

The following procedures can be performed by Disability Support Workers (DSWs) and are included on the Health Care Procedures Register with the agreement of the Public Service Association (PSA).

All training provided to DSWs to perform a health care procedure on this Register is to be refreshed every 12 months. Districts are responsible for making training available to DSWs to perform procedures on the Register, and for refresher training as needed.

It may be appropriate for a community nurse to perform a procedure on this Register instead of a DSW.

Procedure	Description of the procedure	Training required	Conditions
Blood Glucose Levels (BGL) - monitor for diabetes management	<ul style="list-style-type: none"> • Collect blood from a finger prick to test BGL. • Use lancet device with disposable lancets to prick the finger and obtain sample. • Apply blood sample to a test strip. • Place test strip in a glucose meter to get a result. 	Yes	Develop a Safe Work Procedure (SWP) for monitoring BGL. The SWP: <ol style="list-style-type: none"> 1. Identifies risks associated with the procedure. 2. Lists the equipment required. 3. Describes the BGL monitoring procedure in full. 4. Describes post-procedure activities. The equipment and technique for measuring BGL is determined by a Clinical Nurse Consultant or Diabetes Educator.
Catheter bags	Remove and dispose of the bag and replace with a new bag.	Yes	Procedures conducted using standard infection control methods. Equipment is available in the house to perform the procedure safely e.g. disposable gloves.

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Colostomy bags	Remove and dispose of the bag and replace with a new bag.	Yes	Procedures conducted using standard infection control methods. Equipment is available in the house to perform the procedure safely e.g. disposable gloves.
Enemas and suppositories	Administer as prescribed by a medical practitioner for routine bowel management.	Yes	Procedure conducted using standard infection control methods. For information about bowel management procedures, refer to the Bowel Care Guidelines under Health Planning, in the Health and Wellbeing Policy and Practice Manual, Vol. 1. Equipment is available in the house to perform the procedure safely e.g. disposable gloves. In certain circumstances it may be appropriate for the procedure to be performed by a male or female staff member depending on the person's preferences. When a trained support worker is not available to perform the procedure it may be administered by a community nurse.
Enteral feeding sets and pumps	Maintenance of pumps according to the manufacturer's instructions. Cleaning and loading feeding sets.	Yes	Use standard hygiene and infection control techniques for handling feeding sets.

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Gastrostomy nutrition	Nutrition provided through Percutaneous Endoscopic Gastrostomy (PEG).	Yes	Administer according to medical practitioner or dietitian orders.
Gastrostomy site	Maintenance of the stoma site by regular cleaning with warm water and drying with a soft cloth.	Yes	Seek advice from Stoma Nurse if skin around stoma becomes red or weeps.
Oxygen as part of a health care plan	Administration as prescribed by the medical practitioner for specific health emergency.	Yes	A specific protocol is developed for each person's oxygen requirements. Staff are trained to follow the protocol for administering oxygen to the person it was written for.
Rectal Valium	Valium suppository prescribed by the medical practitioner and inserted into the rectum with a gloved finger.	Yes	Procedure conducted using standard infection control methods. Staff are trained to administer rectal Valium when responding to a seizure and according to the doctor's instructions in the person's Epilepsy Management Plan. When a person enters a centre-based respite service and is prescribed rectal Valium the following must be observed: 1. Advance notice is provided to the respite service manager so that staff are available who are trained to administer rectal Valium. 2. In the event that trained staff are not available, the family, or someone they

Procedure	Description of the procedure	Training required	Conditions
			nominate, is available to administer rectal Valium. 3. If no one is available to administer rectal Valium and the person has a seizure that requires rectal Valium, the respite service calls an ambulance.
Stoma care	Maintenance of the stoma and surrounding skin by regular cleaning with warm water and drying with a soft cloth.	Yes	Seek advice from Stoma Nurse if skin or stoma becomes red or weeps.

The following procedure was included on the Health Care Procedures Register on 27 August 2010

Procedure	Description of the procedure	Training required	Conditions
EpiPen for anaphylaxis	Administration of adrenalin by the EpiPen (or Anapen) autoinjector system.	Yes	Emergency first aid response to a severe allergic reaction known as anaphylaxis.

The following procedures have been added to the Health Care Procedures Register following their endorsement by the Health Care Procedures Panel

Procedure	Description of the procedure	Date	Health Care Procedures Panel recommendations
Buccal Midazolam	Midazolam administered by buccal route as prescribed by the medical practitioner for ongoing seizures:	Panel meeting date:	These recommendations are to be noted and enacted by any District or unit that is intending to train staff in the administration of buccal Midazolam.

	<ul style="list-style-type: none"> • Break the cap of the Midazolam ampoule. • Lower client's bottom lip and drip the contents of the ampoule between teeth and lip. • Place client in the recovery position. • Stay with client and observe for further seizure activity or unexpected response to Midazolam. • Call an ambulance if the client does not recover in accordance with seizure management protocols. 	15 May 2009	<ol style="list-style-type: none"> 1. Should a staff member be untrained, or in any way concerned about administering buccal Midazolam, or unable to supervise a client who has been administered buccal Midazolam due to other unit activities, an ambulance should be called. The same applies to staff who are not comfortable carrying Midazolam outside the unit. 2. Training by a suitable training organisation is required for any member of staff who will be administering buccal Midazolam. 3. The technique for administering buccal Midazolam is provided by the training organisation and described in the administration protocol in the client's Epilepsy Management Plan. 4. The practice of administering Midazolam from a gloved finger that is currently being prescribed by one neurologist is not good practice and should not be followed by FACS staff. 5. The prescribing doctor is responsible for managing the prescription risks associated with the administration of buccal Midazolam in ADHC operated services as follows: <ol style="list-style-type: none"> a. include in the prescription the prescribed amount and strength per dispensed dose b. include in the prescription that the required packaging material is plastic not
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		<p>Final endorsement date by the PSA: 17 September 2009</p>	<p>glass</p> <p>c. if buccal Midazolam is not available from the pharmacy in the prescribed amount, the services of a compounding chemist should be sought.</p> <p>6. All staff not trained in the administration of buccal Midazolam are required to call an ambulance if a client has a seizure, and this instruction is to be included in the administration protocol in the client's Epilepsy Management Plan.</p> <p>7. Buccal Midazolam should at all times be stored in accordance with the <i>ADHC Medication Policy and Procedures</i> (September 2010).</p> <p>8. Protocols for the administration of buccal Midazolam will require staff to record the time:</p> <ul style="list-style-type: none"> - the seizure commences - Midazolam is administered - the seizure stops. <p>The following additional advice is provided</p> <p>1. In accordance with the Consumer Medicine Information sheet provided with the Midazolam packaging or on www.mydr.com.au, Midazolam is to be stored below 25 degrees Centigrade. Local protocols are to be developed to ensure that this temperature can be maintained during storage or</p>
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			<p>transportation.</p> <ol style="list-style-type: none">2. Following the administration of buccal Midazolam to a client, where a member of staff is alone on a shift and is concerned about the person's recovery, or is unable to remain with the person during the recovery phase, an ambulance should be summoned.3. Districts will ensure that support staff receive annual refresher training for the administration of buccal Midazolam.4. Protocols for the administration of buccal Midazolam and signed by the prescribing doctor will specify, where it applies, that:<ul style="list-style-type: none">- buccal Midazolam will be administered by trained non-clinical staff and is to be prescribed and dispensed in a plastic ampoule in the single dosage amount and strength.5. Protocols for the administration of buccal Midazolam will include the length of time and frequency for monitoring the person following its administration.
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