

### 36. Supporting Individuals who are Ill

- (a) For minor illnesses (colds, flu, headaches), individuals will be supported to stay home from work or other activities. The staff person on duty is responsible for staying with the person or making alternate arrangements. If staff are unsure of the procedure, they should call the supervisor for guidance.
- (b) For prolonged minor illness (two days), staff should arrange for an appointment with the person's physician, or in the case of individuals who manage their own health care or whose family or representative manage this, staff can offer to assist. The first choice should always be to visit the person's regular physician, for consistency and continuity of care. If you are unable to get an appointment, then the second choice would be to visit a walk-in clinic.

When to seek medical treatment: The following guidelines are intended to assist staff in deciding when to call the doctor or seek medical treatment for an individual. These are general guidelines only. Staff should refer to individual care plans for person-specific protocols.

When to call the doctor:

- (i) Vomiting - if continuous for 24 hours
- (ii) Diarrhea - if continuous for 24 hours
- (iii) Cough - if continuous for 3 days
- (iv) Fever - if above 38 degrees C.
- (v) Abdominal pain - if continuous for 24 hours
- (vi) Reaction to new medication (call 911 or go to emergency for severe reaction, eg. hives, difficulty breathing or swallowing)
- (vii) Rash - for more than 48 hours
- (viii) Difficulty voiding - eg. pain, small amounts frequently, reduced output

For guidelines on when to seek emergency treatment, see Policy #37: Medical Emergency.

- (c) Another resource available to B.C. residents is HealthLink which provides access to information on minor illnesses or health concerns, from a registered nurse. From anywhere in BC, call 811. If you are deaf, hard of hearing or speech impaired, you can call 811 using Video Relay Services (VRS) or Teletypewriter (TTY).

### **Supporting Individuals in Hospital**

Occasionally, personnel may be called upon to provide support to an individual during a hospital stay. The decision to provide staff when an individual is in hospital will be made by a director or designate in consultation with the individual, the family and the team, and will take into consideration the following:

- (a) Staff roles and responsibilities while in the hospital setting, including specific duties staff will be expected to perform (eg. assisting with bathing, feeding, reporting requirements).
- (b) Staff schedule (days, times that support will be provided), including backup plan in the event that scheduled staff are not available.
- (c) Risk assessment and appropriate safeguards to ensure staff safety (eg. call button, exit routes identified, access to security). If there is any concern regarding potential risk to staff health or safety, a written risk assessment will be completed and approved by a director.
- (d) Information to be provided by Spectrum to the hospital.
- (e) Intended timeline, including process for discharge planning.
- (f) Approval by CLBC for any over-delivery of service hours.

The supervisor will ensure that staff are fully prepared and appropriately briefed on their role and any necessary precautions are in place prior to staff being sent into the hospital environment.

- (a) Staff supporting an individual in the hospital are there to provide personal / emotional support and practical assistance to the individual, not to augment or replace nursing support.
- (b) The supervisor (or designate) will be the fixed point of contact between the hospital and the staff team.
- (c) Decision-making authority will be clearly defined and communicated to all parties upon the person's admission to hospital, ie. who is authorized to give consent for medical treatment, communicate with doctors, etc.
- (d) Spectrum personnel will support and uphold the decisions of the designated decision-maker(s) and will follow through on any established care plans.
- (e) Under no circumstances are staff permitted to give consent for medical treatment.
- (f) A director or designate will monitor and assist as necessary with the discharge planning process to ensure that necessary supports are in place prior to the individual returning home – eg. updated health care plan, follow-up nursing support, additional staffing or staff training if required.