



# BULLETIN

## March 2007

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### AADL Pilot Project Update

The pilot project providing funding assistance to Albertans for speech generating communication devices was launched in September 2006. Since then, the pilot project has been featured on television, print and the Internet. The communication devices help people live as independently as possible, interact with others and participate in their community.

Fifteen applications from children and adults were approved for funding in the first three months of the pilot, a number which is expected to rise dramatically over the next three years.

The first recipient of a communication device was ten year-old Chelsea Hagen of Drayton Valley. Chelsea, a grade five student, was described by her mother as a girl who has a lot to say but no way to say it. Chelsea uses a wheelchair to get around in and, with the assistance of her new communication device, told us, "Now I can talk to my friends, and I can say what I want".

Albertans of all ages who meet the eligibility criteria qualify for assistance. The speech impairment must be severe enough that the person cannot speak or be understood by others. Impairment may be due to cerebral palsy, stroke, Parkinson's disease, severe rheumatoid arthritis, arthrogyrosis or amyotrophic lateral sclerosis (ALS).

The potential client will be assessed at one of the two assessment centres for the pilot. Residents of southern Alberta can contact ACETS with the Calgary Health Region at 403-955-7023. Residents of northern Alberta can contact the I CAN Centre for Assistive Technology, with Capital Health in Edmonton at 780-735-6070 or online at [www.capitalhealth.ca/icancentre](http://www.capitalhealth.ca/icancentre). The assessment centre works with local clinicians to arrange for an assessment for clients who are currently receiving assistance from speech-language pathologists in their community.

**For more information contact Christine Beliveau at AADL at 780-644-2595 or [christine.beliveau@gov.ab.ca](mailto:christine.beliveau@gov.ab.ca).**

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when prompted  
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# News & Information

## Welcome to the Residential Access Modification Program (RAMP)

We are pleased to announce that the **Residential Access Modification Program (RAMP)** has been transferred to AADL from the Housing Division of Municipal Affairs to work more closely with the AADL program.

RAMP provides financial grants to a maximum of \$5,000 for low income Albertans to build ramps, install lifts into homes or make interior modifications to allow better wheelchair access. Applicants must require a wheelchair to qualify for this program.

If you would like more information, please contact Dennis Spilak, Program Advisor, at 780-427-5760, 780-422-8241 or [dennis.spilak@gov.ab.ca](mailto:dennis.spilak@gov.ab.ca).



## A Reminder for Authorizers



Authorizers: do not forget AADL's client choice of vendor policy requires you to give clients a choice of at least three vendors when you are completing the authorization form. Use updated vendor lists available from:

[www.seniors.gov.ab.ca/AADL/AV/manual/index.asp](http://www.seniors.gov.ab.ca/AADL/AV/manual/index.asp).

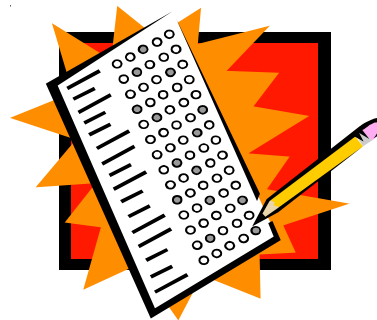
For more information, contact Cheryl Vaillant, Contracts Administrative Coordinator at 780-422-8604 or [cheryl.vaillant@gov.ab.ca](mailto:cheryl.vaillant@gov.ab.ca).

## Introducing the New QFR Form

AADL has introduced a new Quantity and Frequency Review (QFR) form. The new form is a three-part no-carbon-required (NCR) type. To order the QFR form (AADL2205), go online at [https://secure5.datagroup.ca/acsc/request\\_ext.asp](https://secure5.datagroup.ca/acsc/request_ext.asp). If you are unable to order online, fill out the "Forms and Publications Order Form" attached to this bulletin in the AADL manual updates and fax it in.

All inquiries regarding receipt of the QFR form at AADL should be directed to Elaine Roebuck, Appeals Coordinator at (780) 427-3866 or [elaine.roebuck@gov.ab.ca](mailto:elaine.roebuck@gov.ab.ca). Please contact Elaine rather than the program managers or benefit clerks for this information. This helps the managers to continue to focus on the clinical issues and concerns, and the benefit clerks to continue to order equipment and supplies. Thank you for your cooperation.

## Client Satisfaction Survey



Did you know that AADL commissions a client satisfaction survey every two years? In both 2003 and 2006, 90 per cent of clients stated the equipment or supplies they received through AADL helped them to be more independent.

## Authorizers and Specialty Vendor/Assessors please note:

The new authorization forms (see page six), both printed and electronic, have Yes or No consent boxes at the very bottom of the form. Clients may choose whether their information is used to conduct the survey. Please ensure that the client, or the individual signing the authorization form on behalf of the client, checks one of the two boxes.

# Medical/Surgical News

## AADL Benchmark Pricing

New benchmark pricing is effective April 1, 2007. Please see the last page of this bulletin for a listing of all page replacements for your manual.

Vendors must be able to offer AADL clients products that meet AADL's minimum absorbency standards and/or descriptions at the benchmark price. If a client chooses a product above the benchmark, the client pays 100% of the extra charges. If the shelf price or sale price is lower than the benchmark, the vendor bills the lower price to AADL and the client.

Please be aware that vendors cannot offer a product substitute and/or provide quantities greater than the client's authorized two month supply.

Clients must pay for any quantities above the authorized two-month maximum.



## Ostomy Products and News

We have added three new ostomy products. These products are offered on a prior approval basis only through an ET RN authorizer.

Adhesive Strips can only be ordered by an ET RN. Clients are eligible for a combination of ostomy paste and strips if there is a clinical need for both products.

Clients are NOT eligible for the maximum quantities of both paste and strips. If both products are required, they must be ordered proportionally. There will be no exceptions and this cannot be appealed.

### First Annual Ostomy Meeting Held

AADL and the ET RNs of Alberta had their first annual ostomy meeting in November 2006. It was well received by all in attendance. The next meeting is scheduled for September 2007 in Red Deer.

Lauran and an ET sub-committee will be working on client ostomy brochures for new estimates.

## ORDER Your's Now - AADL Introduces NEW Authorization Forms



The new, redesigned **AADL Authorization (AADL 1250)** and **Wheelchair Authorization (AADL 1251)** forms are now available.

One of the major improvements in the forms is the introduction of the "No Carbon Required" (NCR) feature. There will still be essential reading on the back of the forms, but all areas necessary to be filled in for form completion are now located on the front side of the form. With this major overhaul, AADL has eliminated unused areas and designed a more logically organized form for the use of authorizers, vendors and AADL staff.

Please order your new forms online at [https://secure5.datagroup.ca/acsc/request\\_ext.asp](https://secure5.datagroup.ca/acsc/request_ext.asp) or, if you are unable to order online, fill out the revised Forms and Publication form attached to this bulletin and fax it in.

**Please do not stockpile the forms - only order enough stock for a three to four-month period so we have enough for all authorizers.** In the meantime, please use up your old forms. When the new forms arrive, **please destroy any old forms in your possession.**

# Medical/Surgical News

## Incontinence Supplies and News

### Pediatric Diapers

AADL does not provide "feel wet diapers" because AADL does NOT assist in the toilet training process

### Dear Diary

AADL has received several authorization forms with bladder diaries attached. While this is appreciated, usually only the initial bladder diaries are sent.

The initial bladder diary gives the RN a snap shot of the client's daily fluid intake. This is an excellent tool to determine what behavioral modifications strategies need to be addressed with the client.

But it's not enough to just have your client complete this form. For example, look for caffeine consumption because in some circumstances, if the client eliminates caffeine, he or she can achieve continence or greatly decrease the severity of incontinence symptoms (bowel and urinary).

The authorization should not be completed at the initial assessment process because this can promote a client's feeling of hopelessness and helplessness.

Clients are to follow through with your clinical recommendations. For example, if you have a client that does not want to stop drinking coffee, it does not necessarily mean an authorization of incontinence supplies is completed. If the client does not want to follow your clinical recommendations, they may need to find another funding source for their incontinence supplies.

Incontinence is not part of life, meaning we are not doomed to wear incontinent pads. The implementation of simple strategies can achieve continence - even with elderly clients and those with other health concerns.

## Caffeine/Bladder Effects to Share with Your Clients

An initial bladder record indicates a client's fluid intake consists of three cups of coffee and four cups of water. This would indicate that the client is currently dehydrated and is probably showing signs and symptoms of urgency (voiding frequently). The client may also present with overflow.

Caffeine promotes bladder irritation and excites the detrusor muscle causing it to contract, producing urgency and frequency. Caffeine intake may also diminish a client's bladder capacity, which in turn promotes symptoms of overflow (*Doughty, 2000*).

Instruct your client to eliminate caffeine intake gradually to minimize caffeine withdrawal symptoms such as headache, fatigue, and/or drowsiness (*Getliffe, 2003*). If caffeinated beverages are eliminated abruptly, withdrawal symptoms are likely to occur, decreasing the client's long-term success of decreasing or eliminating these beverages from their daily routine.

Rule of thumb: when calculating a client's intake on their initial bladder diary - every one cup of caffeinated beverage should be replaced with two cups of "good fluids".

### References:

Doughty, B., 2000, "Urinary and Fecal Incontinence", Nursing Management.

Getliffe, K., 2003, "Promoting Continence - A Clinical Resource".

## Calling All Nurses!

Lauran is working on a tip sheet for authorizers and accessors on how to manage chronic bowel problems such as constipation and/or diarrhea. Most of us have useful gems that are not taught in school or found in research articles.

Send Lauran (email: lauran.chittim@gov.ab.ca; phone: 780-422-4846) your tips picked up from colleagues, clients and patients by June 30, 2007.

# Medical/Surgical News

## Intermittent Catheters

AADL is increasing the maximum quantity for intermittent catheters, from 60 every two months to 70 every two months, to be in line with AADL's maximum quantities for condom drainage. This allows some flexibility for the client and caregiver.

Please be aware, AADL continues to support the clean technique because the rate of infection for one-time use of an intermittent catheter and the clean technique is the same.

Alberta is fortunate to have coverage for intermittent catheters as coverage varies across the provinces. There is no coverage in Manitoba, Ontario, Nova Scotia, New Brunswick, and Prince Edward Island. British Columbia provides catheters for low-income clients. In Saskatchewan, eligibility for catheters is dependent on the client's diagnosis.

## Pediatric and Adult Incontinence Brochures

AADL developed the adult and pediatric incontinence brochures in the fall of 2006. They are intended as an adjunct teaching tool for authorizers.

To order either the Pediatric Incontinence brochure (NCN1405) or Urinary Incontinence brochure (NCN1404), go online at:

[https://secure5.datagroup.ca/acsc/request\\_ext.asp](https://secure5.datagroup.ca/acsc/request_ext.asp).

For ease of ordering, search by number only (i.e., 1404 or 1405). If you are unable to order online, fill out the "Forms and Publications Order Form" attached to this bulletin in the AADL manual updates and fax it to (780) 422-1695. There is no charge for the brochures.



Vendors are also encouraged to order these brochures for their clients.

## Soft Supports

AADL's maximum quantity of all ready-made soft supports will be two every 12 months effective April 1, 2007 for initial clients with documented, chronic, non-resolving, clinical conditions. Existing clients are not eligible until their current authorization expires, and the client is re-assessed by the authorizer and determined to continue to meet AADL's eligibility criteria for soft supports.

Also, a bilateral inguinal hernia support has been added.

**Vendors, please note:** do NOT request the authorizer to complete a change form based on this new quantity limit.

## Compression

AADL provides compression stockings for clients presenting with a healed lower leg ulcer in the absence of any other symptoms.

We advise authorizers to not request vendors to provide compression and/or apply a dressing because this will increase the vendor's liability.

## Custom Vascular Garments

AADL has received several authorizations and change forms requesting three custom garments every twelve months. AADL's maximum quantity limits for custom garments has not changed and remains **two** every 12 months.

Vendors please be aware that if the authorizer requests three garments, AADL will only honor two, provided the client meets AADL eligibility criteria. The client and/or the authorizer will be responsible for securing another funding source for the client's third garment.

# Medical/Surgical News

## Revised Lower Leg Assessment Form

Attached with this bulletin is a revised AADL Lower Leg Assessment form. Vendors should note that initial compression stocking clients are to **initially receive one pair only**. Once there is compliance, the client is eligible for subsequent pairs.

Also attached is the vendors' Fitter's form. This is also available in the ebusiness website under forms. AADL encourages vendors to use this form to promote consistency and accuracy throughout the province.

## Wound Care Course Offerings

The Canadian Association of Wound Care (CAWC) is offering their S1 and S2 series this winter and spring.

This is a great interactive lower leg course, that provides the participant with hands-on practice for lower leg assessments and various edema reduction wraps.

You can register online at [www.cawc.net](http://www.cawc.net) for a course on March 23-24 in Kelowna B.C., April 16-17 in Halifax, N.S. or May 6-7 in Montreal, Que.



Lauran took this course two years ago and highly recommends it as one of the best courses she's taken in more than 20 years of nursing.

The CWAC is also offering health care professionals self-study modules online that provide basic knowledge of skin, its function and maintenance.

### Website Resource:

Also, here's a great resource on wound and skin care for authorizers to visit and bookmark for up-to-date information on wound management and more:  
[http://www.woundsuk.com/best\\_practice.shtml](http://www.woundsuk.com/best_practice.shtml).

## New Course from N.A.I.T.: Ankle Brachial Index (ABI) Certification

This one-day, workshop-style course covers the essentials of vascular disease of the lower extremities. Healthcare professionals who are required to assess and record patient lower extremity circulation will benefit from this course.

An online certification exam is part of this course.

Participants will perform Ankle Brachial Indices. This practical component gives students a hands-on opportunity to perfect their skills.

The deadline for registration is two weeks prior to the course date. Upcoming dates at NAIT are March 31 and April 28, 2007.

For more information or to register, contact NAIT Continuing Education in Edmonton at 780-378-5000 or [melissae@nait.ca](mailto:melissae@nait.ca).

## Dressing Supplies

If you are not sure a client qualifies for dressing supplies, please contact AADL's medical-surgical clerks or the program manager for assistance prior to completing an authorization and/or change form.

Please note AADL does NOT provide dressing supplies for drain tube sites and/or for coverage of central lines. There are no exceptions to this policy and this cannot be appealed.

## Fitters' Course for Mastectomy Prosthesis

- Tuesday April 24, 2007
- Hilton Garden Inn, Edmonton
- Contact: Barb McMurray at 1-800-583-1513 or 905-826-9693 ext.4210

Sponsored by Amoena

# Mobility & Equipment

## Wheelchair News

### Application Tips for Power Wheelchairs

AADL relies on the authorizer for an accurate and professional assessment of the client and their physical needs. Application forms need to be completed accurately. Physical assessments should include actual degrees of movement (not "somewhat restricted"), and muscle testing on a scale of 1-5 (not "somewhat weak"). Sitting tolerance needs to be in hours (not "a short time"). When driving skills may be questionable, add a video of the client driving.

A client impact statement is needed – it can be written by the client or a family member if the client cannot write.

AADL needs to be assured that the client will return their old AADL chair when it is replaced. They cannot keep both.

The wheelchair must match the client's needs so choose an appropriate model for the client's planned activities. Some chairs are more robust and can handle aggressive outdoor driving. A client in long-term care does not need this type of chair.

The specifications for a power chair with power tilt are very complicated. Ensure that they are correct and only ask for what is essential to the operation of the chair. There has been a very high rate of error on the specification sheets, and these errors are expensive mistakes. AADL has discussed this with wheelchair vendors and advised them that the sales staff need to be accurate and informed if s/he is helping spec a power chair for an AADL client. If you have questions, please call Rick, AADL Tech Specialist, for advice at 780-422-9642.

### Kuschall Wheelchair Discontinued

**Invacare** has discontinued the Kuschall wheelchair line, effective December 29, 2006. Please cross off W279 Kuschall Champion as a wheelchair choice from the APL Page APL W-3.

## Proper Use of Ceiling Track Lifters

Health Canada has issued a notice regarding the proper and safe use of ceiling track lifters on December 8, 2006. It specifically mentions the reacher on BHM lifters, attachment handles on Wispa lifters, the reacher on Gaper Lifters, and the TP reacher on Waverly Glen Systems. It advises that the lifter user follow these steps:

1. Review the instructions provided to ensure that staff (caregiver) understands and follows the instructions regarding the actual hook up. This information is in the manuals that accompany the lifters.
2. Ensure that ceiling tracks are properly installed in compliance with safety codes, and that the lift is properly load tested.

This diagram shows there is a wrong way and a right way to attach the lift to the track carrier.

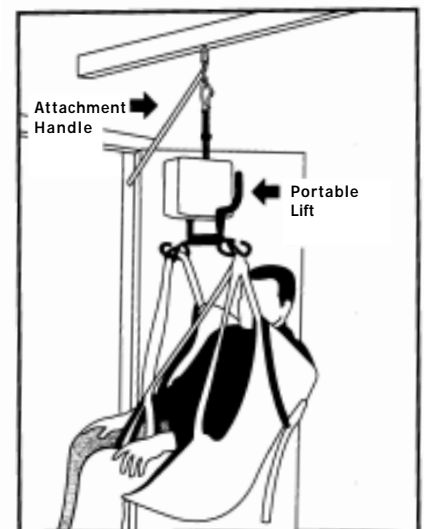


Figure 1: Portable Lift with Attachment Handle

While this is a "common sense" issue, due care must be taken to instruct lift users and caregivers in the correct operation of this device.

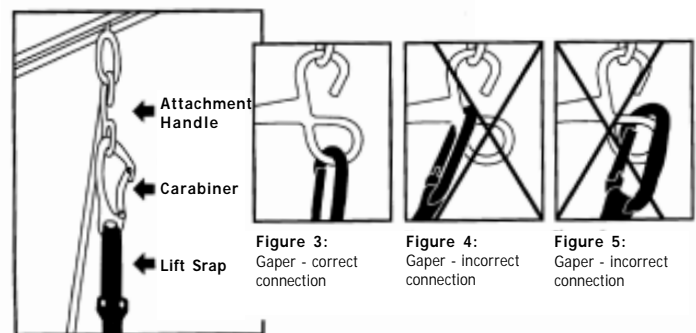


Figure 2: Carabiner properly attached to Attachment Handle

Figure 3: Gaper - correct connection

Figure 4: Gaper - incorrect connection

Figure 5: Gaper - incorrect connection

# Mobility & Equipment

## National Guidelines for Infection Control

There is a heightened awareness of the need for care when dealing with clients who have infections such as MRSA and Hep C. The article *Guidelines for the prevention and management of community-associated methicillin-resistant Staphylococcus aureus: A Perspective for Canadian health care practitioners* (Canadian Journal Infection diseases Microbiology, Vol. 17, Supp. C, September/October 2006) is a recently developed national guideline that was discussed extensively in the January 2, 2007 edition of *The Edmonton Journal*.

The guidelines discuss epidemiology, microbiology and treatment and contains recommendations for prevention in households, daycares and schools, sports facilities and other settings. For households, the main recommendation continues to be cleaning with standard household detergents, doing laundry with regular laundry soap, and washing dishes/cutlery with regular dishwasher soap. It also recommends that individuals should contact the health care system to advise that they are either MRSA positive or living with someone who is positive.

AADL wheelchair and recycle vendors have expressed ongoing concern regarding situations they encounter with their trial loaner equipment for clients who have infections. AADL asked Alberta Health and Wellness for a statement that can be shared broadly regarding this issue (see page nine of this bulletin). The general principles include hand washing, surface cleaning and barriers. The recommendations include use of barriers, ensuring the client is fully clothed for the trial, and cleaning protocol following the trial.

If equipment is being trialed by someone who has an infection, it is important that the vendor be advised of the infection so they can take extra precautions for their drivers and staff in general. Depending on the client and the infection situation, perhaps it is not wise to even have an equipment trial. A thorough assessment, and perhaps measurements of the home, may be adequate for those equipment orders. Vendors

do have a right to refuse service to a client. In such cases, they need to notify AADL that they have refused service and why. If there is no one to wash off trial equipment, the trial equipment should not be placed in an infectious situation. AADL has a particular cleaning standard for the vendors to observe, but that cleaning occurs in the store, not in the truck or the home.

AADL has **previously advised** regarding the proper procedure for equipment trials. There is absolutely **no reason why trial equipment should be contaminated with body fluids**. Commodes can be draped with a sheet of plastic. Raised toilet seats are not to be used. They are provided just to ensure they fit the toilet in the home.

**If a client actually uses the trial equipment, the vendor has every right to consider it “sold to the client”** – not to AADL. The client will be responsible for the cost of the equipment and authorizers need to ensure that the client understands this. Please refer to the Vendor Guidelines for Trial that are referenced in the G, K, and L sections of the AADL manual, and are included in the appendices of section W.

AADL is also developing infection control cleaning standards for wheelchair cushions that cost over \$350. Cathy Johnson, AADL's Manager of Wheelchair Cushions and Seating, is currently discussing this issue with manufacturers.

## Waiting Lists for Wheelchairs and Large Equipment

AADL currently has a waiting list for both wheelchairs and large equipment orders. This ranges from a couple of weeks for large equipment to eight weeks for wheelchairs. Authorizers should advise their clients accordingly.

# Mobility & Equipment

## AADL Hygiene and Equipment Demonstration and Assessment Prior to Purchase

The following has been prepared by Ms. Bernice Heinrichs, Project Manager, Infection Prevention and Control at Alberta Health and Wellness. It addresses AADL equipment suppliers' concerns about "superbugs" such as methicillin resistant *Staphylococcus aureus* (MRSA) and Hepatitis C transmission on soiled equipment.

"The purpose of this article is to provide information regarding cleaning and disinfection required for used equipment, and provide a modified cleaning protocol for equipment used for demonstration in people's homes. It is intended for use by AADL equipment suppliers.

### General Principles:

- ◆ Hand hygiene refers to removing or killing micro-organisms (germs) on the hands. When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections. In health care, hand hygiene is used to eliminate transient micro-organisms that have been picked up via contact with patients, contaminated equipment or the environment. Hand hygiene may be performed either by using soap and running water or with alcohol-based hand rubs". (CHICA Canada [http://www.chica.org/links\\_handhygiene.html](http://www.chica.org/links_handhygiene.html))
- ◆ Cleaning renders the environmental surface safe to handle by removing organic matter, salts and visible soils and is a necessary first step in disinfection. The actual cleaning (physical removal of microorganisms and soil by wiping or scrubbing) is as important as the antimicrobial effect of the cleaning agent used.
- ◆ Barrier protection can be useful especially if surfaces are touched frequently, likely to become contaminated with body substances or difficult to

clean. (CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC) (2003) Guidelines for Environmental Infection Control in Health-Care Facilities. U.S. Department of Health and Human Services <http://www.cdc.gov/MMWR/preview/mmwrhtml/rr5210a1.htm>)

- ◆ Potential pathogens may be transmitted from symptomatic and asymptomatic individuals and certain Routine Practices should be used for all patients regardless of diagnosis and tailored to the characteristics of the patients and their environment" (Public Health Agency of Canada. (1999). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care. Canada Communicable Disease Report. Volume 25S4. <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/index.html>)

### Recommendations:

- ◆ When toilet seats are brought into a home it is important to ensure that the toilet seat is placed on a clean surface (either through cleaning the toilet surface prior or through use of a barrier, such as a paper towel placed under the device where it makes contact with the toilet).
- ◆ The assessment should be done with the purchaser fully clothed so there is no potential touching of equipment to non-intact skin and body secretions.
- ◆ If there is actual use of the toilet seat, there is potential contamination with body fluids and the cleaning protocol (as previously developed) must be followed including: high pressure washing, use of protective equipment and use of a low level disinfectant.
- ◆ Cleaning can be done with soap and water, detergent or enzymatic cleaners (cleaning can be used if there is no contact with body secretions).

Cont'd page 10

# Mobility & Equipment

Hygiene - cont'd from page 9

- ◆ If low level disinfection is required (equipment contact with body secretions), a two-step method is used: the item is cleaned first and then a low level disinfectant is applied and left damp on surface for a contact time (different products have different times needed for disinfection).
- ◆ Examples of low level disinfectant: (As per Health Canada (1998) Hand Washing, Cleaning, Disinfection and Sterilization in Health Care. Canada Communicable Disease Report. Volume 24S8 <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>.)
  - ◆ Household bleach mixed at one part bleach to nine parts water. Advantages include: easy access and effective. Disadvantages include: corrosive to metals, inactivated by organic materials, irritant to skin and mucous membranes, use in well-ventilated areas, shelf life 24 hours once diluted, cannot be mixed with other cleaners. The surface should remain damp for 10 minutes.
  - ◆ Hydrogen peroxide products like ready to use 0.5 per cent Accelerated Hydrogen Peroxide (AHP) or AHP wipes. Advantages: strong oxidant, fast acting (5 minutes for disinfection), breaks down into water and oxygen. Disadvantages: can be corrosive to aluminum, copper, brass or zinc.
  - ◆ To have a disinfectant claim the product must have a DIN and meet government standards. (Lysol is an example of a household product that is a disinfectant).
- ◆ Whenever mixing products for use, manufacturer's directions must be followed and proper protective gear should be worn (for example, eye protection and gloves).
- ◆ The ready-to-use disinfectant wipes may have a higher initial cost but are much more convenient and no product mixing is required.
- ◆ Waterless hand cleansers (greater than 60 per cent alcohol) should be made available as an alternative to hand washing, especially if time for hand washing

or access to sinks is limited. If hands are visibly soiled, washing with soap and water is needed.

- ◆ If the home assessment is done as described above (i.e., client fully clothed), and a barrier is used between toilet seat and toilet or area cleaned prior to demonstration, a modified cleaning protocol can be used:
  - ◆ Wash hands
  - ◆ Put on disposable gloves
  - ◆ Clean equipment with cleaner/disinfectant and a clean damp cloth or with ready to use disinfectant wipes.
  - ◆ Allow to air dry
  - ◆ Remove gloves and dispose into garbage
  - ◆ Wash hands

## Summary:

- ◆ Soiled equipment can act as a reservoir for microorganisms.
- ◆ Handwashing and cleaning of environmental surfaces are key actions to prevent the spread of microorganisms from patient to patient. For example, "superbugs" such as methicillin resistant *Staphylococcus aureus* (MRSA) are spread by direct contact (direct physical contact) or indirect contact (involves transmission via an intermediate object such as contaminated hands that are not washed between patients, or contaminated instruments or equipment in the patient environment).
- ◆ All blood and body secretions should be treated as potentially infectious at all times (e.g. Hepatitis C is spread by blood to blood contact such as needlestick injuries). Routine Practices incorporates safe handling of blood and body fluids.
- ◆ Personal items (e.g., lotion, razors, towels) should not be shared between patients.
- ◆ Reusable equipment should be cleaned after patient use (e.g., stethoscopes, commodes).
- ◆ Cleaning protocols should be established and followed at all times regardless of patient diagnosis."

# Mobility & Equipment

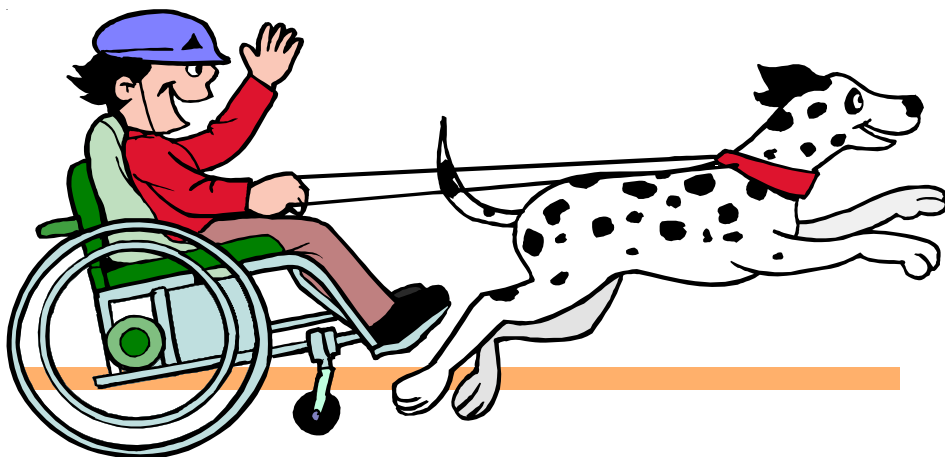
## Arco Rails

Equipment vendors have advised AADL that the new Arco rails are harder to put on and tend to loosen with time. Hart Mobility is aware of this problem and is working on it. These rails are best installed by the vendor. Authorizers and clients need to be aware that the rails may loosen over time and the rails should be checked and tightened periodically. Rural authorizers, who may not have the option of having a vendor do the installation, must be particularly aware of the need for the rail to be properly tightened.

This is also very sound advice about anything that is installed in the home and should also be applied to installed poles such as the Sask-a-pole, Healthcraft and Steady Mate poles, and installed grab bars. These items need to be checked periodically and tightened if needed.

## Battery Charging

AADL reminds authorizers that their clients should be well instructed on how to charge their power equipment to ensure that the battery has a long life. With power chairs, some clients are recharging batteries after every use. However, a good rule to follow for power chairs is to charge the battery for 10 hours after every 10 hours of use.



## Trialing of Seating Components

Seating components that are trialed by a community therapist will not be authorized by a seating therapist or funded by AADL. It is critical that the seating team assess the client before trialing of seating components begins. The seating assessment includes reviewing the information submitted on the referral form, mat assessment, and determination of outcomes.

Community therapists should not request seating components for trial from a vendor unless the client is willing to purchase the seating products privately or there has been a prior approval by both AADL and the seating clinic that the client will be attending.

## True Life (CAMP) Relax Gelcell and Duogel Cushions Not for Everyone

AADL and wheelchair cushion vendors have identified that the Relax Gelcell and Duogel cushions are not appropriate for clients who:

- transfer aggressively to and from a wheelchair
- use a knee ankle foot orthosis (KAFO)
- wear a lower limb prosthetic device

Separation of the flogel from the foam base in the Duogel and tearing or puncturing of the trugel in the Gelcell cushion can occur in these situations.

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## Authorizer Workshop Schedule

AADL has confirmed the Spring 2007 workshop series schedule with new, refresher, and combined new/refresher authorizer sessions in Edmonton, Calgary, Peace River, Grande Prairie and Lethbridge (see enclosed).

Please note that all attendees must complete *Module 1: AADL Policies and Procedures* before attending *Module 2: Medical/Surgical* and/or *Module 3: Large Equipment and Wheelchairs*.

To apply, please complete the application form in the manual attachments and fax it to (780) 422-0968. Incomplete forms will not be processed. For more information on new and refresher workshops, please contact Sarah Barter at (780) 415-2393 or sarah.barter@gov.ab.ca.

## AADL Program Manual Updates

SECTION	REMOVE FROM MANUAL	REPLACE IN MANUAL	CHANGES
P&Ps	Pages 41-42	Pages 41-42	QFR form revised
B	B-1 to B-10	B-1 to B-9 Section B Catalogue Listing	Updated Revised Pricing
C	C-1 to C-8	C-1 to C-8 Section C Catalogue Listing	Updated Revised Pricing; Add C188
D	D-1 to D-4	D-1 to D-4 Section D Catalogue Listing	Updated Revised Pricing
F	Vendor List Custom Footwear, Vendor List Shoe Elevations F-1-TS to F-4-TS "F-TS" Catalogue Listing Vendor List Therapeutic Shoes	Vendor List Custom Footwear, Vendor List Shoe Elevations F-1-TS to F-5-TS Section "F-TS" Catalogue Listing Vendor List for Therapeutic Shoes	Updated Updated Updated New Catalogue #s/Pricing Updated
J	J-1 to J-5 Section "J" APL	J-1 to J-5 Section J Catalogue Listing	Updated Revised Pricing
L	Pages 17-18	Pages 17-18	Revised Photo
M	Section "M" APL	Section M Catalogue Listing	Revised Pricing; Add M081, M172, M173, M213
N	Assessment Form Stockings Section "N" APL	Assessment Form Comp. Stockings Section N Catalogue Listing	Updated Revised Pricing
S	Section "S" APL	Section S Catalogue Listing	Revised Pricing; Add S232
T	T-1 to T-8 Section "T" APL	T-1 to T-5 Section T Catalogue Listing	Updated Revised Pricing
V	Section "V" APL pages 5-6, 51-52, 85-88	Section "V" APL pages 5-6, 51-52, 85-88 Note: V426/V427 Discontinued	V139 price V250/V253 cushion description V433/V434 maintenance/care
X	Seating Services Seating Suppliers	Seating Services Seating Suppliers	Updated

**Included in this bulletin is a list of vendor changes** from August 31, 2006 to February 28, 2007. Please update your lists with these changes. The online Region Lists are current as of March 1, 2007.