



Bell Medical Services, Inc. JOB DESCRIPTION – 2.28

POSITION TITLE: Direct Support Worker/Unlicensed Personnel
DEPARTMENT: Home Care
SUPERVISOR: RN Supervisor

JOB SUMMARY:

This position is responsible for providing personal care and designated health-related services designed to maintain the client's physical and emotional well-being for those clients living at Bell Medical Services, Inc. This position assists clients with tasks of daily living as indicated on the Service Agreement, the Medication Administration Record (MAR), and other services as delegated by the RN.

QUALIFICATIONS:

- High School education and CNA/ NAR or HHA Certificate preferred.
- Experience in working with older adults.

SPECIALIZED KNOWLEDGE AND ABILITIES:

This position requires the incumbent to:

- Possess a sensitivity and aptitude for working with the elderly.
- Prioritize and organize work effectively and efficiently.
- Possess skills to communicate effectively with clients, families, staff and other customers.
- Possess the ability to read, write and comprehend simple instructions, correspondence and documentation, including medical terminology, in English.
- Be punctual with a good attendance record.
- Must demonstrate good interpersonal skills.
- Understand how to use, carry and be responsible for the cell phone while on duty.

ESSENTIAL JOB FUNCTIONS AND TASKS:

Job Function: Medication Administration

Tasks:

- Administer medications and give reminders to clients as required according to the Medication Administration Record (MAR) and as delegated by the RN Supervisor.
- Follow policy for administering medications PRN standing orders.
- Follow policy and procedure for narcotic administration and documentation.
- Follow policy and procedure for medication administration when a client is leaving the building.
- Follows policy and procedures when receiving new or changed medication orders.
- Reorder medications and supplies weekly, or as needed.



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- Understand standard precautions used for infection control and adhere to them.
- Other medication administration duties as assigned by RN Supervisor.

Job Function: Provide personal and direct care to clients

Tasks:

- Assist clients with activities of daily living as indicated on their individual service agreement (including, but not limited to dressing, showering, grooming, toilet assistance and escorting).
- Assist clients with daily room order and light housekeeping.
- Assist clients with personal laundry duties, which may include ironing.
- Maintain a clean and healthy environment.
- Promote independence, not dependence, with clients offering choices and fostering self-help skills.
- Perform routine procedures as delegated by the RN Supervisor.

Job Function: Documenting and reporting

Tasks:

- Document any changes in clients' condition in the client chart and communication log. Report these changes to the RN Supervisor.
- Completes incident reports according to policy.
- Reports to RN Supervisor any medication changes or any PRN medications that have been administered to a client.
- Understands procedures regarding home care tasks and charting procedures when performing these tasks.
- Recognizing abnormal signs and symptoms, or changes in clients' condition.
- Documenting duties completed with clients on the service delivery record during each shift.

Job Function: Complete essential paperwork

Tasks:

- Filing papers in clients' charts as needed.
- Signing Medication Administration Records (MAR's) monthly.
- Reviewing and signing all new clients plan of care/ weekly service record and changes in current clients' plan of care.
- Reading the communication book and checking employee mailbox before the start of each shift.
- Checking outgoing US mailbox, collecting US mail delivered and distributing US mail and in-house mail to the clients.
- Other documentation as assigned and/ or needed.



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Job Function: Knowledge and compliance with state regulations

Tasks:

- Understand and adhere to the Vulnerable Adult and abuse policy, Bill of Rights and HIPPA.
- Works to assure facility is in compliance with federal, state and local standards and regulations.
- Complete a minimum of eight (8) hours of documented training.
- Be up to date with completing mantoux tests or chest x-rays.

Job Function: Activity Programming

Tasks:

- Encourage, gather and/ or escort clients to participate in scheduled activity programs.
- Lead activity programs as assigned.
- Socialize with clients and incorporate new ideas and client suggestions into programming.

Job Function: Participate and function effectively as a team member

Tasks:

- Develop and maintain a positive working relationship with other Unlicensed Personnel's, housekeeper, Nursing staff, kitchen staff and other Bell Medical Services, Inc. staff.
- Provide back up to other staff as needed to ensure 24 hours staffing.
- Communicate information regarding clients care needs and changes to the team and families.
- Provide proactive and constructive participation in staff meetings.
- Be compassionate and work with tact and ethical awareness.
- Be flexible and adaptable to changing situations.
- Responds appropriately to safety hazards, fire, weather or emergency situations.
- Follow through promptly on requested duties.
- Assisted kitchen staff at meal times with set up, serving and clean up.
- Provide on-the-job training for new associates.
- Must be mature and emotionally stable using a calm and kind tone of voice.
- The ability to remain calm in difficult or unusual circumstances.

Job Function: Other duties as assigned

Tasks:

- Support the mission and values of Bell Medical Services, Inc.



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Work Environment:

General Strength

Moderate Work *Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.*

Use this scale to rate frequency of occurrence for each variable in tables below.

N = Never	Not part of job requirements
S = Seldom	Not daily, but included 1-3 times per week
O = Occasional	Done intermittently throughout the day or week, but not more than 33% of the day or week.
F = Frequent	Done at longer intervals throughout the day or week, 34%-66 % of the day or week.
C = Continuous	Done without interruption throughout the day or week, 66%-100% of the day or week.

Physical Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a. on uneven ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pushing Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pulling Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Lifting (heaviest weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. from floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. from table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. ladders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. scaffolds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. narrow surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. slippery surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. moving surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Stooping/bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Crouching/squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Twisting/turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Restraining	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. at shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Neck motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. static positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
d. rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hand-Arm <input type="checkbox"/> Foot-Leg
19. Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
b. firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
c. pushing and pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
20. Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. keying/typing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Driving a vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Other physical demands (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sensory Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Feeling/touching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Tasting/smelling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. near vision (reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. near vision (20 inches or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. far vision (20 feet or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Conditions

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Extreme cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Extreme heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wet and/or humid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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	N	S	O	F	C	
5. Exposure to blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Exposure to body fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposure to infectious disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loud noises	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Fumes/odor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. poor ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. grease/oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Moving mechanical parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Caustic chemicals (describe/list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Latex products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wearing respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Exposure to poisonous plant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Exposure to insect/animal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mental Requirements

Do the essential job functions require the ability to do any of the following on a **regular** basis? Check the appropriate box for each item and describe as applicable.

	Yes	No	Comments (provide description)
1. Client/public contact-indicate percent of time of the work week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Reading-describe level (e.g., technical, grade level of materials used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Writing-written communications required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Simple arithmetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Mathematics-calculations requiring formulas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Weighing and/or measuring-precise and accurate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Attentiveness duration-maintaining constant alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Attentiveness intensity-concentration required for accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Short-term memory-recall 2-3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Long-term memory-recall from past education or event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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11. Directing, controlling or planning activities of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Transferring knowledge to unique situations-complex problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Influencing people in their opinions, attitudes and judgments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Performing multiple tasks concurrently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Showing capacity for self-expression-feedback, teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Working alone or apart, in physical isolation, from others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Attaining precise set limits, tolerances and standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Working under unusual time constraints or set productivity standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Shift work-other than day hours or variable start times	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Ability to problem solve-simple data gathering, selecting from known options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

This job description is not mean to be all-inclusive. The employee will also perform other reasonable related duties as assigned by the Client, RN Supervisor and/ or Operations Manager.

Management reserves the right to change job responsibilities, duties, and hours as needs prevail. This document is for management communication only and is not intended to imply a written or implied contract of employment.

I _____, have read the Unlicensed Personnel job description and fully understand the conditions set forth therein, and I will perform these duties to the best of my knowledge and ability.

Employee Signature

Date

Supervisor Signature

Date