

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 340, MS 3-24  
SACRAMENTO, CA 95814  
TDD 654-2054 (For the Hearing Impaired)  
(916) 654-2716



December 8, 2009

TO: ALL IN-HOME RESPITE AGENCIES (SERVICE CODE 862)

SUBJECT: IN-HOME RESPITE AGENCY TRAINING CURRICULUM FOR  
INCIDENTAL MEDICAL SERVICES – DDS TRAINING CURRICULUM  
REVIEW PROTOCOL

The purpose of this letter is to transmit the Incidental Medical Services In-Home Respite Training Curriculum Review Protocol. The Department of Developmental Services (DDS) developed the Review Protocol with input from regional center clinicians. DDS will utilize this document to evaluate all In-Home Respite Agencies Training Curricula for approval.

The Review Protocol is a checklist that outlines specific details of how DDS will review each proposed training curriculum. There are three checklists:

- Gastrostomy (G-Tube)
- Colostomy and Ileostomy
- Urinary Catheter Care

We acknowledge that not all providers will propose to cover all incidental medical services covered in the Review Protocol.

As specified in Welfare and Institutions Code, Section 4686, and in the letter dated August 3, 2009, disseminated to all in-home respite providers (enclosed), DDS is responsible for reviewing and approving all training curricula submitted by in-home respite agencies that wish to provide these incidental medical services: gastrostomy, colostomy and ileostomy, and urinary catheter care. In-home respite agencies that would like to perform these services should send their training curriculum via email to [jfletche@dds.ca.gov](mailto:jfletche@dds.ca.gov) or mailed to:

Department of Developmental Services  
1600 Ninth Street, Room 330, MS 3-8  
Sacramento, CA 95814  
Attn: JoEllen Fletcher

**"Building Partnerships, Supporting Choices"**

All In-Home Respite Agencies  
December 8, 2009  
Page Two

If you have any concerns or questions regarding this topic, please contact JoEllen Fletcher, at (916) 654-2133 or [jfletche@dds.ca.gov](mailto:jfletche@dds.ca.gov).

Sincerely,

***Original signed by Julia Mullen***

JULIA MULLEN, Deputy Director  
Community Services and Supports Division

Enclosures

cc: Robert Baldo, Executive Director, Association of Regional Center Agencies  
Regional Center Directors  
Mike Huckins, California Respite Association  
Rita Walker, Deputy Director, DDS Community Operations Division  
Julie Johnson, Chief Counsel, DDS Office of Legal Affairs  
Rick Ingraham, Manager, DDS Children and Family Services Branch

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “Not Applicable” (NA) box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
1	<b>BASIC ANATOMY AND PHYSIOLOGY OF GASTROSTOMY FEEDING</b>				
	<ul style="list-style-type: none"> <li>• Pictures of where the tube is placed</li> </ul>				
2	<b>PURPOSE OF THE GASTROSTOMY TUBE</b>				
3	<b>KNOWLEDGE OF VARIETY OF GASTROSTOMY TUBES</b>				
4	<b>KNOWLEDGE OF THE DIFFERENT TYPES OF TUBE FEEDINGS</b>				
	<ul style="list-style-type: none"> <li>• Syringe Bolus                             <ul style="list-style-type: none"> <li>○ Given via a syringe</li> <li>○ Administered at specific times of the day</li> </ul> </li> </ul>				
	<ul style="list-style-type: none"> <li>• Intermittent Gravity                             <ul style="list-style-type: none"> <li>○ Given by bottle or bag with drip</li> <li>○ Hooked to a feeding tube set</li> <li>○ Administered at specific times of the day</li> </ul> </li> </ul>				
	<ul style="list-style-type: none"> <li>• Continuous                             <ul style="list-style-type: none"> <li>○ Given by a bottle, bag with pump</li> <li>○ Hooked to a feeding tube set</li> <li>○ Administered around the clock or at specific times over a set time</li> </ul> </li> </ul>				
5	<b>KNOWLEDGE OF WHERE THE PROCEDURES CHECKLIST IS PLACED AND FOLLOWS ALL PROCEDURES</b>				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

<b>GASTROSTOMY (G-TUBE) TRAINING CURRICULUM REVIEW PROTOCOL</b>					
<b>TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.</b>					
Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.					
	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
6	<b>DEMONSTRATES SKILL IN THE PREPARATION OF CONSUMER</b>				
	Knowledge of the importance of providing consumer privacy				
	Ability to explain procedures to consumer				
	Knowledge of, and ability to, properly position consumer both during and after the feeding per physician’s order				
	Ability to recognize consumer’s discomfort				
	<ul style="list-style-type: none"> <li>• Increase in pulse</li> </ul>				
	<ul style="list-style-type: none"> <li>• Noise</li> </ul>				
	<ul style="list-style-type: none"> <li>• Facial expressions</li> </ul>				
7	<b>KNOWLEDGE OF PROPER WASHING AND MAINTENANCE OF EQUIPMENT</b>				
8	<b>KNOWLEDGE OF PREPARATION OF TUBE FEEDING</b>				
	<ul style="list-style-type: none"> <li>• Check the formula label</li> </ul>				
	<ul style="list-style-type: none"> <li>• Check the expiration date</li> </ul>				
	<ul style="list-style-type: none"> <li>• Shake container well</li> </ul>				
	<ul style="list-style-type: none"> <li>• Wipe the top of the can</li> </ul>				

## CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

### GASTROSTOMY (G-TUBE) TRAINING CURRICULUM REVIEW PROTOCOL

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	ACTIVITIES	YES	NO	NA	COMMENTS
	<b>KNOWLEDGE OF PREPARATION OF TUBE FEEDING (CONT.)</b>				
	Knowledge of, and ability to, keep preparation area clean/sanitized				
	Demonstrates knowledge of proper hand-washing technique				
	Demonstrates knowledge of the importance of wearing disposable gloves				
	Demonstrates knowledge of proper formula preparation				
	Demonstrates knowledge of proper storage of formula, i.e., maintaining freshness of formula/refrigeration/discarding formula left unrefrigerated or expired				
	Demonstrates understanding of microbial contamination and prevention of diarrhea				
9	<b>PERFORMANCE OF TUBE FEEDING</b>				
	<b>Demonstrates knowledge of procedure for Bolus feedings:</b>				
	• Checks physician orders				
	• Washes hands				
	• Gathers the necessary equipment				
	• Explains procedure to consumer				
	• Positions consumer in correct position				
	• Pinches tube before unplugging tube and inserting tip of syringe into tube				
	• Places plug so that it remains free of contamination				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>PERFORMANCE OF TUBE FEEDING (CONT.)</b>				
	<b>Demonstrates knowledge of procedure for Bolus feedings (cont.)</b>				
	• Checks for placement and patency				
	• Checks for residual per physician orders				
	• Pours prescribed amount of water into barrel syringe, unpinches the tube and allows water to slowly enter stomach by gravity and pinches the tube just prior to syringe being completely emptied				
	• Slowly pours formula into barrel syringe				
	• Pinches tube prior to syringe being completely emptied				
	• Pours prescribed amount of water into syringe, unpinches tube, and allows water to enter stomach (to flush tube)				
	• Reinserts plug prior to unpinching tube				
	• Documents that feeding has been given				
	• Ensures that consumer is positioned per physician orders				
	<b>Demonstrates knowledge of procedure for Intermittent Gravity feedings:</b>				
	• Checks physician orders				
	• Gathers equipment and water to flush				
	• Explains procedure to consumer				
	• Positions consumer in correct position				
	• Washes hands				
	• Marks bag or bottle with current date and time				
	• Fills feeding bag with no more than 4 hours worth of formula, or as directed				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>PERFORMANCE OF TUBE FEEDING (CONT.)</b>				
	<b>Demonstrates knowledge of procedure for Intermittent Gravity feedings (cont.):</b>				
	• Primes tubing				
	• Checks for placement and patency				
	• Checks for residual per physician orders				
	• While tube is still clamped or pinched, places tip of syringe into tube and pours water into barrel of syringe				
	• Unclamps tube and allows water to slowly enter stomach/intestine by gravity				
	• Clamps/pinches tube just prior to syringe being completely emptied				
	• Connects tube to clean feeding bag tubing, unclamps tube, and sets drip rate				
	• Documents that feeding bag has been hung, the rate of feeding, and how individual is tolerating procedure				
	<b>Demonstrates knowledge of procedure for Continuous/pump feedings:</b>				
	• Checks physician orders				
	• Gathers equipment and water to flush				
	• Explains procedure to consumer				
	• Positions consumer in correct position				
	• Washes hands				
	• Marks bag or bottle with current date and time				
	• Fills feeding bag with no more than 4 hours worth of formula, or as directed				
	• Primes tubing before connecting bag to pump				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**  
Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>PERFORMANCE OF TUBE FEEDING (CONT.)</b>				
	<b>Demonstrates knowledge of procedure for Continuous/pump feedings (cont.):</b>				
	• Connects new feeding bag tubing to pump and sets desired rate on pump				
	• Checks for placement and patency				
	• Checks for residual per physician orders				
	• While tube is still clamped or pinched, places tip of syringe into tube and pours water into barrel of syringe				
	• Unclamps tube and allows water to slowly enter stomach by gravity				
	• Clamps/pinches tube just prior to syringe being completely emptied				
	• Connects tube to clean feeding bag tubing, unclamps tube, and sets drip rate				
	• Rechecks setting on the pump and turns pump on				
	• Documents that feeding bag has been hung, the rate of feeding, and how individual is tolerating procedure				
	Demonstrates understanding of the use of gravity drip set, as ordered				
	Demonstrates understanding of the use of feeding pump, as ordered				
	Demonstrates knowledge of alarm significance and ability to clear				
	Demonstrates knowledge of proper positioning of the consumer during and after the feeding per physician orders				



**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>PERFORMANCE OF TUBE FEEDING (CONT.)</b>				
	Demonstrates knowledge of proper placement and patency with various types of gastrostomy tubes				
	Demonstrates knowledge of how to check for residual and return to stomach				
	Demonstrates knowledge of how to vent gastrostomy tube, if prescribed				
	Demonstrates understanding of alerting a responsible person (e.g., parent, emergency contact) of any suspected discomfort especially if accompanied by abdominal distention/diarrhea, emesis/vomiting				
	Demonstrates knowledge regarding causes of discomfort:				
	<ul style="list-style-type: none"> <li>• Feeding formula too cold</li> </ul>				
	<ul style="list-style-type: none"> <li>• Too much air introduced through tube</li> </ul>				
	<ul style="list-style-type: none"> <li>• Administration too fast</li> </ul>				
	<ul style="list-style-type: none"> <li>• Volume too large</li> </ul>				
	Demonstrates knowledge of post-gastrostomy feeding positions that facilitate increased comfort				
	Demonstrates knowledge of the importance of observation of consumer for such things as nausea, vomiting, and respiratory distress during and after infusion				
	Demonstrates awareness of need for oral care prn and per routine				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
10	<b>KNOWLEDGE OF WHEN TO STOP ADMINISTERING FEEDINGS</b>				
	• Nausea/vomiting				
	• Coughing/choking				
	• Difficulty breathing				
	• Abdominal or chest pain				
11	<b>DEMONSTRATES KNOWLEDGE OF PROCEDURE FOR MEDICATION ADMINISTRATION</b>				
	• Follows all procedures for preparation of medications for administration				
	• Knows good hand-washing technique				
	• Wears disposable gloves				
	• Assembles necessary equipment and enough water for pre and post medication flushes				
	• Prepares medications, as directed				
	• Explains procedure to consumer				
	• Provides for consumer privacy				
	• Positions consumer in correct position				
	• Clamps/pinches tube before unplugging or disconnecting feeding				
	• Connects extension tubing				
	• Checks for placement, patency, and residual				
	• Flush tube with warm water				
	• Dissolves medication in warm water, if applicable				
	• Pours medication into barrel of syringe				
	• Rinses medication with water in between administration				
	• Allows medication to flow slowly by gravity				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>DEMONSTRATES KNOWLEDGE OF PROCEDURE FOR MEDICATION ADMINISTRATION (CONT.)</b>				
	• Flushes tube with warm water and clamp				
	• Disconnects the extension set				
	• Reinserts plug or resumes feeding				
	• Ensures that consumer is positioned per physician orders				
	• Documents administration and individual’s tolerance, as directed				
	• Cleans equipment with warm soapy water, rinses, and air dries				
	• Stores equipment				
12	<b>DEMONSTRATES KNOWLEDGE OF PROPER FLOW OF MEDICATIONS:</b>				
	• Liquid medications first				
	• Medications that need to be dissolved second				
	• Thick medications last				
13	<b>KNOWLEDGE OF THE DO’S AND DON’T’S OF ADMINISTERING MEDICATIONS</b>				
	<b>Do:</b>				
	• Prepare/administer medications separately				
	• Deliver medication slowly and steadily				
	• Flush G-Tube after checking for placement, patency, and residual				
	<b>Do not:</b>				
	• Force medication or fluid into the tube				
	• Mix medication with feedings				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
14	<b>KNOWLEDGE OF WHEN TO STOP ADMINISTERING MEDICATIONS</b>				
	• Nausea/vomiting				
	• Coughing/choking				
	• Difficulty breathing				
	• Abdominal or chest pain				
	• Formula observed in mouth				
15	<b>CARE OF THE GASTROSTOMY SITE</b>				
	• Wear disposable gloves				
	• Keep area clean and dry				
	• Observe the site for				
	○ Redness				
	○ Swelling				
	○ Warmth				
	○ Drainage/leakage				
	○ Bleeding				
	○ Unusual color or odor				
	• Check site for granulation tissue				
	• Remove gloves, dispose gloves, and wash hands				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**GASTROSTOMY (G-TUBE) TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>CARE OF THE GASTROSTOMY SITE (CONT.)</b>				
	Demonstrates knowledge of how and when to apply new dressing, if required				
	Demonstrates knowledge of proper tube placement				
	Knowledge of managing tube during activities of daily living				
	• Sleeping				
	• Dressing				
	• Bathing				
	• Recreation				
	Ability to demonstrate proper glove removal and hand-washing technique				
16	<b>IDENTIFICATION OF COMPLICATIONS</b>				
	Ability to observe, follow emergency procedures, and/or report the following potential problems to a responsible person (i.e., parent or emergency contact):				
	• Aspiration				
	• Nausea/vomiting				
	• Abdominal distention				
	• Diarrhea				
	• Discomfort/fullness/gas				
	• Constipation				
	• Granulation tissue				
	• Tenderness/pain				

## CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

### GASTROSTOMY (G-TUBE) TRAINING CURRICULUM REVIEW PROTOCOL

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	ACTIVITIES	YES	NO	NA	COMMENTS
	<b>IDENTIFICATION OF COMPLICATIONS (CONT.)</b>				
	• Redness or irritation at the site				
	• Elevated temperature/fever				
	• Bad or unusual odor at the site				
	• Drainage/leakage				
	• Accidental removal/pulling out of tube				
	• Change in behavior				
	• Tube/button clogged				
17	<b>KNOWLEDGE OF WHEN TO CALL “911”</b>				
18	<b>TREATMENT OF COMPLICATIONS</b>				
	Demonstrates knowledge of how to document significant findings and report any problems noted				
	Demonstrates knowledge of tube stabilization and potential problems if allowed to rotate, i.e., knowledge of dressing technique to anchor gastrostomy tube				
	• Erosion or enlargement of the stoma				
	• Trauma				
	• Pain				
	Demonstrates knowledge of being able to recognize and determine when gastrostomy tube should be changed and a responsible person (e.g. parent, emergency contact) notified, i.e., if the following are present:				
	• The tube is clogged and cannot be rinsed clear				
	• The tube softens and looks worn				
	• Medical orders specify that the tube should be changed at regular intervals				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

<b>GASTROSTOMY (G-TUBE) TRAINING CURRICULUM REVIEW PROTOCOL</b>					
<b>TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.</b>					
Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.					
	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
19	<b>PROCEDURES FOR REPORTING OR RECORDING UNUSUAL EPISODES</b>				
	How to document and report problems				
	Procedures for notifying parents or professionals of problems				
20	<b>KNOWLEDGE OF EMERGENCY PROCEDURES</b>				
	Clear understanding of emergency plan				
	Name and address of emergency staff/center available				
	Emergency information posted clearly and ability to follow it				
21	<b>CONTINUING EDUCATION REQUIREMENTS</b>				
	Possession of a current first aid certificate				
	Possession of a current Cardiopulmonary Resuscitation (CPR) course certificate				
	Recertification by training agency or designee to include both:				
	• Oral examination or interview				
	• Monitoring/observation				
22	<b>KNOWLEDGE OF PROPER STORAGE OF EQUIPMENT AND SUPPLIES</b>				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**COLOSTOMY AND ILEOSTOMY TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “Not Applicable” (NA) box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
1	<b>KNOWLEDGE OF THE NORMAL DIGESTIVE SYSTEM</b>				
2	<b>OVERVIEW OF COLOSTOMIES AND ILEOSTOMIES</b>				
	Knowledge of why people have colostomies and ileostomies				
	Knowledge of the types of colostomies and ileostomies				
3	<b>KNOWLEDGE OF HOW TO TAKE CARE OF COLOSTOMIES AND ILEOSTOMIES</b>				
4	<b>DEMONSTRATES SKILL IN THE PREPARATION OF CONSUMER</b>				
	Knowledge of the importance of providing consumer privacy				
	Demonstrates skill in proper positioning both during and after procedure, which allows for privacy, comfort, and access to site				



**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**COLOSTOMY AND ILEOSTOMY TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**  
Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
5	<b>KNOWLEDGE OF WHAT POUCHING SYSTEM OR APPLIANCE IS ORDERED FOR A CONSUMER</b>				
6	<b>CARE OF THE TWO-PIECE POUCHING SYSTEM AND THE SITE</b>				
	Demonstrate skill in or knowledge of:				
	• Universal precautions				
	• Proper hand-washing techniques				
	• Usage of gloves during procedure and disposal after procedure				
	• Removal of bag				
	• Removal of barrier/faceplate				
	• Inspecting the site				
	• Cleaning of area				
	• Applying skin prep (allow to dry)				
	• As appropriate, using the measuring guide for new protective barrier (bevel the edges to prevent injury)				
	• Applying protective barrier, center over stoma, and smooth out wrinkles				
	• Centering new bag over stoma, applying, and gently pressing				
	• Disposal of waste materials				
	Ability to understand and implement physician orders				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**COLOSTOMY AND ILEOSTOMY TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (✓) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>CARE OF THE TWO-PIECE POUCHING SYSTEM AND THE SITE (CONT.)</b>				
	Demonstrates skill in how to inspect the skin around the stoma for changes				
	Demonstrates skill in how to clean the site				
	Demonstrates skill in how to identify skin irritations				
	Demonstrates skill in how to empty and change a bag				
7	<b>IDENTIFICATION OF PROBLEMS</b>				
	Demonstrates knowledge of when to call a responsible person (parents, emergency contact) when the following occur:				
	• Cramps lasting more than 2 or 3 hours				
	• Continuous nausea or vomiting				
	• Bad or unusual odor				
	• Unusual change in stoma size or color				
	• Blockage at the stoma (obstruction) and/or the inner part of the stoma coming out				
	• Bleeding from the stoma				
	• Injury to the stoma				
	• A cut in the stoma				
	• Severe watery output lasting more than 5 or 6 hours				
	• Continuous bleeding where stoma meets skin				
	• Bad skin irritation or deep ulcers/sores				
	• Anything unusual going on with the ostomy				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**COLOSTOMY AND ILEOSTOMY TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
8	<b>KNOWLEDGE OF WHEN TO CALL “911”</b>				
9	<b>KNOWLEDGE OF PROCEDURES FOR REPORTING OR RECORDING UNUSUAL EPISODES</b>				
	Demonstrates skill in how to document and report problems				
	Demonstrates knowledge of procedures for notifying parents or professionals of problems				
10	<b>KNOWLEDGE OF EMERGENCY PROCEDURES</b>				
	Demonstrates clear understanding of emergency plan				
	Knowledge of name and address of emergency staff/center available				
	Knowledge of emergency information posted clearly				
11	<b>CONTINUING EDUCATION REQUIREMENTS</b>				
	Possession of a current first aid certificate				
	Possession of a current Cardiopulmonary Resuscitation (CPR) course certificate				
	Recertification by training agency or designee to include both:				
	• Oral examination or interview				
	• Monitoring/observation				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**COLOSTOMY AND ILEOSTOMY TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
12	<b>KNOWLEDGE OF PROPER STORAGE OF EQUIPMENT AND SUPPLIES</b>				
	Demonstrates skill in proper storage of equipment and supplies				
13	<b>PREPARATION OF EQUIPMENT:</b>				
	Demonstrates skill in proper washing and maintenance of equipment				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES  
URINARY CATHETER CARE TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**  
Place a check (√) mark in the “YES,” “NO” or “Not Applicable” (NA) box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
1	<b>BASIC ANATOMY OF THE URINARY SYSTEM</b>				
2	<b>KNOWLEDGE OF WHY URINARY CATHETERS ARE USED</b>				
3	<b>KNOWLEDGE OF THE DIFFERENT TYPES OF CATHETERS</b>				
	• Straight catheter				
	• Foley catheter/In-dwelling catheter				
	• Suprapubic catheter				
4	<b>DEMONSTRATES SKILL IN EMPTYING AND CHANGING BAGS</b>				
5	<b>KNOWLEDGE OF WHERE THE PROCEDURES CHECKLIST IS PLACED AND FOLLOWS ALL PROCEDURES</b>				
6	<b>DEMONSTRATES SKILL IN THE PREPARATION OF CONSUMER</b>				
	Knowledge of the importance of providing consumer privacy				
	Demonstrates skill in explaining procedures to consumer				
	Demonstrates skill in proper positioning both during and after procedure, which allows for privacy, comfort, and access to site				
7	<b>KNOWLEDGE OF THE DIFFERENT SIZES OF DRAINAGE BAGS</b>				
	• Leg bag				
	• Large bag (down drain)				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**URINARY CATHETER CARE TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
8	<b>KNOWLEDGE OF COMPLICATIONS OF CATHETER USE:</b>				
	• Skin breakdown				
	• Urethra injury				
	• Urinary tract or kidney infections				
	• Blood in the urine (hematuria)				
	• Urinary retention (catheter plugged)				
9	<b>DEMONSTRATES SKILL IN THE CARE OF A CATHETER</b>				
	Ability to understand and implement physician orders				
	Knowledge of universal precautions				
	Demonstrates knowledge of proper hand-washing technique				
	Demonstrates knowledge of sterile technique (i.e., wearing disposable gloves)				
	Demonstrates ability to gather/organize equipment				
	Demonstrates ability to inspect the condition of a catheter and determine when replacement is appropriate (e.g., clogged, painful, or infected)				
	Demonstrates skill in cleansing the urethral opening (for women, wipe away from the urinary meatus)				
	Demonstrates ability to monitor the catheter for proper placement				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**URINARY CATHETER CARE TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
	<b>DEMONSTRATES SKILL IN THE CARE OF A CATHETER (CONT.)</b>				
	Demonstrates skill in emptying bag appropriately				
	Demonstrates skill in measuring urine intake and output				
	Demonstrates proper glove removal and disposal				
10	<b>IDENTIFICATION OF POTENTIAL COMPLICATIONS</b>				
	Ability to recognize complications and contact a health care provider if consumer develops any of the following:				
	• Consumer complaints of tenderness or pain				
	• Urethra swelling around the catheter				
	• Fever, chills				
	• Bleeding into or around the catheter (mucus or blood clots)				
	• Catheter draining little or no urine despite enough fluid intake				
	• Leakage of large amounts of urine around the catheter				
	• Sediment (urine with a strong smell or becomes thick or cloudy) (symptoms of urinary tract infection)				
11	<b>KNOWLEDGE OF WHEN TO CALL “911”</b>				

**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**URINARY CATHETER CARE TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
12	<b>CLEANING OF EQUIPMENT:</b>				
	Demonstrates skill in proper washing and maintenance of equipment				
13	<b>STORING SUPPLIES</b>				
	Demonstrates skill in proper storage of equipment and supplies				
14	<b>PROCEDURES FOR REPORTING OR RECORDING UNUSUAL EPISODES</b>				
	Demonstrate skill in how to document and report problems				
	Demonstrates knowledge of procedures for notifying parents or professionals of problems				
15	<b>KNOWLEDGE OF EMERGENCY PROCEDURES</b>				
	Demonstrates clear understanding of emergency plan				
	Knowledge of contact information of responsible person or emergency staff				
	Knowledge of emergency information posted clearly				



**CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES**

**URINARY CATHETER CARE TRAINING CURRICULUM  
REVIEW PROTOCOL**

**TRAINED STAFF WILL DEMONSTRATE KNOWLEDGE OF OR SKILLS IN THE AREAS SPECIFIED BELOW.**

Place a check (√) mark in the “YES,” “NO” or “NA” box. If answered NO, briefly explain in the COMMENTS box.

	<b>ACTIVITIES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
16	<b>CONTINUING EDUCATION REQUIREMENTS</b>				
	Possession of a current first aid certificate				
	Possession of a current Cardiopulmonary Resuscitation (CPR) course certificate				
	Recertification by training agency or designee to include both:				
	• Oral examination or interview				
	• Monitoring/observation				