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COMPLEX NEEDS PROCEDURE

PROCEDURES

Medications

Lifestyle Attendants may be required to:

Prompt Customers/Clients to take their medication

Prompting of medication is reminding a person of the time and asking if they have or are going to take their medicines. It involves monitoring the customer and reminding them to take their medication. The person is still in control of their medicines and may decide not to take them or to take them later.

Assist Customers/Clients to take their medication

- Ordering repeat prescriptions from the doctor's surgery
- Picking up prescriptions from the doctor's surgery
- Collecting dispensed medicines from the pharmacy
Bringing packs of medicines to a person at their request so that the person can take the medicines
- Opening bottles or packaging, including dose administration aids at the request and direction of the person who is going to take the medicine
- Reading labels and checking the time at the request of the person who is going to take the medicine
- Ensuring the individual has a drink to take with his or her medication

Administer medicines to the care recipient

Care workers must be trained in medicine administration before the following core roles can be done

- Giving a person medicines to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it
- Giving medicines where a degree of skill is required to be exercised by the care worker to ensure it is given in the correct way. Online assessments, support of the doctor, pharmacist and case manager may all be required to ensure appropriate knowledge of how to assist with medicines.

A Registered Nurse or a medication endorsed Enrolled Nurse is required to:

- Fill a 'box' medication compliance aid (if required)
- Provide training to the support worker on the administration of oral medication from a participant's labelled pharmacy container

Lifestyle Attendants must follow:

- Right Drug. ...
- Right Patient. ...
- Right Dose. ...
- Right Route. ...
- Right Time and Frequency. ...
- Right Documentation. ...
- Right History and Assessment. ...
- Right to Refuse
- Right Education and Information

Lifestyle Attendants must:

- Completed Medication Awareness Training in order to prompt and assist Customers/Clients with medications
- Have completed competency-based training in the administration of medications that includes being informed and aware of the risks associated with altering the oral dose form of a medication
- Be aware that they have a 'duty of care' to ensure the proper use of medication
- Report any changes or variations in the participant's health and wellbeing and medication orders to the Service Delivery Officers
- Report when medication is refused
- Not give any medications to a Customer/Client that has not been ordered for that Customer/Client
- Document the administration of medication as per the requirements of Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service

INSULIN

Insulin is a hormone that lowers the level of glucose (a type of sugar) in the blood by helping glucose enter the body's cells.

Insulin is only to be administered under strict conditions:

- The Customer/Client has been involved in assessment and development of the Plan for their medication sub-cutaneous injection with a skilled Registered Nurse or a person deemed competent by Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service

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- The provider has documented written or phone orders by the doctor prescribing the medication that trained Lifestyle Attendants may administer by sub-cutaneous injection (see attached Doctors orders form)
- That the treating doctor has been given this guideline on administration of Insulin by Lifestyle Attendants in the community
- The provider has appropriate policies and procedures including a training program relating to the support provided to a Customer/Client receiving SC injections and related medication
- There is a written procedure for administration of Insulin by a Lifestyle Attendant to the Customer/Client (P012 Blood Glucose Monitoring)
- The procedure and Doctors approval is attached to medication order and retained in the home of the Customer/Client with a copy retained by Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service

Lifestyle Attendants must follow:

- The skilled Registered Nurse or a person deemed competent by the provider has developed an Action Plan to address any incident or emergency in relation to their SC injection or medication error
- The Action Plan identifies escalation and management of any incident or emergency
- All Lifestyle Attendants have completed competency-based training by a Registered Nurse, Doctor or a person deemed competent by the provider - relating specifically to the Customer/Client injection and medication needs, managing a related incident and understanding the basic knowledge relating to the medication being delivered
- Reporting is by exception – when an incident, emergency, error in medication or change of Plan occurs
- If a Lifestyle Attendant is trained to administer insulin they are only allowed to administer from Insulin pen only not from Vial. If client does not have insulin pen, please contact service provider.

The approval to implement individual services in accordance with this Guideline remains at the discretion of the treating doctor.

See QF114 - Doctors Order for Insulin (to be Administered by Support Workers)

BOWEL CARE

The method of bowel care can vary greatly. It may include:

- Oral aperients
- Suppositories
- Enemas

As a part of any support delivered by Lifestyle Attendants, Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service will:

- Assess the initial needs with the Customer/Client
- Determine the areas of bowel care that the Lifestyle Attendant may attend
- Develop plans with identified outcomes
- Provide written procedures on the provision of bowel care by the Lifestyle Attendant - this may be included as part of the plan.
- Policies and procedures for bowel care should be clearly documented in the care plan and only changed by a Doctor or a Registered Nurse
- Identify education needs for Lifestyle Attendants - Provide relevant competency-based training and assessment processes for the support worker/s to ensure they are competent to perform the prescribed duties, tasks and interventions.
- Monitor, review, evaluate and adapt as required the service, plans and outcomes with the involvement of the participant

Please note, this is provided the Customer/Client allow a written care plan to be produced.

Lifestyle Attendants may:

- Perform any task on the plan or as directed by their Customer/Client apart from those that must be performed by a Registered Nurse.
Must report any bleeding, severe constipation, change in bowel habit to service provider and in case of any emergency call 000

Stoma/ Colostomy Care:

A '**colostomy**' is a stoma formed by bringing part of your colon (large bowel) out on to the surface of your abdomen

- The stoma will be moist and pinkish red in colour and will protrude slightly from your abdomen
- Use plain warm water and dry wipe to gently clean around the stoma. Make sure you don't rub.

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- Dry the skin thoroughly with a dry wipe. Pat gently, taking care not to rub.
- Place used wipes in the disposal bag with the used pouch.
- Wash your hands
- Put new colostomy bag and make sure it is sealed properly to prevent any leak.
- Colostomy bags are single use only

Lifestyle Attendants must:

- Complete competency training and assessment in the task by the service provider
- Follow the plan as provided by the Customer/Client and/or Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service
- Report to their supervisor any changes or variations for advice
- Not change any plan
- Report any issues arising from the delivery of bowel care (such as: bowels not open, bleeding, constipation, diarrhea) to the service provider for further advice
- Identify and report to their supervisor any gaps in their ability to deliver the required service

CATETHER CARE

As a part of any service delivered by Lifestyle Attendants, Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service will:

- Assess initial needs with the Customer/Client. Consider also the psychological needs and engage the Customer/Client to access specialist help/advice (if necessary)
- Determine the areas of catheter care that the Lifestyle Attendant may attend
- Develop plans with identified outcomes
- Provide written procedures on the provision of catheter care and infection control by the Lifestyle Attendant – this may be included as part of the plan
- The plan for catheter care should be clearly documented in the home and only changed by the doctor or a Registered Nurse and access to policies and procedures be made available to Lifestyle Attendants
- Identify education needs for Lifestyle Attendants. Provide relevant competency-based education and assessment processes for the support worker/s to ensure they are competent to perform the prescribed duties, tasks and interventions
- When an in/out Catheterisation is required the provider must ensure that the

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Lifestyle Attendant has the training and competency relevant to the sex of the person

- Monitor, review, evaluate and adapt as required the service, plans and outcomes with the involvement of the participant

A paid Registered Nurse is required to:

- Change a suprapubic catheter
- Change an indwelling catheter
- Care of blocked catheter

Lifestyle Attendants may NOT:

- Perform any duties that must be attended to by a Registered Nurse (as outlined above)
- Flush or try to reinsert Catheter

Lifestyle Attendants may:

- Perform any task on the plan, apart from those that must be performed by a registered nurse (or other suitably assessed person), after having completed competency training and being signed off as competent in the task by the service provider. Examples include:
 - Do in/out catheterisation (often used with children) after attending competency-based training
 - Empty drainage bag
 - Change drainage bag
 - Clean catheter site
 - Ensure no obvious kinks in catheter
 - Observe and report:
 - If urine not clear
 - If urine has unusual odour
 - If debris in urine
 - If output reduced
 - If catheter site red

Lifestyle Attendants must:

- Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Identify, and report to the Service Delivery Officers, any gaps in their ability to deliver the required service including difficulties in completing the tasks within the allocated time

A Registered Nurse or endorsed Enrolled Nurse:

- Provide competency-based training to the Lifestyle Attendant on the above
- Sign off on the competency of the Lifestyle Attendant in their ability to administer oral medications safely and accurately

Oral Suctioning

The purpose of oral suctioning is to maintain a patent airway and improve oxygenation by removing mucous secretions and foreign material (vomit or gastric secretions) from the mouth and throat (oropharynx).

Suctioning Procedure for Lifestyle attendants:

- Use clean technique for oral suctioning.
- Keep supplies readily available at the bedside and ensure suction is functioning in the event oral suctioning is required immediately. **Suction equipment should be checked daily and replaced as needed.**
- Know appropriate suctioning limits and the risks of applying excessive pressure or inadequate pressure.
- Avoid stimulating the gag reflex.
- Always perform a pre- and post-respiratory assessment to monitor Customer/Client for improvement.
- Consider other possible causes of respiratory distress and Call 000 if Client's condition is not improved post suctioning.
- If an abnormal side effect occurs (e.g., increased difficulty in breathing, hypoxia, discomfort, worsening vital signs, or bloody sputum), Call 000 and start CPR as needed

Tracheostomy

A **tracheostomy** is an opening (made by an incision) through the neck into the trachea (windpipe)

Tracheostomy Suctioning Procedure for Lifestyle attendants

- Assess need of suctioning.
- Explain to Customer/Client that you are going to suction the tracheostomy tube.
- Wash your hands thoroughly.
- Use personal protective equipment including sterile gloves and safety glasses.
- Suction using a clean, non-touch technique.
- **Each suction should not be any longer than 5-10 seconds.**
- Assess the Customer/Client's respiratory rate, skin colour and to ensure the Customer/Client has not been compromised during the procedure. Repeat the suction as indicated by the Customer/Client's individual condition.
- Look at the secretions in the suction tubing - they should be clear or white and move easily through the tubing.
- Notify Doctor or senior manager if the secretions are abnormal
- Call 000 if breathing is not normal and Start CPR if needed

Tracheostomy Stoma care:

- Clearly explain the procedure to the Customer/Client and their family/carer
- Perform hand hygiene – ABHR or Wash hands.
- Use a clean non-touch technique and personal protective equipment e.g. safety glasses and gloves.
- Lay the Customer/Client on their back with a small rolled towel under the shoulders. Sometimes Customer/Client may prefer to sit up in a bed or chair.
- Remove fenestrated dressing from around stoma.
- Inspect the stoma area around the tracheostomy tube.
- Clean stoma with cotton buds moistened with 0.9% sodium chloride. Use each cotton bud **once only** taking it from one side of the stoma opening to the other and then discard.
- Continue cleaning with new cotton buds until the skin area is free of secretions, crusting and discharge.
- Allow skin to air dry or use a dry cotton bud to dry.
- Insert the fenestrated gauze under the flanges (wings) of the tracheostomy tube to prevent chafing of the skin.

Avoid using any powders or creams on the skin around the stoma unless prescribed by a Doctor or Stomal Therapist as powders or creams could cause further irritation.

Observe signs of Infection:

- If signs of redness or excessive exudate consider using a non-adhesive hydro cellular foam dressing e.g. Allevyn®. Discuss with Doctor/ medical team and consider obtaining a specimen for culture and sensitivity.
- If there are any signs of granulation tissue liaise with the respiratory nurse consultants and/or Stomal Therapists for appropriate management.

Lifestyle Attendants must:

- Lifestyle Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Complete competency training and assessment in the task by the service provider.

Oxygen Therapy

Oxygen therapy refers to the administration of supplemental oxygen as part of managing illness. In healthy individuals, oxygen is absorbed from the air in adequate amounts, but certain diseases and conditions can prevent some people from absorbing enough oxygen.

Oxygen safety

Oxygen is not a flammable gas but it does support combustion (rapid burning). Due to this the following rules should be followed:

- **Do not smoke** in the vicinity of oxygen equipment.
- **Do not use aerosol sprays** in the same room as the oxygen equipment.
- **Turn off oxygen immediately** when not in use. Oxygen is heavier than air and will pool in fabric making the material more flammable. Therefore, never leave the nasal prongs or mask under or on bed coverings or cushions whilst the oxygen is being supplied.
- Oxygen cylinders should be secured safely to avoid injury.
- **Do not store oxygen cylinders in hot places.**
- Keep the oxygen equipment **out of reach of children.**

- **Do not use any petroleum products** or petroleum by-products e.g. petroleum jelly/Vaseline whilst using oxygen
- Extra care should be taken when travelling with oxygen Cylinders

Oxygen nasal prongs and masks should be washed with warm soapy water twice weekly.
Oxygen cylinders should be checked daily and replaced as needed
If Customer/Client is on Oxygen concentrator then filter should be cleaned weekly.

Lifestyle Attendants must:

- Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Complete competency training and assessment in the task by the service provider

Anaphylaxis and Epi Pen Administration

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

First Aid for Anaphylaxis

- Lay the victim flat; do not stand or walk. If breathing is difficult, allow to sit (if able),
- Prevent further exposure to the triggering agent if possible.
- Administer adrenaline (epinephrine/EpiPen) via intramuscular
- Call an ambulance.
- Administer oxygen, if available and trained to do so

Lifestyle Attendants must:

- Lifestyle Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Complete competency training and assessment in the task by the service provider

Lifestyle Attendants must not:

- Use someone else's EpiPen. EpiPen should be prescribed for that particular Customer/Client.

ALWAYS give adrenaline auto injector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma and use of Ventolin

Asthma is a disorder of the smaller airways of the lungs. People with asthma have sensitive airways which can narrow when exposed to certain 'triggers', leading to difficulty in breathing

- If the Customer/Client has a personal written asthma action plan, then that plan should be followed
- If a Customer/Client has any signs of a severe asthma attack, call an ambulance straight away and follow the Asthma First Aid Plan while waiting for the ambulance to arrive.
- Sit the person comfortably upright. Be calm and reassuring. Do not leave the person alone
- Without delay give four separate puffs of a "reliever".
- The medication is best given one puff at a time via a spacer device. Ask the person to take four breaths from the spacer after each puff of medication.
- Wait four minutes. If there is little or no improvement give another four puffs.
- If there is still no improvement, call an ambulance immediately.
- Keep giving four puffs every four minutes until the ambulance arrives.
- If a spacer is not available, simply use the inhaler. Use the victim's own inhaler if possible. If not, use the first aid kit inhaler if available or borrow one from someone else.

Lifestyle Attendants must:

- Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Know asthma plan for client and make sure to inform service provider if needs review or any changes.
- Complete competency training and assessment in the task by the service provider

Epilepsy and Seizure Management Plan

Epilepsy is a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.

Seizure is an event and **epilepsy** is the disease involving recurrent unprovoked seizures. **Epilepsy** is characterized by recurrent seizures, which are misfiring's of the brain's electrical system.

Focal Seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the part of the body controlled by that part of the brain. The symptoms the person experiences will depend on the function that the focal point is associated with or controls. The seizure may involve the involuntary movement or stiffening of a limb, feelings of déjà vu, an unpleasant smell or tastes, or sensations in the stomach such as butterflies or nausea. The seizure usually lasts less than two minutes.

Generalized seizures: Primary generalized seizures involve the whole brain and therefore involve the whole body. There are many types of generalized seizures – some convulsive, others non-convulsive.

Myoclonic seizures: **Myoclonic** seizures are brief, shock like jerks of a muscle or a group of muscles, usually lasting no more than a second or two, which at times can result in a fall. There can just one, but sometimes many will occur within a short time (clusters)

Tonic Clonic seizures (previously called grand mal seizures): During a tonic clonic seizure a person's body stiffens, air being forced past the vocal cords causes a cry or groan and they fall to the ground (the tonic phase). Their limbs then begin to jerk in strong, symmetrical, rhythmic movements (the clonic phase). The person may dribble from the mouth. Go blue or red in the face or lose control of their bladder and/or bowel as the body relaxes.

Prolonged seizures, or a series of seizures without a normal break in between, indicate a dangerous condition called convulsive ***status epilepticus*** and demands emergency treatment.

Absence seizures (previously called petit mal seizures): These brief, non-convulsive events involve the whole brain and usually occur in children. With this type of seizure, the person's awareness and responsiveness are impaired, they simply stare and their eyes might roll back or their eyelids flutter.

It can be difficult to tell the difference between absence seizures and daydreaming. However, absence seizures start suddenly, cannot be interrupted, last a few seconds, and then stop suddenly. And the person resumes what they are doing. Although these seizures last less than 10 seconds, they can occur many times daily, disrupting learning.

First Aid for Epilepsy

1. Time the seizure

2. Protect from injury

- remove hard objects from the area
- place something soft under their head
- loosen any tight clothing

3. Gently roll the person onto their side

- as soon as it is practical to do so

4. Reassure & re-orientate

- as the person regains consciousness

5. Stay with the person

- until the seizure ends & they are fully alert

Call Ambulance if:

If the person is having more seizures than is usual for them or lasting longer than usual Seizures

- If the person is injured or goes blue in the face
- If the seizure occurs in water or the person is eating or drinking at the time
- If the person is pregnant or has diabetes
- You know, or believe it to be, the person's first seizure
- You feel uncomfortable dealing with the seizure

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Seizure Management Plan

Lifestyle Attendants must:

- Follow Seizure management plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Complete competency training and assessment in the task by the service provider.
- Document event in Client's Communication diary or care plan.

Lifestyle Attendants must not:

- Force the victim's mouth open nor attempt to insert any object into the mouth.
- Attempt to give any food or fluids to Client until they are fully awake.
- restrain client's movements during seizure.

Exceptions to this Policy

Complex needs not listed in this policy are still within the scope. This is provided that consultation with a Registered Nurse is conducted, along with the Customer/Client and other key stakeholders (i.e. Doctor).

Breaches of This Policy

A breach of this policy is grounds for disciplinary action, up to and including termination of employment. Ignorance of these procedures will not generally be accepted as an excuse for non-compliance. Only in extreme circumstances and where such ignorance can be demonstrated to have occurred through no fault of the individual concerned will Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service accept such an argument.

DOCUMENTATION

Documents related to this policy	
Related Policies	Q309 – Complex Needs Policy
Related Procedures	P012 – Blood Glucose Monitoring
Forms, record keeping or other organisational documents	Q306 - Individual Support Plan