

PCA Choice Complex Cares Policy - Client/RP

EFFECTIVE DATE:

October 1, 2023



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Purpose

This policy will define complex cares and explain the Complex Cares Training Program as it relates to Accra clients and Responsible Parties (RPs).

Defining the Complex Cares Training Program

During a county assessment, a client may be determined to require one or more complex cares. Complex cares can include G-tubes, wound care, IV's/dialysis, respiratory treatments, catheters, bowel programs, neurological (seizures), and swallowing disorders. To meet state requirements and ensure Accra PCAs are properly trained to provide complex care, Accra has created the Complex Cares Training Program.

The Complex Cares Training Program is provided by Accra through our Absorb online training format. Accra will automatically enroll PCAs in the necessary training based on the needs of the client(s) an Accra PCA supports. PCAs will be added to Accra's complex cares training system to learn how to provide complex cares. After completing the online training course, PCAs will be tested on their knowledge and will need to pass the competency tests for each complex care required.

PCAs will be paid for time spent on training and they will need to fill out a training record reporting time spent on the training in order to be paid.

Additional Complex Cares Guidelines

No complex cares can be provided by Accra PCAs without completing the Accra training. No PCAs under the age of 18 may perform complex cares. If any PCA on your care team will be performing a complex care, then all PCAs on the care team must complete the training required.

If there is an individual who is trained to provide the care and is not employed by Accra, they may provide the complex cares instead of an Accra PCA. It is up to the discretion of Accra if a PCA can perform complex cares. If an individual who is not employed by Accra will be performing the complex care, then your Accra PCAs are not required to take the trainings. This will be documented in the client's care plan.



Policy Objectives

1. Provide directions for PCAs on what complex cares can be performed.
2. Ensure thorough and direct training guidelines for PCAs to be able to perform complex cares.
3. Provide guidance for QPs and RPs to direct clients and PCAs on how to be able to perform complex cares.
4. How to document PCA knowledge and approval to perform complex care.

G-Tube Care

Accra PCAs are only allowed to work with a G-Tube no G/J or J-tubes. Medications and formulas must be pre-dosed for the PCA to be able to administer them to a client. All medications and formulas must be labeled for the appropriate time to give. Accra PCAs cannot check the placement of a G-tube. Bolus feedings will be reviewed on a case-by-case basis to determine if allowed.

Emergency Planning

An emergency plan must be in place in the event of a pump malfunction, tube clogging, tube coming out, vomiting during feeding, seizure during feeding, incorrect administration of medication or formula not limited to but could include rate of pump, and leaking around the stoma site.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training



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Absorb training covers what a G-tube is and what it's used for. This includes the different types of G-tubes, how to complete G-tube cares and feedings, and reviews the different types of feeding pumps.

Absorb Training Required:

- G – Tube (Feeding Tube)



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Wound Care

Accra PCAs cannot perform a sterile dressing change. A PCA cannot assist with stage 3 or 4 pressures ulcers, diabetic wounds, stasis ulcers, or wound vacs. Any topical creams or specialty medicated dressings need to be pre-**dosed**. **A PCA** is not allowed to change any adhesive attachments of colostomy or urostomy bags, but they can empty them. They may change the bag if there is a seal that they can attach to. Wounds that require packing will be reviewed on a case-by-case basis.

Emergency Planning

What PCAs should report to RP: changes in wound, signs, or symptoms of infection. Specific direction on wound vacs or ostomies will be given individually per client.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training reviews various types of wounds, what PCAs can and cannot assist with, and the signs and symptoms of infection.

Absorb Training Required:

- Wound Care



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IV and Dialysis Care

Accra PCAs cannot complete any cares or procedures related to IV's, ports, or fistulas. If a pump with a medication is running, PCA cannot be left alone with client.

Emergency Planning

What PCAs should report to the RP or physician: signs or symptoms of infection. If the peripherally inserted central catheter (PICC) line or central line has more of the line showing out of the body than usual. If the fistula is bleeding.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training reviews the various types of IV's and Dialysis ports, care instructions, what to report to the RP or Physician, and developing an emergency plan.

Absorb Training Required:

- IVs and Dialysis



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Respiratory Care

Accra PCAs cannot determine the rate of flow for oxygen. They may not change the oxygen regulator. A PCA may assist client in putting on mask for CPAP/BIPAP machine and cleaning the mask however they may not adjust any settings. A PCA can assist clients in applying their respiratory vest and turning on the machine, however they may not adjust any settings. A PCA may not assist with the use of cough assist machine. A PCA cannot be left alone with a client on a ventilator. A PCA cannot be responsible for adjusting any settings or maintenance of the ventilator. A PCA cannot participate in any care surrounding the tracheostomy or any suctioning. A PCA may not complete any deep oral suctioning or nasal suctioning.

Emergency Planning

Clients on a ventilator must have a trained adult in the home when a PCA is present. If an emergency occurs, the trained adult should handle the emergency, not the PCA. Plan for what PCAs should do if suctioning equipment malfunctions and/or if the client has any respiratory distress.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training reviews signs and symptoms of respiratory distress, respiratory treatments, use of oxygen and safety measures surrounding oxygen use, oxygen monitoring via pulse oximetry, choking and demonstrates the Heimlich maneuver, and oral suctioning.

Absorb Trainings Required:

- Aspiration
- Choking
- Oral Suction
- Oxygen Therapy



- Pulse Oximetry
- Respiratory Distress
- Respiratory Treatments



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Catheter Care

Accra PCAs cannot conduct any sterile catheterization. A PCA can perform bladder irrigation however, if using anything different than sterile water it must be premixed.

Emergency Planning

What PCAs should report to the RP: any signs or symptoms of infections or any complaints of pain. If a PCA is unable to perform catheterization or there is no urine output report to RP.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training on what bladder irrigation is and how to perform it (included in catheterization PowerPoints), female and male catheterization, indwelling catheters, and Mitrofanoff and Suprapubic Catheters.

Absorb Trainings Required:

- Female Urinary Catheterization Training
- Indwelling (Foley) Catheters
- Male Urinary Catheterization Training
- Mitrofanoff and Suprapubic Catheters



Bowel Program Care

Accra PCAs cannot perform any cares related to ACE or Peristeen. PCAs cannot mix any enemas.

Emergency Planning

Plan what to do in the event of a vagal response during the bowel program, adverse effects such as blood in the stool or odd color of stool, pain, and bloating, and no result from bowel program.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training on bowel programs, Autonomic Dysreflexia, what happens during an episode.

Absorb Training Required:

- Bowel Programs



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Neurological Care

Accra PCAs need to verify with RP if the symptoms the client is having are truly seizure activity before being able to give any premixed medication. PCAs are only able to give emergency medication that is pre-dosed.

Emergency Planning

Share information about client's seizures and emergency plan with all PCAs.

PCAs should be familiar with your client's safety plan and what to do when they show symptoms of a seizure. PCAs should know when to call 911.

As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client.

For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training reviews what causes seizures, the different types of seizures, and different types of seizure rescue medications. Training will be client specific on the use of the VNS magnet.

Absorb training on Autonomic Dysreflexia, review of what it is, what causes it, and what happens during an episode.

Absorb Trainings Required:

- Autonomic Dysreflexia
- Seizures



Swallowing Disorders

Clients diagnosed with swallowing disorders should not be left alone when eating.

Emergency Planning

Accra PCAs should know when to call 911 if someone is choking, report to RP any choking episodes, what to do if your client is choking, and what to do if the client has aspirated. As the client/RP, you must determine an emergency contact and ensure the client's PCAs have access to the emergency contact's name, phone number, and relation to client. For example: *Jane Jones, 123-456-7890, client's aunt.*

Training

Absorb training on choking that reviews how to perform the Heimlich maneuver, swallowing disorders, and aspiration including what it is and how to prevent it.

Absorb Trainings Required:

- Swallowing Disorders (Dysphagia)
- Choking
- Aspiration



Use of Policy

PCAs for New Clients

The PCA must complete assigned training within 30 days of client's intake meeting date. If assigned training is not completed within 30 days, the PCA will be inactive until training is completed. PCA cannot perform cares independently until they have successfully completed this training.

New PCAs for Existing Clients

If a client hires a new PCA, the newly hired PCA must complete required training within 30 days of assignment (if they have not already completed the necessary training with another client). If assigned training is not completed within 30 days of assignment PCA will be inactive until training is completed.

PCAs for Current/Active Clients

For active clients who have a change in needs and have new assigned training, PCAs must complete assigned training within 30 days of assignment, or the PCA will be inactive. A PCA cannot perform cares independently until they have completed this training successfully. If assigned training is not completed within 30 days of assignment PCA will be inactive.

For active clients who have a change in needs and have new assigned training, the client's PCA(s) must complete assigned training within 30 days of assignment, or the PCA will be inactive until training is completed.



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Failure to Complete Training

The PCA will be allowed to take each competency test two times. If the PCA fails the online competency test twice, the client's QP will be notified, and a competency visit will need to be completed with the client and the PCA either remote or in person.

Following a competency visit, if a QP determines the PCA is unable to perform the cares the PCA and client must sign off that they are aware that the PCA may not perform complex cares.

The PCA will then be allowed to take the training again, however, if the PCA fails again they may not be deemed competent to perform the cares. This will be at the discretion of the QP. If the PCA is deemed not competent to complete those cares, they may request to do the training again after three months.

Depending on the complexity of the client and the cares being performed by the PCA, the QP may want to complete quarterly visits to check in.

If the PCA fails to complete assigned training after 90 days, they may be terminated.