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Operational Procedure Number 5:08	
Page 1 of 8	
DEPARTMENT	Client Services
SUBJECT	Designated Tasks
APPROVED BY (Signature)	CHIEF EXECUTIVE OFFICER <i>Jennifer Hammond</i>
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REVIEWED BY (Title & Signature)	Jennifer Hammond, RN, BScN Chief Executive Officer
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OPERATIONAL PROCEDURES

It is the responsibility of Personal Attendant Care Inc. to ensure all staff are adequately trained to assist clients with Activities of Daily Living including client specific designated tasks. Designated tasks are outlined on the Client Service Plan and completed as directed by the client. The organization’s Operational Procedures outline the procedure for task completion.

Personal Support Workers are not permitted to complete delegated transferrable skills, listed on the Client Service Plan and/or if requested by the client without training and authorization (see Operational Procedure 5:06).

Reference

The “Regulated Health Professions Act” specifies that an Unregulated Care Provider can perform specific tasks when the task has been determined as a routine activity of daily living.¹

The Regulated Health Professions Act defines a routine activity of daily living if:

- The need for a specific procedure has been identified;
- The frequency of performing the procedure has been established;
- The person reacts or responds in a consistently predictable way;
- The outcome of performing the procedure is always the same;
- The specific procedure is required indefinitely.

It is the responsibility of the Personal Support Worker to review Client Service Plan’s prior to providing service and to notify Supervisor/Designate if they require training for designated skills listed on Client Service Plan.

	Operational Procedure Number 5:08
	Page 2 of 8
DEPARTMENT	Client Services
SUBJECT	Designated Tasks

Procedures

Colostomy Care

Cleaning or replacing colostomy bag while faceplate remains intact.

- Obtain consent, follow client direction and any specific instructions noted on the Client Service Plan;
- Gather equipment.
- Wash hands;
- Put on gloves;
- Place a protective sheet under colostomy site;
- Drain collected stool from the bottom of the appliance into a basin if applicable;
- Remove colostomy bag gently and slowly;
- If you remove the bag and there is no stool, allow the air to escape and reattach it;
- Dispose of bag or clean out the bag as client directs. Bags can be closed or drainable;
- Closed bags are removed once or twice daily;
- Drainable bags are left in place for as long as they are leak proof and comfortable, usually three to five days. Stool is drained from the pouch using a releasing clip. The drainable bag should be drained and rinsed out every four hours or as client directs. To reduce odour, a solution of soap and water is used to rinse out the colostomy bag and/or clients may have individual preferences and procedures for cleaning out their bags;
- Clean stoma site gently and thoroughly using a soft cloth with soap and warm water;
- Dry the stoma and the surrounding skin area well;
- Attach clean or new bag to face plate, ensuring that it is secure;
- Make sure the bag is hanging in a downward direction for discharge of stool;
- Place the soiled colostomy bag in a closed garbage bag. Drain any stool in the toilet before the bag is discarded;
- Record colostomy care on the Client Service Report;
- Observation of any irritation or inflammation of the skin around the stoma, continued non-production of feces or client discomfort or pain is recorded on the Client Progress Note and the Client Service Supervisor/Designate is informed immediately.

Note: Client directions may vary depending on the type of colostomy appliance and the supplies available in the home.

DEPARTMENT	Client Services
SUBJECT	Designated Tasks

Condom Catheter Application

- Obtain consent, follow client direction and any specific instructions noted on the Client Service Plan;
- Gather equipment;
- Wash hands;
- Put on gloves;
- Position the client either lying or sitting;
- If condom catheter is present, remove gently as client directed and place in plastic bag;
- Cleanse the genitalia with soap and water. Ensure area is dry;
- Attach night bag and/or leg bag, as per client's direction ensuring clamp is secure;
- Follow client direction to apply protective coating to the skin of the penis. Avoid putting protective coating on the head of the penis;
- Ensure the foreskin is **NOT** retracted;
- Hold penis firmly. Roll the condom catheter onto penis with drainage opening at the urinary meatus;
- Follow client direction to secure the condom. If placing tape or band on edge of condom catheter, be careful not to constrict the penis;
- Connect the catheter tip to drainage tubing;
- Make sure tubing is in the correct position and that tip of catheter is not twisted;
- Discard used supplies in plastic bag;
- Remove and discard gloves;
- Wash hands;
- Record procedure on Client Service Report;
- Record changes/abnormal observation on the Client Progress Note and inform the Client Service Supervisor/Designate immediately.

Changing Catheter Bags

- Obtain consent, follow client direction and any specific instructions on the Client Service Plan;
- Gather equipment;
- Wash hands;
- Put on gloves;
- Place pad under catheter to absorb any drainage. Detach night bag from catheter, taking care not to touch the inside of the catheter;
- Place cap on end of night bag top drainage tubing;
- Open bottom clamp on leg bag to ensure all air is removed. Close clamp;
- Remove cap from leg bag top drainage tube and insert into the catheter tubing;
- Follow client direction for placement of bag and straps on the leg. Ensure two digits can be placed behind the straps to establish that they are not placed too tightly;

DEPARTMENT	Client Services
SUBJECT	Designated Tasks

- Check catheter and drainage tubing to ensure there is no twisting of either;
- Check to ensure leg bag bottom clamp is closed;
- Open bottom clamp of night bag and empty this into toilet;
- Follow client direction for rinsing, inserting cleaning solution and storing of night bag. (General principle of cleaning is to rinse twice with water ensuring water flushes out all areas of the bag and the tube and then rinse again with water and client's choice of disinfectant solution);
- Store night bag as per client's directions;
- Remove gloves, discard and wash hands;
- Record procedure on Client Service Report;
- Record changes/abnormal observation on the Client Progress Note and inform the Client Service Supervisor/Designate immediately.

Applying Compression Stockings

- Obtain consent, follow client direction and any specific instructions noted on the Client Service Plan.
- Explain what you are going to do for the client;
- Wash your hands;
- Provide privacy and expose leg. Check to see that the leg is clean, dry and free of open areas.
- Turn stocking inside out. Continue gathering down to heel;
- Place foot of the stocking over client's toes, foot and heel. Fit client's foot into heel and toe portion of stocking;
- Pull the leg of the stocking up over the foot and up the leg. The stocking will turn right side out as you pull it up;
- Adjust the stocking to fit smoothly without folds or wrinkles;
- Record procedure on Client Service Report;
- Record any unusual conditions (i.e. cold toes, bluish skin, client complaints of numbness that lasts for more than one hour after application, tingling, etc) on the Client Progress Note and inform the Client Service Supervisor/Designate immediately.

Removing Compression Stockings

- Obtain consent, follow client direction and any specific instructions noted on the Client Service Plan;
- Explain what you are going to do for the client;
- Wash your hands;
- Provide privacy and expose legs;
- To remove the stocking peel them off inside out. Starting at the top of the stocking, peel it down over the heel;
- Continue to pull from the instep until they are far enough down for you to get your thumb in, and under, the client's heel;

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DEPARTMENT	Client Services
SUBJECT	Designated Tasks

- Rub/pull the stocking the rest of the way off. It does not work well to push all the material down and then try to get it over the ankle;
- Remember to never gather compression stocking material, as it becomes twice as tight. Lay the material where you want it to go. It takes longer but is much easier;
- Wash, dry and apply lotion/moisturizer on the client's leg as directed;
- Record procedure on Client Service Report;
- Record any unusual conditions (i.e. cold toes, bluish skin, client complaints of numbness that lasts for more than one hour after application, tingling, etc) on the Client Progress Note and inform the Client Service Supervisor/Designate immediately.

Washing Compression Stockings

- Stockings should be washed every day, every other day, or as directed by the client;
- Wash the stockings *as directed by the client*; generally;
 - Wash like you would a delicate care item;
 - Wash the stocking either by hand or on a very gentle wash cycle;
 - Never put them in a dryer;
 - Use lukewarm water and add fine fabric detergent;
 - Make sure they are rinsed well;
 - Wrap stockings in a towel to remove excess moisture and lay flat to dry.

Note: Compression stockings will wear out after three or four months. Once this happens, they will not deliver the proper amount of pressure to the client's legs. In some cases, wearing them after this happens can cause harm. They tend to stretch out at the ankle where the most compression is needed. Please monitor the condition of the stockings and record any changes on the Client Progress Note and inform the Supervisor/Designate immediately.

Assisting with Medications

Employer Requirements

- To comply with the College of Nurses of Ontario
- To provide safe guidelines for staff, volunteers and service providers
- To reduce harm and potential risks to all clients, staff and the organization
- Provide education and training on adverse drug events and medication related risks annually
- Obtain information from each client regarding the medication history
- Obtain and document information regarding clients allergies and adverse reactions
- Update clients allergies and medications regularly

All staff working for Personal Attendant Care Inc. are not permitted to administer or dispense oral medications including vitamins and herbal supplements.

DEPARTMENT	Client Services
SUBJECT	Designated Tasks

Applying topical medications and administering medications by injection is a prohibited skill for all Personal Support Workers (see attached Prohibited Skills List).

1. The Client Service Supervisors will assist clients to fill out the Medication History form to the best of the client's knowledge with their consent.
 2. The Client Service Supervisors will request client information on all allergies and outline the reactions of each allergy. Client allergies will be listed on the Medication History form and on the Client Service Plan.
 3. The Medication History form and the list of allergies will be updated bi-annually or as often as changes are reported by the client and or family.
 4. The Medication History form will be left in the client's home, in the Personal Attendant Care Folder and a copy provided to the client for their wallet. Copies will also be maintained in the client's file at Personal Attendant Care Inc.
 5. The Medication History form will be transferred with the client at transition points.
 6. Personal Support Workers of Personal Attendant Care Inc may assist clients with their medications in the following manner:
 - Loosening or removing container lids or opening blister packs;
 - Reminding the client to take a medication;
 - Bringing medication containers to the client;
 - Reading the prescription label to the client;
 - Providing water or other fluids as needed;
 - Apply a non-prescription ointment onto the client's intact skin – **Do not apply if medicated or onto an open wound / sore**;
 - Unregulated health care professionals can assist client to put inhaler in client's mouth however the client must have the strength to administer the medication by pushing down on the inhaler.
 7. Record the time, and assistance provided by the employee on the Client Service Report.
- 1. Assisting with Oral Medications:**
- Obtain medication bottle or Doucette, if client is not able (The Personal Support Worker must complete a double check of the name, date and prescribed amount and name of medication on the bottle or Doucette);
 - Obtain consent to assist
 - Wash your hands;
 - Assist client to wash their hands;
 - Place container where client can reach them or hand container to client;
 - Allow client to read the name, date and prescribed amount and name of medication on the bottle or Doucette. Be sure client is wearing eyeglasses if client needs them to read;
 - Give sip of water to moisten mouth;

DEPARTMENT	Client Services
SUBJECT	Designated Tasks

- Give a full glass of water or other cool liquid after the client puts medication in their mouth;
- If necessary remind client to swallow;
- **Note:** Personal Attendant Care Inc.'s Personal Support Workers are **not** to guide client's hand to their mouth and pour the medication into their mouth;
- Close containers;
- Store containers in proper location as identified by client and/or family;
- Wash your hands;
- Record time procedure completed on the Client Service Report;
- Record any changes/abnormal observations on the Client Progress Note and inform the Client Service Supervisor/Designate immediately.

2. Assisting with the Application of Non-Prescription Topical Creams and/or Ointments to Intact Skin:

- Personal Support Workers can assist with the application of non-prescription topical creams and/or ointments to intact skin only as indicated on the Client Service Plan or directed by the Client Service Supervisor/Manager;
- The application of non prescription topical creams and/or ointments to a wound or broken skin is prohibited;
- The Personal Support Worker reports any initial observation of a wound/broken skin, to the Client Service Supervisor/Designate immediately;
- Obtain consent
- Gather non-prescription cream/ointment as client directed. May be stored in a specific place, following pharmacy instructions;
- Wash your hands;
- Put on gloves;
- Clean area of skin where non-prescription cream or ointment is to be applied. Use a mild soap and water. Follow client direction if instructions differ from soap and water cleansing;
- Allow skin to dry thoroughly;
- Apply non-prescription cream and/or ointment as client directed;
- Discard gloves and wash your hands;
- Record time procedure completed on the Client Service Report.
- Record any changes/abnormal observations on the Client Progress Notes and inform the Client Service Supervisor/Designate immediately.

Important: Anything that is not listed here please ask your Supervisor before completing the task.

DEPARTMENT	Client Services
SUBJECT	Designated Tasks

Dressings

A Personal Support Worker can only change a dressing that is used as a protective measure on unbroken skin and or, when the application of a bandage/dressing to a wound is required for first aid. The changing of a dressing to an open area on the client's skin is prohibited.

- The Personal Support Worker immediately reports to the Client Service Supervisor/Designate, changes in the client's skin condition, such as reddened or broken skin.
- The Personal Support Worker documents on the Client Progress Note, any observations of change in a client's skin condition and forwards this to the office as soon as possible.
- The Client Service Supervisor informs the interdisciplinary team including the Case Coordinator at Central East LHIN formerly known as the (CE CCAC) of any changes in the client's skin condition.
- If a dressing is loose, the Personal Support Worker will secure/reinforce the edges of the dressing with tape to prevent it from coming off.
- If a dressing comes off:
 - The Personal Support Worker will follow client direction to apply a dry dressing to the area for protection or;
 - Follow client direction to not apply dressing;
 - *No wound cleansing, irrigation or application of topical antibiotic ointments is to be completed, even if the client directs the Personal Support Worker to do so.*
 - In either instance the Personal Support Worker will immediately inform the Client Service Supervisor/Designate and document on the Client Progress Note.
 - The Client Service Supervisor informs the client's Care Coordinator of the need for a dressing to be applied or changed.
 - If this takes place outside of office hours, the on-call Supervisor will contact the client's Contingency or Emergency plan to contact the nursing agency; and or the client may also be advised to seek medical attention.

Attached Forms

Client Progress Notes	5(h)
Client Service Plan	5(d)
Client Service Report	5(i)
Medication History	5(t)

Attached Documents

Prohibited Skills List	5(k)
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References

¹*Guidelines for R.N.'s and R.P.N.'s Working with Unregulated Care Providers*, COLLEGE OF NURSES OF ONTARIO, May 1996