H&H Care SA Pty Ltd

NDIS Manual

Module 1 High Intensity Daily Personal Activities

for H&H Care

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1- Applicable Practice Standards Policy & Procedure

1.1. Purpose

✓ The purpose of this policy & procedure is to sets out the relevant NDIS Practice Standards that apply to High Intensity Daily Personal Activities.

1.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

1.3. Definitions

Word/Term	Definition
Participant	A person with a disability that has met the access requirements to become a participant of the NDIS.
NDIS	The national disability insurance scheme.
Act	National disability insurance scheme Act 2013.
Applicant	A person or entity who has made an application for registration.
Key Worker	A person who is chosen by the family of a child receiving early childhood early intervention supports to work with them to coordinate information, services and supports for the child.
Skills Descriptor	The specific knowledge and skills required to perform the work.
Service Agreement	a written agreement between the provider and the participant on the supports to be provided and the conditions surrounding those supports.

1.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **United Nations Convention on the Rights of Persons with Disabilities**
- **United Nations Universal Declaration of Human Rights**
- **Price guides and pricing | NDIS**
- **Terms of Business for Registered Providers**
- **Disability Services Act 2012(NT)**
- **Disability Services Act 2011(TAS)**
- **Disability Inclusion Act 2014(NSW)**
- **Disability Services Act 1991(ACT)**
- **WA Disability Services Act 1993 (amended 2004)**
- **WA Equal Opportunity Act 1984 (amended1988)**
- **Disability Services Act 1993(SA)**
- **Disability Services Act 2006(QLD)**
- **Disability Act 2006 (Vic)**
- **Disability Amendment Act 2017(Vic)**
- **Disability Regulations 2018(Vic)**
- **Disability Services Act 2004 (NT)**
- **Form17.Legislative Compliance Register**

1.5. Policy & Procedure

1.5.1. Compliance Management

✓ **H&H Care** has established, implemented and maintained a process to identify legislative requirements and has access to all legal and other requirements that are applicable to **H&H Care**'s operations using **Form17.Legislative Compliance Register.**

- ✓ The register will be reviewed and updated at least once a year or after any major changes to the legislation. The evaluation will be carried out by the **Management Team** and the results will be reported to **Managing Director.**

- ✓ If there are any changes/ updates in the legislative requirements, relevant policies and procedures will be reviewed and revised accordingly.

- ✓ All Workers are responsible for managing compliance within their areas of influence by following the current policies and procedures. The changes and updates will be communicated to the workers and staff through meetings or receiving email updates.

- ✓ Legislative compliance is maintained and updated through:

    - Reviewing NDIS Commission Website
    - Ongoing consultation and communication with Industry Specialists/Legal representatives
    - Legal updates provided by government publishing
    - External third-party audit

2- Complex Bowel Care Policy & Procedure

2.1. Purpose

✓ The purpose of this policy & procedure is that each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs.

2.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

2.3. Definitions

- **N/A**

2.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Bowel Management Guidelines -NSW Family & community services**
- **Management of the Neurogenic Bowel for Adults with Spinal Cord Injuries**
- **Infection prevention and control in residential and community aged care (National Health and Medical research Council)**
- **Form18. Participant Information Consent Form**

- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form18. Participant Information Consent Form**
- **Form49. Complex Bowel Care Plan and Monitoring Form**
- **Form70. Bowel Management Capability**
- **Form85.Training Program for Module 1**

2.5. Policy & Procedure

2.5.1. What is Bowel Dysfunction

✓ Any difficulty in passing faeces or stools, keeping faeces contained in the bowel or passing faeces that is 'abnormal' in consistency, is described as Bowel Dysfunction. The classification of Bowel dysfunction is as the following three:

- **Constipation and poor bowel emptying:** Constipation causes discomfort and affects quality of life. It is described as difficulty or pain when passing faeces or passing faeces infrequently. Poor bowel emptying occurs for various reasons and causes constipation.
- **Diarrhoea** is loose watery faeces and is usually frequent.
- **Faecal incontinence** is uncontrolled passing of faeces and creates social or hygiene problems for the person. The person may not always be aware that it is happening.

✓ There are several constipation signs and symptoms including:

- Straining or pain when trying to pass faeces
- Lumpy or hard faeces
- Feeling that the rectum is not completely empty
- Having fewer than three bowel motions per week
- Passing liquid stools (overflow) but having symptoms of constipation
- Behaviour that is unusual for the person.

✓ Bowel Management's main goal includes the following items:

- The bowel emptying activity on a regular and predictable basis in an acceptable time and place
- Achieving the completion of bowel emptying activities in an acceptable time frame using physical and pharmacological intervention.

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- The prevention of bowel accidents, constipation, autonomic dysreflexia and other complications

2.5.2. Causes and Risks

✓ **Constipation** can be caused by disorders affecting digestion and bowel function, psychological or neurological conditions, or a bowel that is not necessarily diseased, but does not function as well as it should. Constipation may be associated with low mobility, inadequate diet, slow movement of faeces through the bowel, or abnormality of the muscles involved in emptying the bowel (pelvic floor muscles).

✓ **Diarrhoea** can be acute and short lived, for example with food poisoning or a bowel infection, and may be spread to other people. It can be chronic as a result of inflammatory bowel disease, irritable bowel syndrome and coeliac disease. Diarrhoea may also be caused by food allergies, medications, radiation therapy, overuse of laxatives and diabetes.

✓ **Faecal incontinence** can be caused by poor muscle control, or muscle damage after surgery or childbirth, infection or inflammation of the bowel, irritable bowel syndrome, or stress from haemorrhoids or other conditions involving the rectum or sphincter muscle. It may also be developmental.

2.5.3. Bowel health

✓ Many aspects of the daily life can affect the bowel health, including:

- A diet lacking in fibre
- Insufficient fluid intake
- Disruption to regular diet or routine
- Delaying bowel actions due to pain e.g. From haemorrhoids
- Some medications
- Recent illness or hospitalisation
- Low activity levels and reduced mobility, and
- Reduced physical and emotional wellbeing.

2.5.4. H&H Care and Staff Responsibilities

✓ **H&H Care** will:

- Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.
- Ensure that all staff attend appropriate Complex Bowel Care training and undergo documented competency assessment prior to performing the task unsupervised.
- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply Complex Bowel Care.
- Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
- Ensuring that any change in practice recommendations for Complex Bowel Care are notified to all workers.
- Review and implement any area of improvement using **Form03.Improvement Report Form**.
- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All workers are responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment.**
- Attending relevant Complex Bowel Care training provided by **H&H Care.**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.
- Participating in audit programmes related to measuring the quality and safety of physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice using **Form03.Improvement Report Form**.
- Completing correct documentation.
- Reporting all incidents and complaint as per incident management procedure and complaint management procedure.
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care** and the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
2. Respect the privacy of people with disability.
3. Provide supports and services in a safe and competent manner, with care and skill.
4. Act with integrity, honesty and transparency.
5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
7. Take all reasonable steps to prevent and respond to sexual misconduct.

2.5.5. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, Diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

2.5.6. Complex Bowel Care Management Process

✓ If required and with the participant's consent, an assessment will be conducted for each participant to develop a **Complex Bowel Care Management plan** by a qualified health practitioner.

✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.

✓ A qualified health practitioner will assess the participants if they require a complex bowel care management.

✓ A **Complex Bowel Care Management Plan** using **Form49. Complex Bowel Care Plan and Monitoring Form** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the **H&H Care**.

- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**

- ✓ In the process of a personal care provision, if the workers role involves a routine bowel care management, a different level of support will be required when the participant has been assessed as 'at risk' of faecal incontinence or severe constipation through **Complex bowel care management plan**.

- ✓ An individualised **Complex bowel care management plan** for each participant enables **H&H Care** to manage the specific bowel management including bowel emptying e.g. digital ano-rectal stimulation, abdominal massage, and rectal irrigation.

- ✓ The participants will be provided with the support of required complex bowel care management by one of **H&H Care**'s workers. In the **Complex Bowel Care Management Plan**, the requirements of a bowel management will be documented and checked qualified with health practitioner.

- ✓ Any incident or emergency related to the bowel including required actions for participant e.g. constipation, dysreflexia, rectal bleeding, perforation as well as any referral to a health practitioner e.g. infection, impaction, overflow, and changes in bowel habits, is addressed in the **Complex bowel care management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Complex bowel care management plan**.

- ✓ The **Complex bowel care management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.

- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.

- ✓ An immediate referral to the GP or local hospital will be required if any of the following happened:

    - Vomiting blood or faecal matter
    - Diarrhoea and/or vomiting that is more than a one-off event.
    - Bleeding from the bowel
    - Fresh (red) or old (black) blood in faeces – see note below.
    - Unusual pain before, during or after a bowel action.

- ✓ Workers of the participant will be notified if the person has any problem with bowel function:

    - The issues that affect bowel function, especially for the person they support
    - Signs and symptoms of bowel problems
    - Why they need to document bowel patterns to detect changes, and
    - The importance of involving health professionals to assess the causes of bowel dysfunction, especially for people with complex health conditions.

- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.

- ✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.

- ✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training for the relevant staff to know how to use it.

2.5.7. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Complex bowel care management plan** regularly. The health professional will decide about the regularity of the **Complex bowel care management plan** revision and **H&H Care** will support it.

- ✓ Also, the **Complex bowel care management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.

- ✓ Reports will be provided about the **Complex bowel care management plan** based on a regular monitor by the workers as the following:

    - Track any changes in the bowel habits of the participants with learning their usual bowel habits.
    - If there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new medication, different diet or recent illness.
    - Any changes will be reported to the health practitioner and the action plan will be agreed.
    - If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

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2.5.8. Training of Staff (Health Practitioner and Workers)

- ✓ For provision of complex bowel care management services to the participants**, H&H Care** will provide all workers with the specific required trainings.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for complex bowel care using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.
- ✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form70. Bowel Management Capability** will be used to ascertain the capabilities of each worker.
- ✓ A qualified trainer will train the support workers with all client's specific **Complex bowel care management** training.
- ✓ The service users' needs and expectations as well as type of bowel management will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage any incidents or emergencies including the development of an emergency management plan covering emergencies such as constipation, rectal bleeding, perforation, infections or autonomic dysreflexia.
- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks, training and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix** or the **Worker's file.**
- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas regularly and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ **Complex bowel care management** training will be provided in accordance with the Annual

Training Schedule, maintained by the **Management Team**.

- ✓ An ongoing opportunity for **Complex bowel care management** training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity of participation in **Complex bowel care management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Complex bowel care management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager using **Form10.Worker Performance Assessment**.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form70. Bowel Management Capability** for all workers.
- ✓ Training will relate specifically to the service users' needs, type of bowel management and cover any specific support requirements the service user may require.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

- The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

3- Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management Policy & Procedure

3.1. Purpose

✓ The purpose of this policy & procedure is that each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs.

3.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

3.3. Definitions

- **N/A**

3.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Home Enteral Nutrition (HEN) Services**
- **Health and Medical research Council)**
- **Form18. Participant Information Consent Form**
- **Form03.Improvement Report Form**

- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form18. Participant Information Consent Form**
- **Form50.Enteral Feeding and Management Plan and Monitoring Form**
- **Form74. Enteral Feeding Capability**
- **Form85.Training Program for Module 1**

3.5. Policy & Procedure

3.5.1. What is Enteral Feeding?

✓ Healthcare professionals should consider enteral feeding in participants who are malnourished or at risk of malnutrition.

✓ Enteral tube feeding is used to provide nutrition to patients who cannot attain an adequate oral intake from food and/or oral nutritional supplements, or who cannot eat or drink safely.

✓ The aim is to optimise nutritional intake to improve or maintain nutritional status. The gastrointestinal tract must be accessible and functioning sufficiently to absorb the feed administered.

✓ Enteral feeding is only indicated when a patient's nutritional needs cannot be met orally. Common indications for enteral feeding are shown below:

- Swallowing disorders (i.e. motor neurone disease, multiple sclerosis)
- Stroke or head injury.
- Head and neck cancer (e.g. due to side effects of chemo/radiotherapy)
- GI dysfunction or malabsorption
- Upper GI obstructions
- Cystic fibrosis
- Psychiatric disease e.g. anorexia nervosa, severe depression

✓ The main goals of enteral feeding and management include:

- Maintaining body weight or facilitating weight gain where clinically appropriate
- Correcting nutritional deficiencies and maintaining adequate hydration
- Promoting growth in children with growth faltering

- Prevent deterioration and/or improve quality of life.

3.5.2. Types of Enteral Feeding

✓ Enteral feeding is most commonly used to deliver feed into a patient's stomach. When necessary, it is possible to feed directly into the duodenum or jejunum. The route and type of tube used will depend on the individual circumstances of the patient.

✓ Short term feeding (up to 4 weeks)

- **Naso-gastric tube feeding (NG):** A fine bore feeding tube (French gauge 5-8) is inserted via the nose into the stomach. Bolus or pump feeding can be used with an NG tube. Long term fine bore tubes should be replaced every 4-6 weeks, swapping them to the other nostril. Regular checks of NG tube placement are imperative as there is a risk that tubes can be misplaced into the lungs on insertion or move from the stomach at a later stage. (See 'Insertion and Confirming Position of Nasogastric and Oro-Gastric Tubes in Adults, Paediatrics & Neonates' Policy)

- **Oro-Gastric feeding:** A feeding tube (French gauge 5-8) is inserted via the mouth into the stomach. As with NG tube placement must be checked regularly and tube replaced every 4-6 weeks.

- **Naso-jejunal feeding**: A fine bore feeding tube (French gauge 6-10) is inserted via the nose into the jejunum. This tube may also have a lumen of which the distal end allows deflation of the stomach. It is indicated for patients with gastric reflux or delayed gastric emptying.

✓ **Long term feeding (longer than 4 weeks)**

- **Percutaneous Endoscopic Gastrostomy (PEG):** A tract is made into the stomach via endoscopy under local anaesthetic and a feeding tube is inserted. It is held in place by an external fixation device and a soft plastic bumper internally.

- **Surgically placed gastrostomy:** A gastrostomy feeding tube is inserted surgically under general anaesthetic. This is often used when a patient is unable to tolerate an endoscopy, or an endoscope cannot be passed. These tubes may or may not be held in place by sutures so check before removing any sutures. A balloon gastrostomy can replace these feeding tubes once the stoma tract is formed.

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- **Radiologically Inserted Gastrostomy (RIG):** A gastrostomy tube is inserted under X-ray (fluoroscopy or ultrasound) guidance and is usually indicated if an endoscopic procedure cannot be performed. It can be replaced by balloon gastrostomies once the stoma site has healed.

- **Balloon gastrostomy:** the gastrostomy is held in place by a balloon filled with sterile water. The volume of the balloon should be checked weekly to ensure it is inflated sufficiently to prevent tube displacement.

- **Low Profile Gastrostomy Device (LPGD):** LPGD also known as button gastrostomy is a small device that sits close to the skin and is usually held in by a balloon. It has the same function as a PEG but is less cumbersome, easier to conceal, less obtrusive and may be useful for those patients that pull at their gastrostomy. Extension sets are connected onto the "button" part to enable water, feed, or medications to be administered. Once completed, the extension set is removed. LPGDs can be inserted into most patients once a stoma tract is established but are usually used more frequently in children than adults.

- **Jejunostomy:** A feeding tube is inserted directly into the jejunum during surgery or endoscopically.

- **Gastrojejunostomy (PEG – J)**: This is an endoscopically placed extension of a PEG. The extension is passed through the PEG into the stomach and down past the pylorus into the jejunum. These are used if there is a problem with the stomach or gastric.

3.5.3. Possible complications of Enteral Feeding

✓ There are some complications that can occur as a result of enteral feeding. Some of the most common include:

- Aspiration, which is food going into the lungs.
- Refeeding syndrome, dangerous electrolyte imbalances that may occur in people who are very malnourished and start receiving enteral feeds.
- Infection of the tube or insertion site
- Nausea and vomiting that may result from feeds that are too large or fast, or from slowed emptying of the stomach.
- Skin irritation at the tube insertion site
- Diarrhea due to a liquid diet or possibly medications

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- Tube dislodgement.
- Tube blockage, which may occur if not flushed properly.

3.5.4. H&H Care and staff Responsibilities

✓ **H&H Care** will:

- Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.
- Ensure that all staff attend appropriate enteral feeding and management training and undergo documented competency assessment prior to performing the task unsupervised.
- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply enteral feeding.
- Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
- Ensuring that any change in practice recommendations for enteral feeding are notified to all workers.
- Review and implement any area of improvement using **Form03.Improvement Report Form**
- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All workers are responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment**
- Attending relevant enteral feeding training provided by **H&H Care**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.
- Participating in audit programmes related to measuring the quality and safety of

physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice.

- Completing correct documentation
- Reporting all incidents and complaint and per incident management procedure and complaint management procedure
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care** and the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
2. Respect the privacy of people with disability.
3. Provide supports and services in a safe and competent manner, with care and skill.
4. Act with integrity, honesty and transparency.
5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
7. Take all reasonable steps to prevent and respond to sexual misconduct.

3.5.5. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, Diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

3.5.6. Enteral Feeding and Management process

✓ If required, an assessment will be conducted for each participant to develop an **Enteral Feeding and Management plan** by a qualified health practitioner using **Form50.Enteral Feeding and Management Plan and Monitoring Form.**

✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical

Specialist deemed competent by training can be the health practitioner relevant to this work.

- ✓ A qualified health practitioner will assess the participants if they require an Enteral Feeding and Management.
- ✓ An **Enteral Feeding and Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by **H&H Care**.
- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**
- ✓ The participants will be provided with the support of required Enteral Feeding and Management management by one of the **H&H Care**'s workers. In the **Enteral Feeding and Management Plan**, the requirements of an Enteral Feeding and Management will be documented and checked qualified with health practitioner.
- ✓ Any incident or emergency including required actions for participant in relation to the PEG e.g. blockage, dislodgement, leak, infection, Dysreflexia are addressed in the **Enteral Feeding and Management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Enteral Feeding and Management plan**.
- ✓ The **Enteral Feeding and Management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training to the relevant staff to know how to use it.

3.5.7. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Enteral**

Feeding and Management plan continuously. The health professional will decide about the regularity of the **Enteral Feeding and Management plan** revision and **H&H Care** will support it.

- ✓ Also, the **Enteral Feeding and Management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about the **Enteral Feeding and Management plan** based on a regular monitor by the workers as the following:
    - if there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new medication, different diet or recent illness.
    - Any changes will be reported to the health practitioner and the action plan will be agreed.
    - If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

3.5.8. Training of Staff (Health Practitioner and Workers)

- ✓ For provision of Enteral Feeding and Management services to the participants, **H&H Care** will provide all workers with the specific required trainings.
- ✓ A qualified practitioner will train the support workers with all clients specific **Enteral Feeding and Management plan** training.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for enteral feeding using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.
- ✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form74. Enteral Feeding Capability** will be used to ascertain the capabilities of each worker.
- ✓ Training will relate specifically to the service users' needs, type of tube and feeding regime

and cover any specific support requirements the service user may require. Training shall also cover how to manage all incidents and procedures relating to the cleaning and maintenance of equipment.

- ✓ Training and management support plans will detail how to manage a related any incident or emergency including the development of an emergency management plan covering emergencies such blockage, dislodgement, leak, infection, Dysreflexia.
- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks training and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix.**
- ✓ The workers will be notified by the **management team** to complete their refresher training in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ to **Enteral Feeding and Management** training will be provided in accordance with the Annual Training Schedule, maintained by the **management team**.
- ✓ An ongoing opportunity for to **Enteral Feeding and Management** training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **management team** member would be able to have the opportunity of participation into **Enteral Feeding and Management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Enteral Feeding and Management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form10.Worker Performance Assessment** for all workers.

- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

- ✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

    - The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

4- Tracheostomy Management Policy & Procedure

4.1. Purpose

✓ The purpose of this policy & procedure is that each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs.

4.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

4.3. Definitions

- **N/A**

4.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Form18. Participant Information Consent Form**
- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**

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- **Form18. Participant Information Consent Form**
- **Form51.Tracheostomy Management Plan and Monitoring Form**
- **Form68.Tracheostomy Management Capability**
- **Form85.Training Program for Module 1**

4.5. Policy & Procedure

4.5.1. What is a Tracheostomy?

✓ A tracheostomy is a medical procedure — either temporary or permanent — that involves creating an opening in the neck in order to place a tube into a person's windpipe.

✓ The tube is inserted through a cut in the neck below the vocal cords. This allows air to enter the lungs. Breathing is then done through the tube, bypassing the mouth, nose, and throat.

✓ A tracheostomy is commonly referred to as a stoma. This is the name for the hole in the neck that the tube passes through.

4.5.2. Why a Tracheostomy is Performed

✓ A tracheostomy is performed for several reasons, all involving restricted airways. It may be done during an emergency when your airway is blocked. Or it could be used when a disease or other problem makes normal breathing impossible.

✓ Conditions that may require a tracheostomy include:

- Anaphylaxis
- Birth defects of the airway
- Burns of the airway from inhalation of corrosive material
- Cancer in the neck
- Chronic lung disease
- Coma
- Diaphragm dysfunction.
- Facial burns or surgery
- Infection
- Injury to the larynx or laryngectomy

- Injury to the chest wall
- Obstruction of the airway by a foreign body
- Obstructive sleep apnea
- Paralysis of the muscles used in swallowing.
- Severe neck or mouth injuries
- Tumors
- Vocal cord paralysis

4.5.3. The Risks of a Tracheostomy

✓ Every medical procedure where the skin is broken carries the risk of infection and excessive bleeding. There is also a chance of an allergic reaction to anesthesia, although it's rare.

✓ Risks specific to a tracheostomy include:

- Bleeding
- Damage to the trachea, thyroid gland or nerves in the neck.
- Misplacement or displacement of the tracheostomy tube
- Air trapped in tissue under the skin of the neck (subcutaneous emphysema), which can cause breathing problems and damage to the trachea or food pipe (esophagus)
- Build-up of air between the chest wall and lungs (pneumothorax), which causes pain, breathing problems or lung collapse.
- A collection of blood (hematoma), which may form in the neck and compress the trachea, causing breathing problems.

✓ Long-term complications are in place. These problems include:

- Obstruction of the tracheostomy tube
- Displacement of the tracheostomy tube from the trachea
- Damage, scarring or narrowing of the trachea.
- Development of an abnormal passage between the trachea and the esophagus (tracheoesophageal fistula), which can increase the risk of fluids or food entering the lungs.
- Development of a passage between the trachea and the large artery that supplies blood to the right arm and right side of the head and neck (tracheoinnominate fistula), which can result in life-threatening bleeding.
- Infection around the tracheostomy or infection in the trachea and bronchial tubes

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(tracheobronchitis) and lungs (pneumonia)

4.5.4. H&H Care and staff Responsibilities

✓ **H&H Care** will:

- Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for tracheostomy suctioning and management.
- Ensure that all staff attend appropriate Tracheostomy Management training and undergo documented competency assessment prior to performing the task unsupervised.
- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply Tracheostomy Management
- Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
- Ensuring that any change in practice recommendations for Tracheostomy Management are notified to all workers.
- Review and implement any area of improvement using **Form03.Improvement Report Form**
- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All Workers are Responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment**
- Attending relevant Tracheostomy Management training provided by **H&H Care**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.
- Participating in audit programmes related to measuring the quality and safety of

physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice.

- Completing correct documentation
- Reporting all incidents and complaint and per incident management procedure and complaint management procedure
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care** and the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.

2. Respect the privacy of people with disability.

3. Provide supports and services in a safe and competent manner, with care and skill.

4. Act with integrity, honesty and transparency.

5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

7. Take all reasonable steps to prevent and respond to sexual misconduct.

4.5.5. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, Diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

4.5.6. Tracheostomy Management process

✓ If required, an assessment will be conducted for each participant to develop a **Tracheostomy**

Management plan by a qualified health practitioner using **Form51.Tracheostomy Management Plan and Monitoring Form.**

- ✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.
- ✓ A qualified health practitioner will assess the participants if they require a Tracheostomy Management.
- ✓ A **Tracheostomy Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the **H&H Care**.
- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**
- ✓ An individualised **Tracheostomy Management plan** for each participant enables **H&H Care** to manage the general care, inner cannula changes, stoma care and secretion management.
- ✓ The participants will be provided with the support of the required Tracheostomy Management by one of **H&H Care**'s workers. In the **Tracheostomy Management Plan**, the requirements of a Tracheostomy Management will be documented and checked qualified with health practitioner.
- ✓ Any incident or emergency such as tracheostomy obstructions or accidental dislodgement which could progress to cardiorespiratory arrest is addressed in the **Tracheostomy Management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Tracheostomy Management plan**.
- ✓ The **Tracheostomy Management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ An immediate referral to the GP or local hospital will be required if any of the following happened:

    - Bleeding at the tracheostomy site or from the trachea

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- Difficulty breathing through the tube.
- Pain or a change in comfort level
- Redness or swelling around the tracheostomy.
- A change in the position of your tracheostomy tube

✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.

✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.

✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training for the relevant staff to know how to use it.

4.5.7. Monitoring and Review

✓ A health practitioner and workers will monitor, review and update and oversee the **Tracheostomy Management plan** continuously. The health professional will decide about the regularity of the **Tracheostomy Management plan** revision and **H&H Care** will support it.

✓ Also, the **Tracheostomy Management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.

✓ Reports will be provided about the **Tracheostomy Management plan** based on a regular monitor by the workers as the following:

- if there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new medication, different diet or recent illness.
- Any changes will be reported to the health practitioner and the action plan will be agreed.
- If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

4.5.8. Training of Staff (Health Practitioner and Workers)

✓ For provision of Tracheostomy Management services to the participants, **H&H Care** will

provide all workers with the specific required trainings.

- ✓ A qualified practitioner will train the support workers with all clients specific **Tracheostomy Management** training.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for tracheostomy management using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.
- ✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form68.Tracheostomy Management Capability** will be used to ascertain the capabilities of each worker.
- ✓ General care, inner cannula changes, stoma care and secretion management will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage a related any incident or emergency including the development of an emergency management plan covering emergencies such as tracheostomy obstructions or accidental dislodgement which could progress to cardiorespiratory arrest.
- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks, training and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix.**
- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ **Tracheostomy Management** training will be provided in accordance with the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **Tracheostomy Management** training and development of

workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.

- ✓ Every worker and **Management Team** member would be able to have the opportunity of participation in **Tracheostomy Management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Tracheostomy Management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form68.Tracheostomy Management Capability** for all workers.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

- The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

5- Urinary Catheter Management (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter) Policy & Procedure

5.1. Purpose

✓ The purpose of this policy & procedure is that each participant with a catheter receives appropriate catheter management relevant and proportionate to their individual needs.

5.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

5.3. Definitions

- **N/A**

5.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Form18. Participant Information Consent Form**
- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form18. Participant Information Consent Form**
- **Form52. Urinary Catheter Management Plan and Monitoring Form**

- **Form69. Urinary Catheter Care Capability**
- **Form85.Training Program for Module 1**

5.5. Policy & Procedure

5.5.1. What are Urinary Catheters?

✓ A urinary catheter is a hollow, partially flexible tube that collects urine from the bladder and leads to a drainage bag.

✓ Catheters are generally necessary when someone can't empty their bladder. If the bladder is not emptied, urine can build up and lead to pressure in the kidneys. The pressure can lead to kidney failure, which can be dangerous and result in permanent damage to the kidneys.

✓ A qualified health practitioner may recommend a catheter if you:

- cannot control when you urinate.
- have urinary incontinence.
- have urinary retention.

✓ The reasons why you may not be able to urinate on your own can include:

- Blocked urine flow due to bladder or kidney stones, blood clots in the urine, or severe enlargement of the prostate gland
- Surgery on your prostate gland
- Surgery in the genital area, such as a hip fracture repair or hysterectomy
- Injury to the nerves of the bladder
- Spinal cord injury
- A condition that impairs your mental function, such as dementia
- Medications that impair the ability of your bladder muscles to squeeze, which causes urine to remain stuck in your bladder.
- Spina bifida

5.5.2. What are the Types of Urinary Catheters?

✓ There are three main types of catheters: indwelling catheters, external catheters, and short-term catheters.

5.5.2.1. Indwelling Catheters (Urethral or Suprapubic Catheters)

- ✓ An indwelling catheter is a catheter that resides in the bladder. It may also be known as a Foley catheter. This type can be useful for short and long periods of time.
- ✓ A health practitioner usually inserts an indwelling catheter into the bladder through the urethra. Sometimes, a healthcare provider will insert the catheter into the bladder through a tiny hole in the abdomen. This type of indwelling catheter is known as a suprapubic catheter.
- ✓ A tiny balloon at the end of the catheter is inflated with water to prevent the tube from sliding out of the body. The balloon can then deflate when the catheter needs to be removed.

5.5.2.2. External catheters (Condom Catheters)

- ✓ A condom catheter is a catheter placed outside the body. It is typically necessary for men who don't have urinary retention problems but have serious functional or mental disabilities, such as dementia. A device that looks like a condom covers the penis head. A tube leads from the condom device to a drainage bag.
- ✓ These catheters are generally more comfortable and carry a lower risk of infection than indwelling catheters. Condom catheters usually need to be changed daily, but some brands are designed for longer use. These can cause less skin irritation than condom catheters that require daily removal and reapplication. A wound, ostomy, and continence nurse (WOCN) can help make these recommendations.

5.5.2.3. Short-Term Catheters (Intermittent Catheters)

- ✓ A person may only need a catheter for a short period of time after surgery until the bladder empties. After the bladder empties, it is necessary to remove the short-term catheter. Healthcare providers refer to this as an in-and-out catheter.
- ✓ In a home setting, people are trained to apply the catheter themselves or with the help of a caregiver. It can be done through the urethra or through a hole created in the lower abdomen for catheterization.

5.5.3. Catheter Selection

- ✓ Type and charriere gauge of an indwelling urinary catheter must be selected based on an assessment of the patient's individual characteristics, including:

- age
- any allergy or sensitivity to catheter material
- gender
- history of symptomatic urinary tract infection
- patient preference and comfort
- previous catheter history
- reason for catheterisation
- duration of catheter i.e. short/medium or long-term

5.5.4. H&H Care and staff Responsibilities

✓ **H&H Care** will:

- Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for urinary catheter changing and management.
- Ensure that all staff attend appropriate Urinary Catheter Management training and undergo documented competency assessment prior to performing the task unsupervised.
- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply Urinary Catheter Management
- Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
- Ensuring that any change in practice recommendations for Urinary Catheter Management are notified to all workers.
- Review and implement any area of improvement using **Form03.Improvement Report Form**
- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All Workers are Responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment**
- Attending relevant Urinary Catheter Management training provided by **H&H Care**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.
- Participating in audit programmes related to measuring the quality and safety of physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice.
- Completing correct documentation
- Reporting all incidents and complaint and per incident management procedure and complaint management procedure
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care** and the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.

2. Respect the privacy of people with disability.

3. Provide supports and services in a safe and competent manner, with care and skill.

4. Act with integrity, honesty and transparency.

5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

7. Take all reasonable steps to prevent and respond to sexual misconduct.

5.5.5. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, Diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

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5.5.6. Urinary Catheter Management Process

- ✓ If required, an assessment will be conducted for each participant to develop a **Urinary Catheter Management plan** by a qualified health practitioner using **Form52. Urinary Catheter Management Plan and Monitoring Form.**
- ✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.
- ✓ A qualified health practitioner will assess the participants if they require a Urinary Catheter Management.
- ✓ A **Urinary Catheter Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by **H&H Care**.
- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**
- ✓ An individualised **Urinary Catheter Management plan** for each participant enables **H&H Care** to manage the service users' needs, type of catheter and management regime and cover any specific support requirements the service user may require.
- ✓ The participants will be provided with the support of required Urinary Catheter Management by one of **H&H Care**'s workers. In the **Urinary Catheter Management Plan**, the requirements of a Urinary Catheter Management will be documented and checked qualified with health practitioner.
- ✓ Any incident or emergency such as catheter blockages, partial or complete dislodgement, infections or autonomic dysreflexia is addressed in the **Urinary Catheter Management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Urinary Catheter Management plan**.
- ✓ The **Urinary Catheter Management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.

- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training for the relevant staff to know how to use it.

5.5.7. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Urinary Catheter Management plan** continuously. The health professional will decide about the regularity of the **Urinary Catheter Management plan** revision and the **H&H Care** will support it.
- ✓ When making your assessment, consider the following:
    - Does the patient require, or is there still a need for, a urinary catheter?
    - Symptoms of a symptomatic urinary tract infection (cloudy or urine, fever, pain or burning with urination, pressure or cramping in the lower abdomen (usually middle) or back, strong need to urinate often, even right after the bladder has been emptied)
    - Is catheter securing device being used?
    - Can a trial without catheter be contemplated?
    - How often is the catheter being changed?
    - Problems with catheter bypassing, leakage or blockage?
    - Observation of meatal cleanliness
- ✓ Also, the **Urinary Catheter Management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about the **Urinary Catheter Management plan** based on a regular monitor by the workers as the following:
    - if there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new medication, different diet or recent illness.
    - Any changes will be reported to the health practitioner and the action plan will be agreed.

- If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

5.5.8. Training of Staff (Health Practitioner and Workers)

✓ For provision of Urinary Catheter Management services to the participants, **H&H Care** will provide all workers with the specific required trainings.

✓ A qualified practitioner will train the support workers with all clients specific **Urinary Catheter Management** training.

✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for urinary catheter care using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.

✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form69. Urinary Catheter Care Capability** will be used to ascertain the capabilities of each worker.

✓ Service users' needs, type of catheter and management regime and cover any specific support requirements the service user may require will be addressed in the training to cover any support requirements of the participant.

✓ Training and management support plans will detail how to manage a related any incident or emergency including the development of an emergency management plan covering emergencies such as catheter blockages, partial or complete dislodgement, infections or autonomic dysreflexia is addressed.

✓ Also, the training plan will include the identification of risks including actions and escalations.

✓ Records of induction, Mandatory Checks training and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix.**

✓ The workers will be notified by the **Management Team** to complete their refresher training

in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**

- ✓ **Urinary Catheter Management** training will be provided in accordance with the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **Urinary Catheter Management** training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity of participation in **Urinary Catheter Management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Urinary Catheter Management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form69. Urinary Catheter Care Capability** for all workers.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.
- ✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

    - The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

6- Ventilator Management Policy & Procedure

6.1. Purpose

✓ The purpose of this policy & procedure is that each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used.

6.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

6.3. Definitions

- **N/A**

6.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form18. Participant Information Consent Form**
- **Form53.Ventilator Management Plan and Monitoring Form**
- **Form84. Ventilator Management Capability**
- **Form85.Training Program for Module 1**

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6.5. Policy & Procedure

6.5.1. What is Mechanical Ventilation?

✓ Mechanical ventilation is a treatment to help a person breathe when they find it difficult or are unable to breathe on their own.

✓ A mechanical ventilator pushes airflow into the patient's lungs to help them breathe.

✓ **Mechanical ventilation may be:**

- Non-invasive ventilation is delivered in two ways:
  1. CPAP (continuous positive airway pressure)
  2. BiPAP (bilevel positive airway pressure)
- Invasive ventilation is when a person is attached to the ventilator by way of an artificial airway, either an endotracheal tube or tracheostomy.

6.5.2. Non-invasive ventilation

✓ Prior to commencement of Non-invasive patients are to be assessed for:

- capacity to protect his or her airway.
- level of consciousness (the exception being suitable "do not intubate" unconscious patients with hypercapnic COPD)
- anticipated level of compliance with interface
- capacity to manage their respiratory secretions and
- potential to recover to a quality of life acceptable to the patient. Failure to meet any one of these criteria renders the patient ineligible for NIV and review of alternate care or escalation of therapy should be undertaken.

6.5.3. H&H Care and staff Responsibilities

- Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for ventilator management.
- Ensure that all staff attend appropriate Ventilator Management training and undergo documented competency assessment prior to performing the task unsupervised.
- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice

Standards that apply Ventilator Management

- Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
- Ensuring that any change in practice recommendations for Ventilator Management are notified to all workers.
- Review and implement any area of improvement using **Form03.Improvement Report Form**
- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All workers are responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment**
- Attending relevant Ventilator Management training provided by **H&H Care**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.
- Participating in audit programmes related to measuring the quality and safety of physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice.
- Completing correct documentation
- Reporting all incidents and complaint and per incident management procedure and complaint management procedure
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care and** the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
2. Respect the privacy of people with disability.
3. Provide supports and services in a safe and competent manner, with care and skill.
4. Act with integrity, honesty and transparency.

5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

7. Take all reasonable steps to prevent and respond to sexual misconduct.

6.5.4. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, diversity, values and beliefs policy
- Privacy and Confidentiality policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

6.5.5. Ventilator Management Process

✓ If required, an assessment will be conducted for each participant to develop a **Ventilator Management plan** by a qualified health practitioner using **Form53.Ventilator Management Plan and Monitoring Form.**

✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.

✓ A qualified health practitioner will assess the participants if they require a Ventilator Management.

✓ A **Ventilator Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the **H&H Care.**

✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**

✓ An individualised **Ventilator Management plan** for each participant enables **H&H Care** to manage specifically to the service users' needs, type of ventilation and any specific support

requirements the service user may require.

- ✓ The participants will be provided with the support of the required Ventilator Management by one of the **H&H Care**'s workers. In the **Ventilator Management Plan**, the requirements of a Ventilator Management will be documented and checked qualified with health practitioner.
- ✓ Any incident or emergency such as respiratory distress and / or ventilator malfunction is addressed in the **Ventilator Management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Ventilator Management plan**.
- ✓ The **Ventilator Management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training to the relevant staff to know how to use it.

6.5.6. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Ventilator Management plan** continuously. The health professional will decide about the regularity of the **Ventilator Management plan** revision and **H&H Care** will support it.
- ✓ Also, the **Ventilator Management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about the **Ventilator Management plan** based on a regular monitor by the workers as the following:
    - if there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new

medication, different diet or recent illness.

- Any changes will be reported to the health practitioner and the action plan will be agreed.
- If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

6.5.7. Training of Staff (Health Practitioner and Workers)

✓ For provision of Ventilator Management services to the participants, **H&H Care will** provide all workers with the specific required trainings.

✓ A qualified practitioner will train the support workers with all clients specific **Ventilator Management** training.

✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for ventilator management using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.

✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form84. Ventilator Management Capability** will be used to ascertain the capabilities of each worker.

✓ Specifically, to the service users' needs, type of ventilation and any specific support requirements the service user may require will be addressed in the training to cover any support requirements of the participant.

✓ Training and management support plans will detail how to manage a related any incident or emergency including the development of an emergency management plan covering emergencies such as such as respiratory distress and / or ventilator malfunction.

✓ Also, the training plan will include the identification of risks including actions and escalations.

✓ Records of induction, Mandatory Checks training and organisational and professional development provided to all workers will be kept on each worker's record and on

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Form09.Training Matrix.

- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ **Ventilator Management** training will be provided in accordance with the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **Ventilator Management** training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity of participation in **Ventilator Management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Ventilator Management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form10.Worker Performance Assessment** for all workers.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

- The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

7- Subcutaneous Injections Policy & Procedure

7.1. Purpose

✓ The purpose of this policy & procedure is that each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

7.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

7.3. Definitions

- **N/A**

7.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form18. Participant Information Consent Form**
- **Form54. Subcutaneous Injections Plan and Monitoring Form**
- **Form73. SC Injection Capability**
- **Form85.Training Program for Module 1**

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7.5. Policy & Procedure

7.5.1. What is a Subcutaneous Injection?

✓ A subcutaneous injection is given into the fatty layer of tissue just under the skin. Subcutaneous injections are given with a very small needle that causes little or no discomfort.

7.5.2. Safe Use and Disposal of Sharps Equipment

✓ Sharps waste is a form of medical waste composed of used sharps, which include any device or object with the ability to puncture or lacerate the skin. Sharps waste is classified as biohazardous waste and must be carefully handled. Common medical materials treated as sharps waste are:

- Needles
- Syringes
- Glass (ampules)
- Vials (empty/partial)
- Razor blades
- Surgical blades

7.5.3. Safety and Disposal

✓ Safe use and disposal of sharps Care must be exercised during the use and disposal of sharps. Good practice in the disposal of sharps includes the following key points:

- All staff must dispose of sharps correctly.
- The person using the sharp is responsible for disposing of it in an approved sharps disposal container. The facility is responsible for ensuring the disposal of the container.
- The sharps container should be at the place where sharps are used so that they can be disposed of immediately after use.
- Sharps containers should NEVER be overfilled.
- Used needles should NEVER be recapped, cut or bent.
- All incidents or accidents involving needlestick injuries and/or accidents involving body fluids should be recorded and reported in line with local policies.

Safety performance criteria for sharps disposal containers are divided into four areas:

- **Functional:** Sharps disposal containers should be durable, leak resistant and puncture

resistant.

- **Accessible:** Sharps disposal containers must be accessible to workers who use, maintain, or dispose of sharps devices. This includes sufficient number, sufficient container volume, and safe access to the disposal opening on individual containers. Other important factors include convenient placement and (if necessary) portability of containers within the workplace.
- **Visible:** Sharps disposal containers should be visible to the workers who must use them. Container fill status and warning labels are also important visibility criteria.
- **Accommodative:** The sharps disposal container should accommodate the user, the facility, and the environment.

7.5.4. Management of Medication Policy

✓ **H&H Care** shall undertake actions to ensure:

- Records using **Form24.Medication Management Form** clearly identify the medication and dosage required by each participant, including all information required to correctly identify the participant and to safely administer the medication.
- All workers responsible for administering medication understand the effects and side-effects of the medication and the steps to take in the event of an incident involving medication.
- All medications are stored safely and securely, can be easily identified and differentiated, and are only accessed by appropriately trained workers.

7.5.5. Medication Administration

✓ At **H&H Care** we ensure that all participants receive their medication with less medication error as we provide this service through right person, at the right time, with the right dosage and records.

✓ Medications will be administered within a hygienic way including washing hands before administration.

✓ Workers should be alert at all times for any abnormal reaction of participants to the medications as it those might have side effects or reaction including, allergies, loss of consciousness, hypoxia or any kind of abnormal reaction.

✓ If any abnormal reaction is notified, the worker should notify a health professional or call 000.

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- ✓ Participants allergies and sensitivity should be always checked prior to the administration of medications.
- ✓ Workers shall ensure that the medications are not contaminated or expired.
- ✓ Prescribed doctors should be contacted if the workers are not sure about the effects or side effects of medications.
- ✓ Medication should be given to the participant in an alternative way if:
    - They are not conscious.
    - They are having seizure.
    - They are vomiting.
- ✓ Ensure that medications are provided from the right container that belongs to the participant.
- ✓ If any error occurred during the process of medication administration including missed or incorrect medication, the worker should immediately contact the participants' doctor.

7.5.6. H&H Care and staff Responsibilities

- ✓ **H&H Care** will:
    - Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for subcutaneous injections.
    - Ensure that all staff attend appropriate Subcutaneous Injections training and undergo documented competency assessment prior to performing the task unsupervised.
    - Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply Subcutaneous Injections
    - Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
    - Ensuring that any change in practice recommendations for Subcutaneous Injections are notified to all workers.
    - Review and implement any area of improvement using **Form03.Improvement Report Form**

- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All Workers are Responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment**
- Attending relevant Subcutaneous Injections training provided by **H&H Care**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.
- Participating in audit programmes related to measuring the quality and safety of physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice.
- Completing correct documentation
- Reporting all incidents and complaint and per incident management procedure and complaint management procedure
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care** and the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.

2. Respect the privacy of people with disability.

3. Provide supports and services in a safe and competent manner, with care and skill.

4. Act with integrity, honesty and transparency.

5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

7. Take all reasonable steps to prevent and respond to sexual misconduct.

7.5.7. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, Diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

7.5.8. Subcutaneous Injections Process

✓ If required, an assessment will be conducted for each participant to develop a **Subcutaneous Injections plan** by a qualified health practitioner using **Form54. Subcutaneous Injections Plan and Monitoring Form.**

✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.

✓ Subcutaneous injection will be administered by trained workers when written or phone orders by the health practitioner prescribing the medication is in place.

✓ A qualified health practitioner will assess the participants if they require a Subcutaneous Injections.

✓ A **Subcutaneous Injections Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the **H&H Care**.

✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**

✓ The participants will be provided with the support of the required Subcutaneous Injections by one of the **H&H Care**'s workers. In the **Subcutaneous Injections Plan**, the requirements of a Subcutaneous Injections will be documented and checked qualified with health practitioner.

✓ Any incident or emergency is addressed in the **Subcutaneous Injections plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the

Subcutaneous Injections plan.

- ✓ The **Subcutaneous Injections plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training for the relevant staff to know how to use it.

7.5.9. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Subcutaneous Injections plan** continuously. The health professional will decide about the regularity of the **Subcutaneous Injections plan** revision and **H&H Care** will support it.
- ✓ Also, the **Subcutaneous Injections plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about the **Subcutaneous Injections plan** based on a regular monitor by the workers as the following:
    - if there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new medication, different diet or recent illness.
    - Any changes will be reported to the health practitioner and the action plan will be agreed.
    - If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

7.5.10. Training of Staff (Health Practitioner and Workers)

- ✓ For provision of Subcutaneous Injections services to the participants, **H&H Care** will provide all workers with the specific required trainings.
- ✓ A qualified practitioner will train the support workers with all clients specific **Subcutaneous Injections training**.
- ✓ Workers must also have a basic understanding of the participant's related health condition. This requirement will be fulfilled by reviewing Form54. Subcutaneous Injections Plan and Monitoring for the relevant participant and discussing the health conditions with the relevant health practitioner.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for subcutaneous injections using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.
- ✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form73. SC Injection Capability** will be used to ascertain the capabilities of each worker.
- ✓ Any specific support requirements the service user may require will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage a related any incident or emergency.
- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks training and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix.**
- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**

- ✓ **Subcutaneous Injections training** will be provided in accordance with the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **Subcutaneous Injections training** and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity of participation in **Subcutaneous Injections training** and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Subcutaneous Injections are** available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form10.Worker Performance Assessment** for all workers.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

- The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

8- Complex Wound Management Policy & Procedure

8.1. Purpose

✓ The purpose of this policy & procedure is that each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs.

8.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

8.3. Definitions

- **N/A**

8.4. Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form18. Participant Information Consent Form**
- **Form55.Complex Wound Management Plan and Monitoring Form**
- **Form67.Pressure Area Care and Wound Management Capability**
- **Form85.Training Program for Module 1**

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8.5. Policy & Procedure

8.5.1. Definition

✓ A wound is a break in the skin, which may result from physical, mechanical or thermal damage, or develop as a result of an underlying medical or physiological disorder. For example:

- **Physical damage:** pressure ulcers
- **Mechanical damage:** abrasions, grazes, lacerations, knife wounds (surgery), bullet wounds or bites.
- **Thermal damage:** burns caused by flames, chemicals, radiation, friction or electricity and frostbite.
- **Medical or physiological disorders:** arterial or venous ulcers, autoimmune, endocrine, dermatological or haematological disorders, wounds associated with certain systemic infections, malignant diseases or neuropathy.

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8.5.2. Wound Types and classification

✓ Wound healing is a collective term for the physiological processes that repair and restore damaged skin tissue. Healing involves a complex series of molecular, cellular and chemical changes that result in inflammation, proliferation, granulation, remodelling and re-epithelialisation. Wounding and healing involve a whole-body response and the individual should be assessed and treated as a whole, not just the visible injury.

✓ **Acute Wounds:** including surgical and traumatic wounds. Clean surgical wounds will heal by primary intention where the skin edges are brought together using sutures, clips, adhesive strips or glue**.** Acute wounds proceed through the healing process in a timely manner as they generally have no underlying aetiology to disrupt a normal inflammatory response. Acute wounds that do not heal within four to six weeks or develop complications that delay healing may then be described as chronic.

✓ **Chronic Wounds:** including pressure ulcers, leg ulcers, fungating lesions, diabetic foot ulcers. They will heal by secondary intention, when skin edges are not brought together as demonstrated in cavity wounds, leg ulcers, sinuses, dehisced surgical wounds. Chronic wounds are generally characterised by the presence of underlying pathology and are generally associated with a persistent state of inflammation which prolongs or interrupts the healing process.

✓ **Non-Healing wounds:** For some patients healing is not achievable, for example, with some

foot/leg ulcers or malignant fungating wounds. The primary goals of care should be to maximise patient comfort and control symptoms such as exudate, odour and pain. The decision that a wound is 'non-healing' should be made by the multi-disciplinary team that includes the Tissue Viability Nurse Specialist.

8.5.3. H&H Care and staff Responsibilities

✓ **H&H Care** will:

- Ensure all relevant workers received a training which delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex wound management.
- Ensure that all staff attend appropriate Complex Wound Management training and undergo documented competency assessment prior to performing the task unsupervised.
- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply Complex Wound Management
- Ensure the availability, functioning and maintenance of all appropriate materials as well as equipment and that staff have appropriate training to use them.
- Ensuring that any change in practice recommendations for Complex Wound Management are notified to all workers.
- Review and implement any area of improvement using **Form03.Improvement Report Form**
- Ensure all staff participate in internal audit processes for deficits to be identified and action plans to be developed as per internal audit procedure.
- Ensuring all staff are familiar with relevant policies and procedures in their area of practice by providing them with the policies and procedures via Worker Handbook and induction.
- Share any learning from audits/incidents through meetings or emails.

✓ **All Workers are Responsible for:**

- Maintaining competency as per **Form09.Training Matrix** and **Form10.Worker Performance Assessment**
- Attending relevant Complex Wound Management training provided by **H&H Care**
- Bringing to the attention of appropriate senior staff any deficiencies in knowledge, ability, resources or equipment that may affect safe practice.

- Participating in audit programmes related to measuring the quality and safety of physical assessment and monitoring. This includes addressing any improvements required and celebration of good practice.
- Completing correct documentation
- Reporting all incidents and complaint and per incident management procedure and complaint management procedure
- Using equipment as per manufacturers' guidelines.

✓ **H&H Care** and the workers are committed to follow NDIS Code of Conduct as below:

1. Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
2. Respect the privacy of people with disability.
3. Provide supports and services in a safe and competent manner, with care and skill.
4. Act with integrity, honesty and transparency.
5. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
6. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
7. Take all reasonable steps to prevent and respond to sexual misconduct.

✓ It is **H&H Care**'s commitment to provide the required equipment as well as appropriate training to the relevant staff to know how to use it.

8.5.4. Privacy, Dignity and Respect

✓ In all examinations, operation and interventions the following policies must be followed:

- Culture, Diversity, Values and Beliefs Policy
- Privacy and Confidentiality Policy
- Decision -Making Policy
- Violence, Abuse, Neglect, Exploitation Policy
- Bullying, Harassment and Discrimination Policy

8.5.5. Complex Wound Management Process

✓ If required, an assessment will be conducted for each participant to develop a **Complex Wound**

Management plan by a qualified health practitioner using **Form55.Complex Wound Management Plan and Monitoring Form.**

- ✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.
- ✓ A qualified health practitioner will assess the participants if they require a Complex Wound Management.
- ✓ A **Complex Wound Management Plan** will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the **H&H Care**.
- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**
- ✓ The participants will be provided with the support of the required Complex Wound Management by one of the **H&H Care**'s workers. In the **Complex Wound Management Plan**, the requirements of a Complex Wound Management will be documented and checked qualified with health practitioner.
- ✓ Any incident or emergency is addressed in the **Complex Wound Management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Complex Wound Management plan**.
- ✓ The following factors which should be taken into consideration during assessment.

    - General physical and psychological health. Type and level of concurrent illnesses; systemic and local
    - Levels of bacterial colonisation and infection
    - Nutrition
    - Infection
    - Malignant disease
    - Diabetes
    - Poor blood supply/peripheral vascular disease/cardiovascular disease
    - Presence of foreign bodies
    - Excess debris
    - Anaemia

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- Rheumatoid Arthritis
- History of smoking and/or alcohol consumption

Different wounds will have different requirements and although there is no one 'ideal' dressing, there are key criteria which should be considered.

- Allow gaseous exchange of oxygen, carbon dioxide and water vapour.
- Provide thermal insulation – wound healing is temperature dependent.
- Impermeable to micro-organisms (in both directions)
- Free from particulate contaminants.
- Safe to use (non-toxic, non-sensitising, non-allergenic).
- Available (hospital and community) in a suitable range of forms and sizes.
- High absorption characteristics (for exuding wound).
- Acceptable to the patient
- Cost effective.
- Allow monitoring of the wound (transparent dressings).
- Non-adherent (many products are described as non-adherent but are low adherent).
- Capable of standardisation and evaluation.
- Provide mechanical protection.
- Non-flammable.
- Conformable and mouldable (especially over sacrum, heels and elbows).

✓ The **Complex Wound Management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.

✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.

✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.

✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.

8.5.6. Infection Control in Wound Management

✓ Disposable sterile instruments should be used when cutting dressing products that are applied to the wound. These should be disposed of in accordance with **Waste Management Policy &**

Procedure.

- ✓ In order to prevent cross-contamination to third parties, all wound care products should be handled and disposed of in accordance with **Waste Management Policy & Procedure.**
- ✓ In order to prevent cross-contamination within a wound, dressings should be changed at appropriate intervals, and in accordance with manufacturer's recommendations.
- ✓ Refer to **Infection Management section of this manual.**

8.5.7. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Complex Wound Management plan** continuously. The health professional will decide about the regularity of the **Complex Wound Management plan** revision and **H&H Care** will support it.
- ✓ All patients with a wound will have their wound dressing evaluated on a daily basis to determine if:
    - The wound dressing has become displaced.
    - Strike through of exudates to the surface of the dressing has occurred.
- ✓ Also, the **Complex Wound Management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about the **Complex Wound Management plan** based on a regular monitor by the workers as the following:
    - if there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons of the changes for example, new medication, different diet or recent illness.
    - Any changes will be reported to the health practitioner and the action plan will be agreed.
    - If an ongoing concern report the workers will report it to the health practitioner for assessment of the changes.

8.5.8. Training of Staff (Health Practitioner and Workers)

- ✓ For provision of Complex Wound Management services to the participants, the **H&H Care** will provide all workers with the specific required trainings.

- ✓ A qualified practitioner will train the support workers with all clients specific **Complex Wound Management training**.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for complex wound management using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.
- ✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form67.Pressure Area Care and Wound Management Capability** will be used to ascertain the capabilities of each worker.
- ✓ Any specific support requirements the service user may require will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage a related any incident or emergency.
- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks, training and organisational and professional development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix.**
- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas annually and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ **Complex Wound Management training** will be provided in accordance with the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **Complex Wound Management training** and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity of

participation in **Complex Wound Management training** and development activities.

- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Complex Wound Management are** available to workers as a part of training and development methods.

- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager.

- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form67.Pressure Area Care and Wound Management Capability** for all workers.

- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies, and procedures via using Participant Handbook.

- ✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

    - The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

9- Severe Dysphagia management Policy & Procedure

9.1. Purpose

✓ The purpose of this policy & procedure is to ensure that each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences.

9.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants receiving services and support.

9.3. Definitions

Word/Term	Definition
Dysphagia	Dysphagia is a medical term for any difficulty with swallowing.

9.4. Relevant Documents, Legislations, regulations and standards

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **National Disability Strategy 2010-2020**
- ***International Dysphagia Diet Standardisation Initiative***
- **Healthdirect Australia n.d. Dysphagia (difficulty swallowing).**
- **National Institute for Health and Clinical Excellence. Clinical guideline 32:** ***Nutrition***

support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. **London: NICE, February 2006. Last updated: 04 August 2017**

- **O'Leary, L., Cooper, S. A., & Hughes-McCormack, L. (2018). Early death and causes of death of people with intellectual disabilities: A systematic review. Journal of Applied Research in Intellectual Disabilities, 31(3), 325-342.**
- **Robertson, J., Chadwick, D., Baines, S., Emerson, E., & Hatton, C. (2018). People with intellectual disabilities and dysphagia. *Disability and rehabilitation*, *40*(11), 1345-1360.**
- **Robertson, J., Chadwick, D., Baines, S., Emerson, E., & Hatton, C. (2017). Prevalence of dysphagia in people with intellectual disability: a systematic review. *Intellectual and developmental disabilities*, *55*(6), 377-391.**
- **The Speech Pathology Association of Australia. 2012. Dysphagia Clinical Guideline.**
- **The Speech Pathology Association of Australia. n.d. Swallowing (fact sheet)**
- **Trollor, J. & Salomon, C. (2019). *A scoping review of causes and contributors to deaths of people with disability in Australia: Findings.* Faculty of Medicine, The Department of Developmental Disability Neuropsychiatry 3DN.**
- **Trollor, J., Srasuebkul, P., Xu, H., & Howlett, S. (2017). Cause of death and potentially avoidable deaths in Australian adults with intellectual disability using retrospective linked data. BMJ Open, 7(2), e013489.**
- **Royal College of Speech & Language Therapists n.d. *Dysphagia Overview***
- **Royal College of Speech & Language Therapists. (2019). *Dysphagia Guidance***
- **World Health Organisation (2019). *Medication Safety in Transitions of Care.***
- **International Classification of Diseases, 11th Revision (ICD-11) (2018). ICD-11 for Mortality and Morbidity Statistics.**
- **Form93. Severe Dysphagia Management Capability**
- **Form98. Oral Care Form**
- **Form85.Training Program for Module 1**

9.5. Policy & Procedures

9.5.1. Our Commitment

- ✓ **H&H Care** is committed to comply with the NDIS Code of Conduct when providing supports or services to participants with dysphagia or swallowing difficulties.
- ✓ **H&H Care** is committed to make sure that identify each participant requiring severe dysphagia

management.

- ✓ **H&H Care** provides supports and services in a safe and competent manner with care and skill.
- ✓ **H&H Care** is committed to make sure that with their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
- ✓ **H&H Care** promptly takes steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability.
- ✓ **H&H Care** is committed to make sure that each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies:

  (a)their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and

  (b)how risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.
- ✓ **H&H Care** is committed to delivery of safe, quality supports and services, and the management of risks associated with the supports **H&H Care** provide to participants.
- ✓ **H&H Care** is committed to make sure that appropriate policies and procedures are in place in relation to the support provided to each participant requiring severe dysphagia management, including training plans for workers supporting them.
- ✓ **H&H Care** is committed to make sure that each worker responsible for providing severe dysphagia management to participants has received training, relating specifically to each participant's needs, managing any severe dysphagia related incident and the high intensity support skills descriptor for severe dysphagia management, delivered by an appropriately qualified health practitioner with expertise in severe dysphagia management.

9.5.2. What is dysphagia?

- ✓ Dysphagia is a medical term for any difficulty with swallowing. A person may have dysphagia if they show signs and symptoms such as:

  - difficult, painful chewing or swallowing
  - a feeling that food or drink gets stuck in their throat or goes down the wrong way.
  - coughing, choking, or frequent throat clearing during or after swallowing.
  - having long mealtimes e.g., finishing a meal takes more than 30 minutes.
  - becoming short of breath when eating and drinking

- avoiding some foods because they are hard to swallow.
- regurgitation of undigested food
- difficulty controlling food or liquid in their mouth.
- drooling
- having a hoarse or gurgly voice
- having a dry mouth
- poor oral hygiene
- frequent heartburn
- unexpected weight loss
- frequent respiratory infections.

✓ A range of disabilities and medical conditions are associated with dysphagia, such as congenital syndromes, neuromuscular dysfunctions such as cerebral palsy, neurological disorders such as stroke, cancer, and chronic lung disease.

✓ Many people with disability are also prescribed medications on a long-term basis, which can increase risk of swallowing problems.

9.5.3. Risks associated with dysphagia.

✓ Because of the high rates of dysphagia in people with disability, they have an increased risk of respiratory problems or choking as well as poor nutrition. Swallowing problems can allow food, drinks or saliva to get into lungs rather than the stomach, which can cause aspiration pneumonia. Studies have found that aspiration pneumonia and choking were among the most common respiratory causes of death for people with disability in NSW, QLD and VIC.

✓ The risk of accidental choking can be reduced by following expert advice from speech pathologists and other specialists. Early identification and management of swallowing problems can minimise risks of health complications.

9.5.4. How is Dysphagia diagnosed?

✓ Several Health Practitioners are involved in diagnosing and managing Dysphagia. These may include but are not restricted to:

1. **General Practitioners** When a person suspects that they have a swallowing problem **H&H Care** discuss this with their GP. A GP will begin the assessment process to

determine the cause of the swallowing problem. The GP will often co-ordinate management between all the specialists involved and has a key role in monitoring management. The GP may arrange some tests to aid in diagnosis, depending on the symptoms presented (e.g., barium swallow, modified barium swallow), and may at this stage refer the person to a specialist for further investigations. The referral might be to a Speech Pathologist, Neurologist, Surgeon or Gastroenterologist depending upon the type of Dysphagia suspected.

2. **Speech Pathologist** Speech Pathologists have a pivotal role to play in the assessment and management of oral-pharyngeal* Dysphagia. The role of the speech pathologist is to diagnose and manage the swallowing difficulty. This includes taking a case history, examining the oral structures, assessing the muscles of the mouth and throat and doing a mealtime assessment. Other assessments that may follow include a modified barium swallow* (x-ray of the swallowing process while the person is eating or drinking). Once the person has been fully assessed the speech pathologist will develop a management plan tailored to an individual's needs. Speech Pathologists liaise with other team members to ensure holistic management and are involved in educating people with Dysphagia and their family on how to manage the condition.

3. **Gastroenterologist** The Gastroenterologist predominantly assesses the oesophageal phase of the swallow. Following their assessment, they will decide whether further assessment is required. This may include an x-ray test (barium swallow*) or endoscopy/ gastroscopy. In some cases, a surgical procedure may be required to treat the condition causing the dysphagia.

4. **Dietitian** The Accredited Practising Dietitian (APD) provides nutritional assessment, monitoring and a management plan for people with swallowing difficulties, whilst working closely with other health professionals. This helps the person with Dysphagia to meet their nutrition and fluid needs while enjoying food variety and nutritionally balanced and safe meals. The Dietitian advises on the most appropriate form of nutrition and provides guidance on the need for vitamin and mineral supplements and commercial and non-commercial food supplements. The Dietitian may give advice on other diets such as high energy, high protein, diabetic, low lactose or high fibre as needed. The Dietitian can also assist with shopping tips, menu planning and food preparation to increase variety and help achieve a healthy diet.

5. **Other Team Members** May include Nurses, Ear Nose and Throat Specialist and

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Surgeon, Neurologist, Respiratory Specialist, Dentist, Chemist/Pharmacist, Occupational Therapist and Physiotherapist.

9.5.5. Risk factors & problems associated with Dysphagia.

✓ If Dysphagia is not identified or managed properly it can affect a person's quality of life. Together with the participant, the Dysphagia health care team aims to minimise the health risks of Dysphagia whilst still providing essential nutrition. This includes maintaining adequate hydration and nourishment whilst encouraging food enjoyment and safe swallowing.

1. **Malnutrition** People who have Dysphagia may not be able to eat a balanced and nutritionally adequate diet. This may be due to difficulty communicating their food preferences or dependence upon others for help with eating, cooking and/or shopping. The person may limit the variety in their diet, selecting only the foods that are easy to swallow. In addition, slow eating and the extended time taken to complete meals may also contribute to malnutrition. As a result, the person may not receive all the nutrition they need to maintain a desirable weight. It is recommended that a GP or other health care team member monitors weight and that a Dietitian is consulted to provide advice on maintaining or gaining weight and to ensure the person is receiving an adequate diet.

2. **Dehydration** In some types of Dysphagia, liquids can be the hardest to swallow. This can lead to not enough fluids being consumed and may result in dehydration and/ or constipation. Sometimes, fluids may need to be thickened to make swallowing easier. This should only be done if recommended by a Speech Pathologist. Dehydration can also occur because of drooling, which may result from a coexisting or additional disease. Thus, fluid needs may be much higher than usual.

3. **Aspiration** Aspiration occurs when food, fluid, saliva or stomach contents enter into the airway. This can happen to anyone, regardless of whether they have Dysphagia or not. The body's natural response is to cough. Coughing clears the airway and prevents material from entering the lungs. Aspiration is a concern when a person cannot cough or can only cough weakly. "Silent Aspiration" where even though the food and fluid has gone down the wrong way, the person does not cough at all, and the only indicator may be recurring chest infections. It is also a concern when a person aspirates frequently or in large amounts. In these instances, "aspiration pneumonia" may result.

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If you think you or someone you care for may have any or all the above problems, please discuss this with a doctor as soon as possible.

4. **Oral Hygiene** Oral hygiene is important for stimulating salvia flow and taste. It is essential that the mouth and teeth are cleaned after meals as food residue in the mouth can be inhaled posing a choking risk after the meal has finished. Research shows that poor oral care can increase the harmful bacteria in the saliva, which if aspirated, can lead to pneumonia. Painful gums and teeth can also affect the ability to chew. Everyone should have ongoing oral care, regardless of whether they only eat small frequent meals, have only a few teeth or only dentures. Even if a person receives most of their nutrition through a tube, regular oral care is important. Regular visits to the dentist and an oral care plan will help to reduce complications. **Form98. Oral Care Form** will need to be completed for each participant who has been diagnosed with severe dysphagia.

9.5.6. How to manage Dysphagia?

- ✓ The way in which Dysphagia is managed depends on the cause of the dysphagia; that is, whether the swallowing difficulties are related to the mouth and throat or to the oesophagus.
- ✓ There are many successful treatment and management alternatives available. In some cases, treatment may not cure the Dysphagia but will improve a person's ability to eat and drink safely. Some issues can be dealt with easily. If chewing is difficult because of loose dentures, consultation with a Dentist may be all that is required. Sometimes it is advisable to change the texture of the diet, alter seating and positioning during meals, or use special cutlery or crockery.
- ✓ A set of techniques or exercises may also be recommended. If narrowing of the food passage is identified, this can nearly always be treated successfully by stretching the oesophagus with an instrument at the time of gastroscopy. In severe cases where these recommendations do not help and nutrition and hydration are compromised, a feeding tube may be inserted directly into the nose or the stomach to provide the fluids and/or nutrition.
- ✓ It is always recommended that a person with swallowing difficulty have an individual plan developed. Listed below are some of the recommendations that may be made.

1. **Posture and positioning Correct**

positioning is one of the simplest yet most effective forms of management for people who have swallowing problems. Correct positioning helps to protect the airway from aspiration and helps improve swallowing and breathing efficiency. An Occupational Therapist or Physiotherapist may be involved in helping a person achieve good positioning. Some general principles include:

- Ensure the person is sitting up as straight as possible with shoulders level.
- The person should be comfortable with their head tilted slightly forward when eating or drinking
- If food feels like it is sticking in the food passage / chest area, for even a short time, getting up and stretching may help the food to slip down into the stomach. Other changes to head position may be recommended as part of an individual management plan. For this reason, it is important to follow any professional guidelines provided.

2. **Eating environment**

Creating a positive mealtime environment can be a simple but effective way to assist the person experiencing swallowing difficulty. Some of the following ideas are worth considering.

- Where possible allow the person to eat independently. A range of adaptive equipment is available. An Occupational Therapist can advise on what is most suitable.
    i. Ensure that the person can reach food and fluids
    ii. Ensure that a participant who is at risk of coughing and choking or aspirating is not left to eat on their own
- Make sure there is plenty of time to eat so the person is not rushed.
- Provide a peaceful and quiet surrounding that enables the person to relax.
- If the person appears tired allow for short rests, they may be able to start again.
- If the person has dentures, make sure they fit properly.
- To reduce the risk of reflux, eat the main meal approximately two to three hours before going to bed.

3. **Food and drink modification**

Changes to food texture may assist in the management of Dysphagia. The appropriate consistency of food for each person will depend on the type and severity of Dysphagia. Food may need to be chopped or blended after specific recommendations are made

by a speech pathologist. A dietitian can explain in greater detail how the different foods and meals can be modified. Some general principles for texture modified foods include:

- Make sure the food looks as appetising as possible.
- Puree, and serve meat and vegetables separately, so they look appetising and can be appreciated for their own tastes.
- Use deep-coloured vegetables such as broccoli and sweet potato or carrot and pumpkin, to enhance appeal.
- Make sure the food is not too solid or sloppy. In some cases, food may need to be chopped or cut up. Textures must be tailored to suit individual needs.
- Serve foods at the correct temperature as this maximises taste
- Ensure a variety of foods are eaten from all food groups. • Changing the size of the mouthful (reducing it or increasing it according to the person's needs) may help.
- Encourage intake of fluids (thickened or thin as recommended by the Speech Pathologist).

Thickening of fluids is an example of texture modification. Thickening of fluids may increase swallowing difficulty in some conditions. Altering the consistency of fluid or texture of food should only be done after a speech pathology evaluation. For people on long term texture modified diets it is recommended that they are regularly monitored by their Doctor and a Dietitian, to ensure that they are eating a well-balanced and nutritionally adequate diet.

4. Assisting someone to eat

Some people may be unable to eat independently and will require assistance with eating. Recommendations should be tailored to suit the needs of the individual. Below are some general tips that will assist in feeding someone:

- Do not rush or hover over the person. • Sit in front of the person so they can see you. This also promotes good positioning for the person you are assisting.
- Let the person see and smell the food before you start feeding and describe it to them if they cannot see it.
- Experiment with different amounts of food, some people do better with teaspoon amounts, other with larger quantities.
- Place food in the middle of the mouth on the front third of the tongue and push the tongue down to prevent the tongue getting in the way of swallowing. Others will find it easier to eat if food is placed into the side of the mouth.

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- Encourage the person to close their lips when swallowing.
- Ensure the mouth is empty before offering next portion.
- Ensure the person is upright for at least 20 minutes after they have finished their meal.

5. **Proper utensils for safe eating**
   There are several specialised utensils that have been developed to assist carers and people with Dysphagia at mealtime. Plate guards and scoop bowls may allow a person to remain independent and eat by themselves. Built up handles for forks and spoons are useful for people eating independently who have a poor grip. Devices such as slings, arm and finger cuffs can all be useful to promote independence. Modified cups assist individuals so that they do not have to tip their head as far back to get the drink into their mouth. Referral to an Occupational Therapist will assist individuals to choose appropriate utensils and a Physiotherapist can assist in advising on correct positioning of the participant.

6. **Rehabilitation and Compensatory techniques**
   In addition to some of the other strategies mentioned, the Speech Pathologist may recommend techniques to improve or assist with swallowing. These may include exercises to strengthen the muscles used in swallowing, changes to head position, use of biofeedback devices or techniques to assist with swallowing. Discuss these options with your speech pathologist.

9.5.7. Severe Dysphagia Management Process

✓ If required and with the participant's consent, an assessment will be conducted for each participant to develop a **Form83. Severe Dysphagia Management plan by** a qualified health practitioner.

✓ A Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training can be the health practitioner relevant to this work.

✓ A qualified health practitioner will assess the participants if they require a Severe Dysphagia management.

✓ A **Severe Dysphagia Management Plan** using **Form83. Severe Dysphagia Management plan**

will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the **H&H Care**.

- ✓ Before healthcare professionals examine, treat or care for any participant, **H&H Care** must obtain their valid consent using **Form18. Participant Information Consent Form** through **Participant Information Consent** section of **Information Management Policy & Procedure.**
- ✓ In the process of a personal care provision, if the workers role involves a routine Severe Dysphagia management, a different level of support will be required when the participant has been assessed as 'at risk' of faecal incontinence or severe constipation through **Severe Dysphagia management plan**.
- ✓ An individualised **Severe Dysphagia management plan** for each participant enables **H&H Care** to manage the specific Severe Dysphagia management.
- ✓ The participants will be provided with the support of required Severe Dysphagia management by one of **H&H Care**'s workers. In the **Severe Dysphagia Management Plan**, the requirements of a bowel management will be documented and checked qualified with health practitioner.
- ✓ Any incident or emergency related to the Severe Dysphagia is addressed in the **Severe Dysphagia management plan**. In addition, the escalation of any incident or emergency in a timely manner will be identified in the **Severe Dysphagia management plan**.
- ✓ The **Severe Dysphagia management plan** will include the identification of risks including actions and escalations. This will include both **H&H Care** internal reporting and identified reporting requirements within the service users' treating team.
- ✓ Health status of participants will be checked and reviewed regularly by a qualified health practitioner.
- ✓ All incidents will be recorded and reported as per **Incident Management Policy & Procedure**.
- ✓ All complaint will be recorded and reported as per **Feedback and Complaints Management Policy & Procedure**.
- ✓ It is **H&H Care**'s commitment to provide the required equipment as well as an appropriate training to the relevant staff to know how to use it.

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9.5.8. Monitoring and Review

- ✓ A health practitioner and workers will monitor, review and update and oversee the **Severe Dysphagia management plan** regularly. The health professional will decide about the regularity of the **Severe Dysphagia management plan** revision and **H&H Care** will support it.
- ✓ Also, the **Severe Dysphagia management plan** will be reviewed if there is any change in the participants' needs like any incidents or emergencies.
- ✓ Reports will be provided about the **Severe Dysphagia management plan** based on a regular monitor by the workers.

9.5.9. Training of Staff (Health Practitioner and Workers)

- ✓ For provision of Severe Dysphagia management services to the participants, **H&H Care** will provide all workers with the specific required trainings.
- ✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for Severe Dysphagia Management using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.
- ✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form93. Severe Dysphagia Management Capability** will be used to ascertain the capabilities of each worker.
- ✓ The service users' needs and expectations as well as type of bowel management will be addressed in the training to cover any support requirements of the participant.
- ✓ Training and management support plans will detail how to manage any incidents or emergencies including the development of an emergency management plan covering emergencies.
- ✓ Also, the training plan will include the identification of risks including actions and escalations.
- ✓ Records of induction, Mandatory Checks, training and organisational and professional

development provided to all workers will be kept on each worker's record and on **Form09.Training Matrix** or the **Worker's file.**

- ✓ The workers will be notified by the **Management Team** to complete their refresher training in these areas regularly and keep track of the workers training currency through **Form09. Training Matrix form.**
- ✓ **Severe Dysphagia management** training will be provided in accordance with the Annual Training Schedule, maintained by the **Management Team**.
- ✓ An ongoing opportunity for **Severe Dysphagia management** training and development of workers will be provided by **H&H Care** that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.
- ✓ Every worker and **Management Team** member would be able to have the opportunity of participation in **Severe Dysphagia management** training and development activities.
- ✓ On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to **Severe Dysphagia management** are available to workers as a part of training and development methods.
- ✓ Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager using **Form10.Worker Performance Assessment**.
- ✓ A health practitioner who has been deemed competent, will undertake the competency assessment using the **Form83. Severe Dysphagia Management plan for** all workers.
- ✓ Training will relate specifically to the service users' needs, type of bowel management and cover any specific support requirements the service user may require.
- ✓ All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

✓ Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand. Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

- The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. https://www.tisnational.gov.au/

9.5.10. ways to support participants with dysphagia.

✓ There are several steps **H&H Care** can take to provide safe and competent supports to participants with dysphagia to try to avoid the risks of choking or aspiration pneumonia, which could lead to the participant's death or serious health complications.

✓ While every participant will have different support needs for their dysphagia, there are some steps the NDIS Commission recommends, detailed below.

9.5.10.1. Ensure staff know dysphagia symptoms and risks.

✓ Staff have training to improve their knowledge and develop skills so they can support participants who may have dysphagia.

✓ Staff must understand how to identify and respond to early signs and symptoms of dysphagia and how to support the person to have safe and enjoyable meals.

9.5.10.2. Support participants with possible swallowing difficulties to be assessed for dysphagia.

✓ If a participant shows any sign or symptom of swallowing difficulty, **H&H Care** should support them to consult a GP and a speech pathologist promptly, so they can assess their swallowing and mealtime assistance needs as well as review their general health.

9.5.10.3. Support participants with dysphagia to have a mealtime management plan.

✓ **H&H Care** should support a participant with dysphagia to have a mealtime management plan written by a health professional. A speech pathologist can prescribe and recommend specific actions for a person to eat and drink safely and develop a mealtime management plan for their needs. They will also specify when plans need to be reviewed.

✓ A dietitian may contribute to the mealtime management plan by ensuring there is enough nutrition and hydration in the recommended modified meals.

✓ Mealtime management plans may include recommendations to:

- improve the seating and positioning supports for a person's safe positioning during meals
- modify food textures to make the food easier to chew and swallow
- provide specific mealtime assistance techniques, including any reminders about a safe rate of eating, or a safe amount of food in each mouthful
- respond to coughing or choking and make sure risks are monitored while a person is eating or drinking
- use feeding equipment for people who have severe dysphagia, including assistive technology such as spoons, plates, cups and straws; and tube feeding equipment for those with severe or profound difficulty swallowing who require tube feeding.

9.5.10.4. Support people with dysphagia to eat and drink safely during mealtimes.

✓ **H&H Care** ensure that:

- staff receive the necessary training and support to implement a mealtime management plan or other mealtime recommendations for swallowing safely and mealtime management
- meals for participants with dysphagia, and medication taken orally, are prepared as directed and mealtime supports, and assistance are provided as recommended by health professionals.
- trained staff are available to monitor people with dysphagia during mealtimes
- staff know how to respond if a participant starts to choke during mealtimes, including when they should call an ambulance
- mealtime safety issues for people with dysphagia are regularly considered in staff meetings and addressed in day-to-day procedures, participants' documentation, and plans for transition to hospital

9.5.10.5. Ensure mealtime management plans are regularly reviewed.

✓ Mealtime management plans need to be reviewed regularly. **H&H Care** support a participant with dysphagia to arrange this.

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- ✓ The speech pathologist who develops a mealtime management plan will include how often it should be reviewed and may specify the circumstances in which **H&H Care** should request a review.

9.5.10.6. Ensure medications are regularly reviewed.

- ✓ **H&H Care** supports a participant with dysphagia to have their medications regularly reviewed by a GP, the prescribing medical practitioner, or a pharmacist to assess whether the medications may affect their swallowing.

- ✓ The review can also determine if the medications are suitable when managing risks around swallowing. Several medications have impacts on swallowing, particularly medications for epilepsy or mental health conditions.

9.5.11. Medicines associated with swallowing problems.

9.5.11.1. What you should consider

- ✓ People who take **medicines associated with swallowing problems** may be at risk of choking while eating or drinking.

- ✓ People taking **antipsychotic medicines** may be at a particular risk of muscular reactions that can affect swallowing:

    - in the **first few days after starting** the medicine
    - after an **increase in the dosage** of antipsychotic medicine or
    - when they have been taking antipsychotic medicines for a long time, or **taking combinations** of antipsychotic medicines or antipsychotic medicines in combination with other drugs that can affect swallowing

- ✓ To minimise the person's risk of choking, a mealtime management plan is recommended when a person is having trouble swallowing that may be a result of taking these medicines. A mealtime management plan may consider:

    - when the person should be assessed, monitored and reviewed by a speech pathologist for mealtime and swallowing safety and support needs
    - whether the person should be supervised or assisted during mealtimes
    - changing the foods offered to the person, such as foods and drinks that are easy to

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chew and swallow, or other food and drink modifications as recommended by a speech pathologist
- how the person is positioned during and after mealtimes
- the amount of food and pace of each mouthful during mealtimes
- the environment during mealtimes, for example avoiding a noisy environment which can be distracting
- regularly reviewing mealtime management plans, especially if there are ongoing issues with aspiration.

✓ If a person's swallowing problems persist while continuing to take these medicines, speak to the prescribing medical practitioner to get a medical review.

✓ Also consider:

- whether the medicine should continue to be prescribed to the person
- whether the current medicine could be changed to another medicine of the same type
- if the medicine is to continue - whether the dose can be reduced, or if dividing the dose over the day may reduce swallowing problems
- whether to seek an independent medical review, particularly if the person requires medical attention for aspiration pneumonia, experiences frequent coughing or sounds 'gurgly' or chesty during or after meals.

9.5.12. What medicines are associated with swallowing problems?

✓ The major types of commonly prescribed medicines that have the potential to affect swallowing and cause problems while eating or drinking are:

➢ **Antipsychotic medicines are associated with swallowing problems.**

The antipsychotic medicines listed below can cause swallowing problems.
- Aripiprazole (e.g., Abilify)
- Asenapine (e.g., Saphris)
- Chlorpromazine (e.g Largactil)
- Flupentixol (e.g., Fluanxol)
- Haloperidol (e.g., Haldol, Serenace)
- Lurasidone (e.g., Latuda)
- Olanzapine (e.g., Zyprexa, APO-Olanzapine)
- Paliperidone (e.g Invega)

- Quetiapine (e.g., Seroquel)
- Risperidone (e.g., Risperdal, Rixadone)
- Trifluoperazine (e.g., Stelazine)
- Ziprasidone (e.g., Zeldox)

➢ **Benzodiazepine medicines are associated with drowsiness.**

✓ The benzodiazepines listed below can cause drowsiness, and therefore have the potential to influence swallowing by association, especially during eating.

- Alprazolam (e.g., Alprax, Kalma, Xanax, Zamhexal)
- Bromazepam (e.g., Lexotan)
- Clobazam (e.g., Frisium)
- Clonazepam (e.g., Rivotril, Paxam)
- Diazepam (e.g., Ducene, Valpam)
- Flunitrazepam (e.g., Hypnodorm)
- Lorazepam (e.g., Ativan)
- Midazolam (e.g., Hypnovel)
- Nitrazepam (e.g., Mogadon, Alodorm)
- Oxazepam (e.g., Alepam, Murelax, Serepax)
- Temazepam (e.g., Normison, Temaze, Temtabs)

➢ **Antiepileptic medicines are associated with drowsiness.**

✓ The antiepileptic medicines listed below can cause drowsiness, and therefore have the potential to influence swallowing by association, especially during eating.

- Carbamazepine (e.g., Tegretol, Teril)
- Clonazepam (e.g., Rivotril, Paxam)
- Gabapentin (e.g., Neurontin, Nupentin, Pendine, Gabaran, Gantin)
- Lamotrigine (in combination with other medicines, e.g., Elmendos, Lamictal, Lamidus, Lamitrin, Lamogine)
- Phenobarbital (e.g., Phenobarb)
- Pregabalin (e.g., Lyrica)
- Valproate (in combination with other medicines, e.g., Epilim, Valpro)
- Vigabatrin (e.g., Sabril)

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9.5.13. Commonly prescribed medicines which can affect swallowing.

✓ Preliminary data reported to us has identified that the three most prescribed medicines used for the purposes of behaviour support are types associated with swallowing problems. These medicines are:

- Risperidone (antipsychotic)
- Sodium valproate (antiepileptic)
- Olanzapine (antipsychotic)

10- Diabetes Management Policy & Procedure

10.1. Purpose

✓ The purpose of this policy and procedure is that each participant requiring diabetes management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs in line with their care plan.

10.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

10.3. Definitions

Word/Term	Definition
Diabetes Mellitus	Diabetes Mellitus is a chronic, metabolic disorder characterised by abnormalities in carbohydrate, protein and fat metabolism resulting in defects in the production of insulin secretion, insulin action or both. There are three types of Diabetes Mellitus - **Type 1 Diabetes** - **Type 2 Diabetes** - **Gestational Diabetes**
Type 1 Diabetes	Individuals with type 1 diabetes need to take insulin either by a few insulin infusions over the course of the day or through a continuous infusion via an insulin pump. This happens when the pancreas cannot make the chemical insulin. Insulin is important to permit the body to involve glucose for energy. It is viewed as an autoimmune condition. This implies the body's own invulnerable framework obliterates the cells that make insulin.
Type 2 Diabetes	They might have to take these medicines over the course of the day. This happens when the pancreas actually makes insulin, however, it may not make enough, or the insulin that is being made doesn't take care of its business appropriately. If glucose cannot enter the cells, it develops in the circulation system and causes blood glucose levels to rise.

Gestational Diabetes	Refers to diabetes that is first picked up in pregnancy. Gestational diabetes occurs when the mother's body is unable to cope sufficiently with the increased level of hormones from the placenta. These hormones block the action of the mother's insulin. This is called insulin resistance.
Hyperglycaemia	Hyperglycaemia (high blood glucose) is when blood glucose levels (BGLs) are above target for a period of time and may result in thirst, frequent urination and blurred vision. It may also affect thinking, concentration and problem-solving.
Blood Glucose Test (BGT)	A blood glucose test is a blood test that screens for diabetes by estimating the degree of glucose (sugar) in an individual's blood.

10.4. Relevant Documents, Legislations, Regulations and Standards

- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission.** ***NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Infection prevention and control in residential and community aged care (National Health and Medical Research Council)**
- **Form09.Training Matrix**
- **Form56.High-Risk Participant Register**
- **Form93.Diabetes Care Plan and Morning Form and Morning Form**
- **Form04.Incident Report**
- **Form97. Diabetes Capability**

10.5. Policy & Procedure

✓ Diabetes is co-produced and managed by the nursing and medical staff, as well as allied health professionals (such as podiatrists, dieticians, and speech pathologists) as needed, and in consultation with the client and/or representative.

✓ The management's goal is to reduce the prevalence of diabetes complications while also improving the client's quality of life. Diabetes management is carried out by competent and

trained personnel in accordance with medical directives as well as **H&H Care's** policies and procedures.

- ✓ This is a prerequisite for injecting when a diabetic requires assistance in implementing their diabetes management plan and requires regular injections that they cannot administer themselves.
- ✓ **H&H Care** must ensure that each participant who is receiving supports and suffers from Diabetes they are well supported and cared for by **H&H Care** and has a current diabetes management plan prepared tailored to their individual needs.

10.5.1. H&H Care and Staff Responsibilities

- ✓ The Operations Manager is responsible for:
  - Ensure all relevant workers received training that is delivered by an appropriately qualified health practitioner or person that meets the high-intensity support skills descriptor for diabetes management on an annual basis. This includes:
    - Diabetes: Everyday Care
    - Diabetes: Managing Complications and Use of Medications
    - BGL testing competency - Documenting the training on the Staff Training Register
    - Monitor the client's BGL reading and reporting to the GP for review if required
    - Liaising with the GP in the management of the care plan
    - Performing follow up phone calls if the client was hospitalised.
  - Ensure that all staff attend appropriate diabetes management training and undergo documented competency assessment prior to performing the task unsupervised, this is recorded on **Form97. Diabetes Capability** and completion will be done during the staff onboarding process.
  - Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply to diabetes management.
  - Ensure the availability, functioning and maintenance of all appropriate materials such as equipment have appropriate training to use them.
  - Ensuring that any change in practice recommendations for diabetes management are notified to all workers.

- ✓ **Nurse's Responsibility:**
  - ✓ Following the client's diabetes management plan
  - ✓ Perform duties within the scope of practice
  - ✓ Recognising symptoms relates to the complications of diabetes and managing in accordance with the policy and procedures
  - ✓ Manage hypoglycaemic and hyperglycaemic episodes in accordance with medical directives and **H&H Care's** policy and procedures.

10.5.2. Diabetes Management Plan

- ✓ Each participant with Diabetes must have a Diabetes Management Plan.
- ✓ Regardless of if a participant does or does not have a diabetes care plan in place from their health care practitioner **H&H Care** will still be required to have **FORM93.Diabetes Care Plan and Morning Form.**
- ✓ The participant or their parent/guardians must provide a Diabetes Management Plan which has been completed by their medical practitioner. If the participant does not have a completed Diabetes management plan, the Diabetes Management Plan must be followed in the event of an incident relating to the participant's specific health care need which is reflected on **Form93.Diabetes Care Plan and Morning Form and Morning Form**
- ✓ Form93**.Diabetes Care Plan and Morning Form and Morning Form** will be completed by the applicable trained person of **H&H Care**

- ✓ The Diabetes Management Plan consists of the following:
  - Details of the specific health care need and the severity of the condition
  - Any current medication prescribed to participant
  - Aim target BGL levels
  - BGL testing frequency
  - Reportable ranges
  - The response required from **H&H Care** in relation to the emergence of symptoms
  - Any medication required to be administered in an emergency
  - The response required if the participant does not respond to initial treatment
  - When to call an ambulance for assistance.
  - Emergency procedures e.g. in case of hypoglycaemia "Hypo" (low blood glucose level)
  - Diabetes Management Strategies

- ✓ **Form93.Diabetes Care Plan and Morning Form** is to be reviewed by the Operations Manager/ Supervisor and the General Practitioner every 3 months or more frequently if indicated.
- ✓ All diabetic clients requiring management must be listed on **Form56.High Risk Participant Register**.

10.5.3. Medication Administering:

- ✓ Should the participant require assistance with the administration of oral hypoglycaemias and/or insulin, the order of this must be clearly documented on **Form93.Diabetes Care Plan and Morning Form and Morning Form**
- ✓ This is also applicable if PRN (when required) glycogen orders must be prescribed in the PRN (when required) section of the drug chart, where indicated by the GP.
- ✓ To avoid bruising from insulin administration, the area it is administered to will need to be rotated so it is not given in the same area of the body every time.
- ✓ Insulin should be withheld if BGL is 4mmol (or as stated by GP) or less. Giving insulin when BGL is this low could result in hypoglycaemia. Give jellybeans or a sugary drink if awake.

This may occur due to:

- Not enough insulin or tablets
- Infection, fever, illness
- Emotional stress
- Trauma
- Too much food (or sugar)

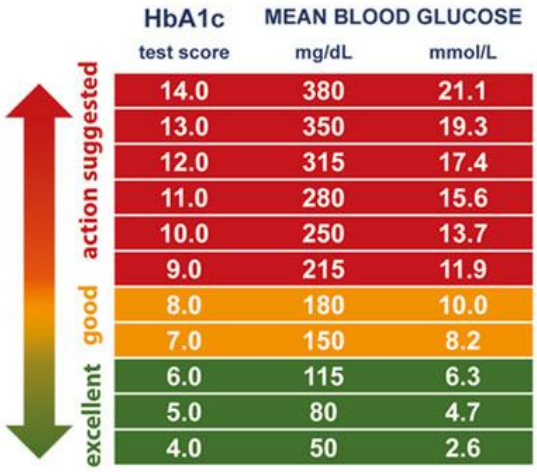
Signs of hyperglycaemia include:

- Increase in thirst and urination
- Large amount of sugar in the blood or urine
- Ketones on the urine
- Weakness, abdominal pain and generalised aches
- Loss of appetites, nausea and vomiting
- Heavy laboured breathing
- Lethargy, drowsiness, mental confusion
- Blurred or double vision.

- ✓ Call the ambulance if the doctor is unable to be contacted. For reporting this incident complete **Form04.Incident Report** and write on **Form93.Diabetes Care Plan and Morning Form and Morning Form** in the Insulin Injection Sign-off Sheet chart 'withheld' and state the reason in the remark's column should this be the case.
- ✓ When administering insulin, hand hygiene must be followed as per the infection policy and procedure

10.5.4. Blood Glucose Level

- ✓ Only competent nursing staff can perform BGL testing. All nurses required to manage the client's diabetes will need to complete the annual Diabetes Management Competency
- ✓ The below chart provides a guide on the level of Blood Glucose for the range it should be sitting at



- ✓ It indicates that the aim should be between 2.6 mmol/L – 10 mmol/L
- ✓ Before meals:
  3-6 mmol/L (ideal) 6-7mmol/L (satisfactory) Above 10 mmol/L (unacceptable)
- ✓ After meals:
  Up to 11mmol/L (ideal) 11 mmol/L (satisfactory) 11 mmol/L or more (unacceptable)
- ✓ Blood Glucose level should be documented on **Form93.Diabetes Care Plan and Morning Form and Morning Form**. Any abnormal readings that is reportable, should be documented in the progress notes along with the action taken and the client's response to the action taken.

10.5.5. Blood Glucose Testing:

✓ The BGL testing guideline is as follows.

Type 2 diabetes:

- Once or twice a day as instructed by the GP. (ideally before breakfast, before other meals or 2 hrs after a meal).
- More frequent in times of instability.
- The frequency can be reduced once the BGL is stable.
- If the client is on insulin, BGL testing should be done before each insulin
- Prepare the BGL machine by using the manufacturer's instructions.

✓ **Incorrect readings for BGT:**

- Ensure the test strip is not expired or exposed to heat or humidity.
- The strip is not right for the meter
- Not enough blood for the strip
- The client has not washed and dried their hand before the test
- The calibration code is incorrect
- The battery may be low or flat

✓ All staff who receive training for the management of diabetes will be recorded through **Form09.Training Matrix**

10.5.6. Managing Diabetes

There are 5 tips on to manage diabetes which include but not limited to



11- Seizure Management Policy & Procedure

11.1. Purpose

✓ The purpose of this policy and procedure is that each participant who is prone to high-risk seizures receives appropriate care and support to their individual needs in line with their care plan.

11.2. Scope

✓ This document applies to:

- All **H&H Care** staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants and their families

11.3. Definitions:

Word/Term	Definition
Seizure	A seizure is a brief disruption in the normal electrical activity of the brain, accompanied by altered consciousness and/or other neurological and behavioural manifestations. Epilepsy is a condition characterised by recurrent seizures that may include convulsions, which are repetitive muscle jerks. Some customers may have seizures on a regular basis, while others may only have them on occasion. Seizures are not always caused by epilepsy; for example, they can occur when someone has a very high temperature or lack of sleep.
Focal (or partial) seizures	Focal (or partial) seizures occur when seizure activity is limited to a part of one brain hemisphere. There is a site, or a focus, in the brain where the seizure begins. There are two types of focal seizures: • **Focal seizures with retained awareness:** This type of focal seizure was previously known as a simple partial seizure. • **Focal seizures with a loss awareness:** This type of focal seizure may also be called a focal dyscognitive seizure (previously known as complex partial seizures)

Seizure Type and Symptoms	Generalized Seizures	Symptoms
	Grand mal or generalised tonic-clonic	Unconsciousness, convulsions, muscle rigidity
	Absence	Brief loss of consciousness
	Myoclonic	Sporadic (isolated), jerking movements
	Clonic	Repetitive, jerking movements
	Tonic	Muscle stiffness, rigidity
	Atonic	Loss of muscle tone
	Partial Seizures	Symptoms
	Simple (awareness retained)	Jerking, muscle rigidity, spasms Sensations affecting vision, hearing, smell Memory or emotional disturbances
	Complex (awareness impaired)	Automatisms e.g. lip smacking, chewing, fidgeting, involuntary coordinated movements
	Partial seizure with secondary generalization	Initial preservation of consciousness that evolves into loss of consciousness and convulsions

11.4. Relevant Documents, Legislations, Regulations and Standards

- **NDIS Quality & Safeguards Commission. (2018)** ***NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3***
- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
- **National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021**

- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission. *NDIS Practice Standards and Quality Indicators, November 2021 Version 4***
- **National Disability Insurance Scheme Act 2013**
- **Form09.Training Matrix**
- **Form56.High-Risk Participant Register**
- **Form95.Seizure Care Plan and Monitoring Form**
- **Form04.Incident Report**
- **Form96. Seizure Capability**
- **Form85.Training Program for Module 1**

11.5. Policy & Procedure

✓ Seizure is co-produced and managed by the nursing and medical staff, as well as allied health professionals (such as dieticians, speech pathologists) as needed, and in consultation with the client and/or representative.

✓ The management's goal is to reduce the onset of seizures complications while also improving the client's quality of life. Seizure management is carried out by competent and trained personnel in accordance with medical directives as well as **H&H Care's** policies and procedures.

✓ **H&H Care** must ensure that each participant who is receiving supports and suffers from seizures they are well supported and cared for by **H&H Care** and has a current seizure management plan prepared tailored to their individual needs.

✓ All participants with epilepsy have a current Epilepsy Management Plan developed and authorised by their medical doctor. This plan is to clearly describe the customer's epilepsy and the routine and emergency treatment needed.

11.5.1. H&H Care and Staff Responsibilities

✓ The Operations Manager is responsible for:

- Ensure all relevant workers received training that is delivered by an appropriately qualified health practitioner or person that meets the high-intensity support skills descriptor for seizure management on an annual basis.
- Ensure that all staff attend appropriate diabetes management training and undergo

documented competency assessment prior to performing the task unsupervised, this is recorded on **Form96. Seizure Capability** and completion will be done during the staff onboarding process.

- Monitor compliance with current National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 sets out the relevant NDIS Practice Standards that apply to seizure management.
- Ensure the availability, functioning and maintenance of all appropriate materials such as equipment have appropriate training to use them.
- Ensuring that any change in practice recommendations for seizure management are notified to all workers.

✓ Training plans will be developed and delivered by an appropriately qualified health practitioner that meets the high intensity support skills descriptor for Seizure Management using **Form09.Training Matrix** and through **Human Resource Management Policy & Procedure. Form 85 Training Program** will be reviewed yearly to ensure all training is scheduled and addressed as needed.

✓ All staff that are required to care for participants who require high intensity daily personal activities, the qualified person such as a health care practitioner, will ensure the staff member is signed off based on the capabilities skills and knowledge set out for the NDIS Commissions legislation. **Form96. Seizure Capability** will be used to ascertain the capabilities of each worker.

11.5.2. Staff responsibility:

✓ All support staff working with participants with epilepsy are to make sure:

✓ That they are very familiar with the customer's Epilepsy Management Plan, and know where to find it quickly

✓ That they understand any early warning signs or environments that may trigger a seizure (e.g. strobing lights) and know what to do if the customer has a seizure. If in doubt, refer to the customer's Epilepsy Management Plan

✓ They take any emergency information and medication (if prescribed as part of emergency response) with them when supporting the customer in the community

✓ Treat all seizures seriously and understand the risks associated with them.

- ✓ Ensure the customers is supervised and never left alone in water.
- ✓ Know where to find the Epilepsy Management Plan in the Participant's file.
- ✓ Following the client's seizure management plan
- ✓ Perform duties within the scope of practice
- ✓ Recognising symptoms relates to the complications of seizures and managing in accordance with the policy and procedures
- ✓ Manage seizure triggers, behaviours, risk/safety alerts and supports in place to monitor outcomes.

11.5.3. Epilepsy Management Plan Preparation

1. It is important that the participant understands that:
    - they will be attending the health appointment, when it is scheduled and what is involved
    - If it is likely consent will be required during the appointment, and the particpant is unable to provide this, the person responsible should attend, or be available by telephone.
2. The following items should be taken to the health appointment:
    - The customer's Medicare card and pension card
    - The most recent CHAP assessment (if completed)
    - The current Medication Summary
    - The most recent Emergency Information Sheet
    - Their weight record
    - The most recent nutrition and swallowing checklist (if applicable)
    - The health appointment sheet
    - Any other information relevant to their health care.

11.5.4. At the appointment, staff should have:

- A copy of **Form95.Seizure Care Plan and Monitoring Form** should be provided by the Doctor
- Inform the Doctor of their role in supporting the customer
- Support the customer to communicate (using if required communication aids etc.) directly with the Doctor

- Help the Doctor to understand the customer's disability and what has been observed or reported about their health and the environment in which they live
- Provide any supporting documentation that assists in developing the plan
- Partner with the customer and the health professional to ensure a high-quality plan is developed
- Request the plan be appropriately detailed and provide clear step by step guidance to support staff about what is required and the steps to be taken in the event the customer's health significantly deteriorates and requires urgent medical attention.
- Seek clarification about anything that is unclear, or they do not understand
- Require the doctor to review, update (if required) the Medication Summary and make sure all the required fields are completed. It should be clear what medication is to be given routinely and any PRN medications, when they are to be given, and how and for how long the medication is to be taken.
- Follow up requirements for the doctor or health professional to sign.

✓ Each participant who is diagnosed with having seizures must have a Seizure Management Plan.

✓ Regardless of if a participant does or does not have a seizure care plan in place from their health care practitioner **H&H Care** will still be required to have **FORM95.Seizure Care Plan and Monitoring Form**

✓ The participant or their parent/guardians must provide a Seizure Management Plan which has been completed by their medical practitioner. If the participant doesn't have a completed seizure management plan, the seizure Management Plan must be followed in the event of an incident relating to the participant's specific health care need which is reflected on **Form95.Seizure Care Plan and Monitoring Form**

✓ Form95**.Seizure Care Plan and Monitoring Form** will be completed by the applicable trained person of **H&H Care**

✓ The Seizure Management Plan consists of the following:

- Details of the specific health care need and the severity of the condition
- Any current medication prescribed to participant
- Risks/alerts

- Triggers
- Support needed during a seizure and after
- Any medication required to be administered in an emergency
- The response required if the participant does not respond to initial treatment
- When to call an ambulance for assistance.
- Emergency procedures e.g. in case of PRN or emergency medication administered
- Seizure Management Strategies

✓ **Form95.Seizure Care Plan and Monitoring Form** is to be reviewed by the Operations Manager/ Supervisor and the General Practitioner every 3 months or more frequently if indicated.

✓ All seizure clients requiring management must be listed on **Form56.High Risk Participant Register**.

11.5.5. Medication Administering:

✓ Should the participant require assistance with the administration it will need to be listed on **Form95.Seizure Care Plan and Monitoring Form**,

✓ This is also applicable if PRN (when required) where indicated by the GP.

✓ Should PRN or a seizure lasts for longer than 5 minutes and/or injury to the head such as hit their head, 000 must be called immediately.

11.5.6. Response in an event of an emergency:

✓ Act quickly and follow the instructions outlined in the customer's Epilepsy Management Plan and Epilepsy First Aid

✓ Stay with the customer – do not leave them alone and protect them from injuries (especially their head).

Monitor closely including:

- their vital signs (breathing etc.)
- the timing and frequency of the seizures

Call an ambulance (000) if:

- the seizure lasts more than 5 minutes
- the customer sustains an injury

- there is food, fluid or vomit in the mouth
- The PRN medication does not stop the seizure activity
- any other reasons identified in their Epilepsy Management Plan
- if you are in doubt about what do. 5. Try to provide some privacy for the customer.

11.5.7. What to do after the participant has a seizure?

- Stay with the customer and place them in the recovery position
- Monitor their recovery and if they experience another seizure call the ambulance
- Provide reassurance
- If this was a major seizure and the customer required medical attention, notify their emergency contact as soon as possible.
- Write up what happened in the customer's files.
- If medical attention was required and or the customer sustained any injury - complete an Incident Report.

12- Stoma Care Policy & Procedure

12.1. Purpose

✓ **H&H Care** is dedicated to delivering the utmost quality of care and assistance to participants in need of stoma care. **H&H Care** has formulated the Stoma Care Policy and Procedure for a high-intensity support endeavor that aligns with NDIS Practice Standards, guaranteeing the provision of a secure, proficient, and successful management service to our participants. The purpose of this policy and procedure is to observe the stoma and to apply the stomal bag appropriately, minimising leakage and removing appliance carefully, preventing stripping of skin. Successful stoma management can be measured by the maintenance of skin and stoma integrity.

12.2 Scope

✓ All relevant staff are required to implement this policy when working with participants who require stoma care.

12.3 Definitions

Word/Term	Definition
Stoma	An artificial opening made into the abdomen on the surface of the body leading to the intestines or trachea.
Colostomy	Refers to a surgical procedure where a portion of the colon is brought through the abdominal wall to carry faeces out of the body.
Ileostomy	Refers to a surgical procedure where the lower portion of the small intestine is brought through the abdominal wall to carry faeces out of the body.
Tracheostomy	A surgical formation of an opening into the trachea through the neck to allow the passage of air.

12.4 Relevant Documents

- **NDIS Quality & Safeguards Commission. (2018) NDIS Practice Standards: High intensity support skills descriptors Guidance for NDIS providers and auditors November 2022 Version 3**
- **National Disability Insurance Scheme (Provider Registration and Practice Standards)**

Rules 2018

- **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
- **NDIS Quality & Safeguards Commission. NDIS Practice Standards and Quality Indicators, November 2021 Version 4**
- **National Disability Insurance Scheme Act 2013**
- **Form18. Participant Information Consent Form**
- **Form03.Improvement Report Form**
- **Form09.Training Matrix**
- **Form10.Worker Performance Assessment**
- **Form51.Tracheostomy Management Plan and Monitoring Form**

12.5 Policy & Procedure

✓ To follow personal hygiene and infection control procedures.

✓ To monitor the skin condition and keep the stoma area clean, replacing and disposing of bags as required.

✓ To maintain charts and records.

✓ To recognise and respond/report problems such as blockages, signs of deteriorating health or infection.

✓ Procedures are to be performed only by **H&H Care** staff with appropriate training and knowledge of stoma care.

✓

The oversight of comprehensive clinical management for high intensity supported activities, in order to uphold participant care, falls under the purview of the Director and/or nurse.

✓ **H&H Care** Participants' preferred level of engagement is consistently honored and preserved throughout the process. The participant's stoma care strategy is supervised by the Director and pertinent healthcare professionals (such as a registered nurse). The assistance plan is routinely assessed, and updates and modifications to protocols are communicated to the participant and their carer, advocate/representative.

If any alterations to a stoma care plan are necessary, they will be carried out by the Director

and healthcare practitioners (such as a registered nurse).

✓ Included in the plan is how to:

- follow personal hygiene and infection control procedures
- replace and dispose of bags and appliances as required
- maintain charts/records
- monitor participant skin condition and keep stoma area clean
- recognise and respond/report problems such as blockages, signs of deteriorating health or infection.

✓ Prior to initiating stoma care, the Staff will seek the participant's permission using Form18 Participant Consent Form. The participant's well-being is periodically assessed by the DIRECTOR and a skilled healthcare professional (like a registered nurse). The stoma care plan for a participant is examined every three months, or as necessary, to guarantee that current approaches are implemented based on input from the participant, their caregiver/advocate, the Staff, and healthcare experts.

✓ The relevant staff of **H&H Care** will follow documentation procedures which include:

- bowel charts
- support notes
- wound care plans/charts
- communicating with the Director and the participant and their carer/advocate to request a change in a stoma care plan.

12.5.1. Staff training:

✓ Provides training to the Staff on stoma care, ensuring they are well-versed in related health conditions and potential complications that might affect participants with stomas. This includes familiarity with prevalent risks and signs of stoma-related issues. The Staff are knowledgeable about when to engage the Director or a qualified healthcare professional (such as a registered nurse or enrolled nurse). Moreover, the Staff will undergo targeted training tailored to the individual requirements of each participant.

- ✓ This includes:
    - basic anatomical knowledge of the eliminatory system
    - skin and stoma care
    - common conditions associated with stomas
    - equipment and related functions
    - procedures for safe positioning and monitoring.
- ✓ **H&H Care** 's training structure adheres to the skills description for high-intensity support activities involving stoma care. This encompasses instructions on adhering to protocols and making informed decisions regarding the appropriate response/reporting of issues like blockages, indicators of declining health, or infection.
- ✓ **H&H Care** as established policies and procedures that outline the identification, planning, facilitation, documentation, and assessment of the Staff's training efficacy using Form09 Training Matrix. This framework ensures compulsory training concerning the staff's responsibilities as outlined in the NDIS Practice Standards and NDIS regulations.

12.5.2. Safety Factors:

- ✓ **H&H Care** guarantees that the Staff undergoes training in infection control protocols in accordance with the Management of Waste Policy and Procedure. This training encompasses the proper techniques for both the removal and application of stoma-related equipment, along with the secure disposal of bags whenever necessary. To oversee, document, and log participants' stoma care, the Staff follows the guidelines outlined in **H&H Care** 's Information Management Policy and Procedure.
- ✓ The Staff will engage in discussions with the participant and their caregiver/advocate to detect, acknowledge, and take action on issues like blockages, indications of declining health, or infections. If any of these potential risks are observed in the participant, the Staff will engage a skilled healthcare professional (such as a registered nurse or enrolled nurse) in the process.

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Equipment in the home the equipment in the home may include:	
Disposable gloves (powder free)	Gauze pads & cotton-tipped swabs
Disposable apron	Relevant stoma products (adhesive remover, barrier wipes, protective pastes, hydrocolloid powder, filler paste, ostomy deodorant, thickening agents)
Stoma bags and other appliances (flange extenders, washers, belts, filter covers, stoma measurement guides)	Normal saline or distilled water
Bag for waste	Trach tube ties
Clean scissors	Washcloth & towels

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