, clients and their family members.
- 2. Wash hands after performing client care.** By thoroughly washing hands with soap and warm water, we significantly reduce to the risk spreading infectious illness.
- 3. Complete the daily charting note for your shift.** Be sure to document all care that was completed or offered to your client on the front check list and complete the narrative on the back using only objective information.
- 4. Review the Medication Administration Record (MAR)** at the end of every shift. Be sure that you have signed for all medications that you administered. Notify a No Worries supervisor if there are any discrepancies.
- 5. Review the PRN medications** at the end of each shift. Be sure that any PRN medications you have administered have been documented and signed. Use this information to complete the controlled substance count.
- 6. Review all flow sheets** at the end of each shift and be sure that you have signed for all tasks that you have completed. If the Service Plan indicates that we chart bowel movements (BM), document the size and consistency of all BMs during your shift using the exceptions report if needed.
- 7. Call the office if the client chooses to send you home early or asks you to stay longer.**
- 8. Report your name, the date, your client's name, time worked, any mileage and where you drove to No Worries Time Line (503) 968-9099.**

I have reviewed the End of Shift Procedure and a copy has been provided to me for use at client homes. I understand that I am responsible for following the procedure and for reporting changes to my supervisor immediately.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_