H&H Care SA Pty Ltd	Form24. Diabetes and Other Condition Specific Care Australian Government Support at Home Program	
Doc No: Form24	Version No: 01	Version Date: 24/10/2026

Policy and procedure 24
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA supports clients living with diabetes and other health conditions through individual plans, authorised tasks, competent staff and timely escalation. It covers diabetes monitoring and emergency risks and establishes a framework for other condition-specific support.

Document control	Details
Policy number	HH SAH CONDITION 024
Version and status	1.0 — Draft for Director and Clinical Lead RN approval
Prepared	24 October 2026
Policy owner	Director and Clinical Lead RN
Approved by	Director: Huy Le RN: Thi Ngoc Bich Tran
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Nurses, workers, coordinators and approved contractors delivering or arranging condition-specific home and community support

1 Purpose and scope

Support the client's goals, independence, comfort and ability to self-manage. Diagnosis alone does not determine tasks, worker authority or safe treatment. Obtain current individual instructions, appropriate consent, a lawful role and practical competence before providing monitoring, medicines or clinical procedures.

This policy applies to Support at Home delivery on behalf of The Fig Trees and other approved registered providers. It provides a governance and routine support framework, not a complete protocol for every condition. Diabetes, seizure, respiratory, cardiac, neurological and other clinical interventions need specific plans and procedures within H&H Care's approved scope. It does not authorise diagnosis, prescribing, independent dose adjustment or unsupported equipment use.

2 Responsibilities

The Director and Clinical Lead RN approve scope, staffing, resources and readiness under Policy 21. The RN assesses needs within competence, coordinates clinical plans, education, referrals and evaluation, and verifies supervision/delegation. Prescribers, diabetes educators and relevant specialists provide treatment directions within authority. ENs require appropriate RN supervision; support workers perform only individually approved tasks.

The Coordinator ensures visits, supplies, current instructions, contact cover and continuity. Workers observe, follow plans, respect consent, record accurately and escalate uncertainty. Agree with The Fig Trees who arranges clinical review, authorisation, equipment and after-hours support. Funding approval, an NDIS registration group or a family request is not clinical authority.

3 Client partnership

Explain care accessibly, offer interpreters or decision support and verify any substitute authority. Respect the client's choices and self-management role. Do not blame a person for readings or symptoms, impose restrictive diets or force treatment. Refusals and informed risk choices require documented support, appropriate clinical review and safe alternatives under Policies 2, 3 and 6.

Individual planning and diabetes readiness

4 Condition specific assessment and action plan

Before affected services begin, obtain a current assessment and written action plan from appropriate clinicians. Record baseline condition, usual symptoms/function, goals, allergies, relevant medicines, assistance level, monitoring, clinician-set targets and escalation triggers, clinical contacts and backup. Link current treatment orders rather than copying them incompletely.

Identify overlapping conditions and conflicting advice, including kidney/heart disease, fluid restrictions, swallowing difficulty, cognitive changes, falls, pain and mental health needs. Refer contradictions to the RN/treating team. One condition's general advice must not override another condition's individual restrictions.

5 Diabetes information and resources

- Confirm type of diabetes and actual treatment, including insulin, medicines with hypoglycaemia risk, SGLT2 medicines and devices. Record source/date; do not infer risk from type alone.
- Specify what the client manages and what workers may prompt, assist, measure or administer. Apply Policy 20 for medicines and Policy 21 for clinical delegation.
- Obtain the prescribed monitoring schedule, individual target range, low/high action thresholds, repeat-test instructions and exact contact sequence. Do not invent a universal target for every older person.
- Keep a current hypoglycaemia plan, appropriate accessible treatment and clear swallowing/alertness instructions; identify any prescribed glucagon/rescue medicine and who is authorised and trained to use it.
- Obtain a sick-day plan, ketone testing instructions where relevant, hydration/nutrition advice and after-hours support. Identify what to do if the person cannot eat, vomits, supplies fail or clinical advice is unavailable.
- Confirm meter/CGM, strips, lancets, batteries, sharps disposal, maintenance and training; arrange meal timing and supply to support prescribed treatment.

6 Medicine and device safeguards

Insulin and other medicines require current valid directions, correct preparation/device, dose, timing and monitoring. Workers must not calculate a new correction scale, omit insulin because a meal is missed, repeat an uncertain dose or use a family text as a new order. Obtain immediate clinical advice for uncertainty, particularly when a person with type 1 diabetes cannot receive their usual insulin safely.

Insulin pens and lancets are never shared. Injections, pumps, CGM sensors, ketone testing and device setting changes require task-specific approval and competence. A general monitoring sign-off is not permission to operate an insulin pump or administer rescue medicine. Follow storage, expiry and disposal instructions and account for supplies under the relevant procedures.

Monitoring and diabetes emergency risks

7 Glucose and other monitoring

Check the client, consent, current instructions, timing in relation to meals/medicines and device readiness. Perform capillary testing only within approved competence using hand hygiene, single-use lancets and safe sharps disposal. Record the actual value with units, date/time, relevant symptoms and action. Do not record an estimated value as a measurement or rely on an old result.

For CGM, follow the individual device plan for alerts, trend information, symptoms that do not match readings and when a capillary check is needed. Do not assume every sensor reading is immediately interchangeable with a blood glucose result. Verify device errors within instructions and seek help without delaying emergency action. A remote alert needs a named responder; the device alone does not provide clinical cover.

8 Low glucose and hypoglycaemia

For most people with diabetes, glucose below 4.0 mmol/L is hypoglycaemia and needs prompt action. Symptoms can include sweating, trembling, hunger, pallor, weakness, confusion, behaviour change or reduced consciousness; some people have little warning. Follow the individual plan and escalate based on symptoms, not only a number.

If awake and able to swallow safely, use the individual rapid-acting carbohydrate treatment and retesting instructions within training and plan, obtaining prompt clinical advice if uncertain or not responding. Do not give insulin to treat a low reading. Consider swallowing and other clinical restrictions; do not improvise unsafe oral treatment.

If unconscious, having a seizure, unable to swallow safely or severely deteriorating, call 000 immediately and provide first aid under Policy 12. Do not give food, drink or gel into the mouth. Use prescribed rescue treatment only where legally authorised, trained and directed by the individual emergency plan; it must not delay the emergency call. Maintain supervision and confirmed clinical handover.

9 High glucose illness and ketones

Follow the individual high-glucose and sick-day plan, including clinician-set thresholds, repeat checks, ketones where instructed and urgent contacts. High readings, thirst, increased urination, dehydration, vomiting, abdominal pain, deep/rapid breathing, unusual drowsiness or confusion require clinical review according to urgency. Call 000 for emergency signs or severe/worsening illness.

Diabetic ketoacidosis can occur during illness, including with insulin deficiency or SGLT2 medicines; a reading that is not markedly high does not rule it out. Do not diagnose from a reading alone, give extra insulin, stop medicines or encourage exercise to lower glucose without authorised directions. Obtain urgent professional advice and follow the approved plan. Staff must not independently decide sick-day medicine changes.

Ongoing support and other condition plans

10 Daily diabetes support and prevention

Support agreed meals, drinks, activity and medicines with the client, following nutrition, swallowing and fluid instructions. Do not impose a blanket sugar-free diet or withhold food because a glucose reading is high. Recognise meal delays and activity changes that may affect treatment and seek clinical guidance.

With consent, observe feet/skin within role and report new wounds, blisters, redness, swelling, heat, pain or circulation concerns promptly. Reduced sensation can hide injury. Do not cut corns/calluses, perform high-risk nail care or apply unapproved wound treatment. New diabetic foot wounds or significant changes need urgent qualified review under Policy 22.

Support appointments, recommended screening and diabetes education through the care plan. Track recurrent low/high episodes, poor intake, weight or functional changes, device issues and barriers to self-management. Arrange review rather than accepting repeated abnormal readings as normal for the client without clinical confirmation.

11 Other condition specific care

Condition or need	Individual plan and staff limits
Epilepsy	Seizure baseline, description, timing, first aid, emergency triggers, medicine/rescue authority and post-event review. Do not restrain or put items in the mouth.
Asthma or COPD	Current respiratory action plan, inhaler/spacer support, baseline symptoms, exacerbation signs and escalation. Oxygen and dose changes need specific authority; do not improvise flow rates.
Heart failure hypertension or cardiac disease	Clinician-set symptom/observation instructions, weight/fluid directions where prescribed and urgent chest/breathing response. Do not alter diuretics or targets independently.
Stroke Parkinson disease and neurological conditions	Current mobility, communication, swallowing and time-critical medicine instructions; emergency action for new stroke-like signs, even if symptoms improve.
Kidney disease	Individual fluid, diet, medicine and appointment instructions; report illness or reduced intake/output. Do not apply generic hydration advice over prescribed limits.
Dementia mental health or cognitive changes	Person-centred baseline, communication, distress supports, prescribed care and safety escalation. New confusion is not automatically dementia or a behavioural problem.
Palliative care or multiple conditions	Goals of care, symptom plans, lawful treatment limitations, clinical contacts and after-hours response. Resolve competing advice through the treating team.

These are planning prompts, not treatment algorithms or blanket service approval. Establish a condition-specific procedure and competence before taking on a specialised task; consult relevant professionals and use current official guidance.

Escalation continuity and review

12 Respond to change or an unsafe task

Call 000 for an emergency without waiting for manager or family approval. For non-emergency concerns, directly contact the RN/treating clinician at the urgency specified in the individual plan; use backup if unavailable and escalate worsening conditions. An app entry or unanswered message is not an accepted clinical handover.

If monitoring equipment, medicine, required staff or instructions are missing, pause the affected unsafe task and obtain prompt clinical advice and a safe interim arrangement. Do not merely omit essential care or leave an unwell client. The Coordinator informs The Fig Trees and arranges approved continuity; emergency protective action must not wait for funding approval.

For suspected medicine error/overdose, use Policy 20 and emergency/poison advice. For deterioration, injury, missed essential care or safeguarding, link the incident and relevant policies. Diabetes readings or a hospital transfer are not automatically SIRS-reportable; assess any qualifying incident and care connection under Policy 9.

13 Handover and records

Record the current condition and plan source, actual observation and units, symptoms, context, actions, advice, contacts/times and accepted follow-up. Describe what the client self-managed versus what staff did. Use authorised medication charts separately and do not sign medicine administration merely because a glucose test was recorded.

Give concise structured handover to emergency responders or clinicians, including diabetes type/treatment, last verified doses/food where relevant, actual readings and times, symptoms and response. Verify identity and share only necessary information on a lawful basis. Document who accepted responsibility and any continuing actions.

14 Review after events and transitions

After hospital care or significant treatment changes, obtain reconciled directions, update action plans and confirm workforce competence, supplies and supervision before affected services resume. Do not assume an old dose pack, pump setting or action plan remains current. Confirm client involvement and provider authorisation for ongoing service changes.

The RN arranges review after severe or recurrent episodes, new diagnosis, worsening function, refusal, poor intake, device problems or client concern and at the clinician-set interval. Monitor goals, comfort and participation alongside clinical measures. Refer unmet needs and funding gaps rather than adjusting clinical recommendations to match roster capacity.

15 Service quality and implementation

Before implementation, approve task-specific scope/procedures, clinical contacts and cover, individual plans, practical competencies, supplies, emergency actions and provider responsibilities. Reassess worker competence after new devices/tasks, incidents or concerns and at least annually as an internal minimum. Individual clinical review follows need and professional direction.

As internal controls, check unresolved urgent exceptions each service day, sooner as risk requires; management/RN reviews conditions-related incidents and outcomes monthly and audits a risk-based sample quarterly. Use client feedback and verify corrective actions. Preserve records, consent, source instructions and legal holds under Policy 8.

Individual condition management plan

CONDITION F01 | Complete with the client and relevant qualified practitioners. Attach current treatment/action plans. This form does not create medicine orders or clinical targets.

Client identifiers: _____
Condition(s) and verified source/date: _____
Clinical author role and plan version/date: _____
Client goals baseline function and usual symptoms: _____
_____
Consent communication support and relevant authority: _____
Allergies and current medicine/action plan references: _____

Plan requirement	Individual directions and authorised source
Client self-management and worker task limits	_____ _____
Observations method timing units and targets	_____ _____
Low/high or other trigger and immediate response	_____ _____
Medicines devices and required competence	_____ _____
Meals fluids activity and relevant restrictions	_____ _____
Illness/sick-day and emergency plan	_____ _____
Between-visit care supplies and backup	_____ _____

RN/treating professional contact and availability: _____
After-hours/backup pathway: _____
Emergency: 000. Relevant medication emergency reference: _____
Provider authorisation and responsibility confirmed: _____
Clinical approval/date: _____
Worker competency and briefing evidence: _____
Client copy/current instruction location: _____
Review date and earlier triggers: _____

Condition monitoring and event records

Monitoring and response record

CONDITION F02 | Client: _____ Plan/reference: _____
Monitoring purpose and method/device: _____

Date/time author and role	Actual value/units symptoms and context	Action advice and outcome
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Client consent/participation and self-management noted: _____
Escalation trigger and contact/time: _____
Accepted follow-up owner/deadline: _____
Current plan changes required and provider informed: _____

Diabetes or condition event review

CONDITION F03 | Client/incident reference: _____
Event onset first awareness and symptoms: _____
Readings and times actually measured: _____
Last verified medicines meals/activity and information source: _____
_____
Immediate response and plan followed: _____
000/RN/clinician contacts advice and times: _____
_____
Client response/retesting actually performed: _____
Handover accepted by/time and ongoing monitoring: _____
Manager/provider notified and outcome: _____
Suspected contributors and referral required: _____
Updated clinical instructions/competence/supply actions: _____
Action owner due date and review outcome: _____
Author authentication/entry time: _____

Do not backfill readings or infer a dose was given from a normal result. Use medicine administration, incident and emergency records where required, linked by reference.

References and approval

16 Related policies and approved procedures

Policies 1 to 23, especially assessment, care planning, records, incidents, deterioration, IPC, workforce competence, mobility, personal care, medication, clinical governance, wounds and nutrition/swallowing. Establish separate approved procedures for the actual specialised conditions, routes and devices delivered; this policy is not a substitute for that work.

17 References

- Aged Care Act 2024 and Aged Care Rules 2025; relevant professional standards and South Australian medicines, consent, privacy and WHS requirements; The Fig Trees agreement and variations.
- Diabetes Australia — Hypoglycaemia and hyperglycaemia. https://www.diabetesaustralia.com.au/managing-diabetes/hypo-hyperglycaemia/
- National Diabetes Services Scheme — Low blood glucose levels. https://www.ndss.com.au/managing-diabetes/blood-glucose-monitoring/hypoglycaemia/
- National Diabetes Services Scheme — Sick days with diabetes and current clinical sick-day resources. https://www.ndss.com.au/managing-diabetes/sick-days-and-hospital-stays/sick-days/
- healthdirect — Hypoglycaemia. https://www.healthdirect.gov.au/conditions/metabolic-diseases/hypoglycaemia-low-blood-sugar
- healthdirect — Hyperglycaemia. https://www.healthdirect.gov.au/conditions/metabolic-diseases/hyperglycaemia-high-blood-sugar
- Aged Care Quality and Safety Commission — Clinical care and current applicable guidance. https://www.agedcarequality.gov.au/strengthened-quality-standards/clinical-care
- NMBA — Decision-making Framework and current professional scope/supervision standards. https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx

Official diabetes guidance checked 24 October 2026. Confirm current condition-specific professional advice when approving each service. Generic guidance must be adapted by qualified clinicians to the individual, particularly for swallowing, fluid restriction, frailty, multiple conditions and treatment risk.

18 Approval and implementation checklist

- Approve service scope and individual tasks, required qualifications and clinical oversight.
- Confirm current clinical/action plans, medicine directions and person-specific thresholds.
- Verify worker practical competence, device resources and actual RN/clinical backup.
- Agree The Fig Trees' authorisation, continuity and reporting responsibilities.
- Explain care to the client and document consent, support and preferences.
- Set review dates and ensure workers can access and acknowledge current instructions.

Director approval: _____ Clinical Lead RN approval: _____
Effective date: _____ Next review: _____
Version 1.0 — Draft prepared 24 October 2026; approval and implementation pending.