

Purpose:

NDIS Commission has categorised some health and well-being support as High-Intensity Daily Personal Activities (HIDPA). These complex supports represent some of the highest risks for the people we support, workers and our organisation. As an NDIS provider, Life Without Barriers (LWB) must source relevant skills and knowledge to deliver high-quality, safe support.

Given the risk and intimate nature of providing HIDPA support, staff must be trained to offer them, and where possible, with the participation and guidance of the person we support.

The NDIS LWB 5600 High-Intensity Daily Personal Activities - Procedure will help LWB to achieve our goal of partnering with people and changing lives for the better. This procedure will be reflected in our practice in supporting children and young people within LWB Children Youth and Families foster care, residential care and aftercare services, and adults in Disability and Mental Health Services who require funded HIDPA supports through NDIS.

Who Should Read This Document?

- **People we Support** and their support network.
- **Disability Support Worker** as equivalent to any worker employed by LWB providing direct support to a person we support with HIDPA.
- **Regional Operations Manager** and **Disability Support Leader**¹ overseeing Disability Support Workers providing direct support.

High-Intensity Daily Personal Activities:

All LWB DSWs who provide support with HIDPA must be trained in each relevant HIDPA procedure and assessed by an Appropriately Qualified Health Professional (AQHP) about each client they support with HIDPA.

High-Intensity Personal Daily Activities (HIDPA) include:

▪ Complex Bowel Care, including Autonomic Dysreflexia	▪ Tracheostomy Support, including stoma care
▪ Enteral Feeding Support	▪ Urinary Catheter Support
▪ Dysphagia Support	▪ Ventilator Support
▪ Subcutaneous Injections	▪ Complex Wound Care

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.

Additional support activities- support activities that require DSW training:

High-Risk Epilepsy and Seizure Support

Higher-Risk Health Activities:

Some higher-risk health activities will require case-by-case assessment in consultation with the person we support to ensure that LWB support can effectively safeguard and meet their specific requirements before support can be delivered.

The HIDPA Health Support Matrix appendix is below, or the [HIDPA Health Support Matrix](#) SharePoint page.

Regional Operations Manager will

- Consult with a CPE Practice Support Leader/Specialist to assess risks and support needs on a case-by-case basis. Identify necessary strategies to safeguard and meet their specific requirements effectively.
- Engaging with the person, their support network and their Support Coordinator to discuss possible solutions to support LWB's capacity to deliver support.

If LWB decides that following assessment, we can safely provide the activity.

- Notify the DSSC that a high-risk health activity is being undertaken and a risk assessment has been completed. DSSC will register the activity type, region, and starting date of support and offer appropriate guidance and resources.
- Process requests for staff training by contacting Professional Learning and Development.
- Ensure all staff providing HIDPA support receive training and are assessed by AQHP.
- If LWB is unable to deliver support safely, the person may:
 - choose to utilise their NDIS Funding via [Disability Related Health Supports](#) to engage a nurse(s) to undertake the support.
 - engage a separate service provider to undertake the support.
 - engage family members/members of their support network to undertake the support.
 - exit LWB and move to a provider that can support them.



Report

- Document process, discussion, and outcome as a Progress Note in CIRTS/Lumary file as Case Discussion.
- Attach supporting documentation evidencing risk assessment and mitigation strategies to Progress Note.
- Uplift any significant issues and concerns to State Director as required.

Building knowledge and skills:

Regardless of any health training, qualification or assessment previously completed. All LWB staff must complete the relevant LWB HIDPA eLearning/s module and any prerequisite modules. They must receive training and assessment on an individual’s HIDPA plan/protocol by an AQHP.

Universal Supports	All DMH Disability Support Workers will be supervised and supported by Disability Support Leader.
Universal Supports	Toolbox talks and supervision.
Targeted Supports	All DMH Disability Support Workers required to deliver HIDPA support will complete relevant mandatory e-learning modules:
Targeted Supports	All DMH Disability Support Workers required to deliver HIDPA support will complete mandatory training by AQHP based on the specific HIDPA plan.
Intensive Supports	Bespoke training addresses a specific need following an incident or adverse event.

To provide HIDPA support, any staff member who retains currency as a registered nurse must undergo training and assessment on an individual's HIDPA plan/protocol by an AQHP. However, if the nurse has current knowledge and skills in complex support and works within their scope of practice, they may be exempt from e-learning module/s.

Staff Skills and Knowledge Review Process

To ensure currency of skills and knowledge, staff training should occur:

- Annually to confirm the worker has the skills and knowledge to deliver support safely and as described in [NDIS Practice Standards Skills Descriptor](#).
- If a person’s support needs have changed, and/or they have an updated support plan.
- Additional HIDPA supports are required.
- Any concerns about staff competency; are at the discretion of the Regional Operations Manager (or delegate).

Depending on the nature of support required and worker experience. Where a worker has not delivered this support for more than three months, they will be reorientated to the person’s support requirements and competency to provide support reassessed.

Accessing HIPDA Training by AQHP

All staff required to deliver HIDPA support will complete mandatory training by AQHP based on the specific HIDPA plan.

Disability Support Leader will:

- Have a conversation with the person and their Support Coordinator to confirm their funding for HIDPA, including staff training and assessment. If they are not funded adequately, it may be necessary for the person, family or Support Coordinator to approach the NDIA to address this.
- Please check with the Support Coordinator to confirm whether the person has Level 2 Support Coordination.
- If the individual is under Level 2 Support Coordination, ask the Support Coordinator to find a suitable AQHP who can conduct staff training and assessment and refer them to LWB to allow the Disability Support Leader to arrange the training and finish the necessary steps within the [HIDPA Training Tracker](#).
- Keep track of the progress on securing AQHP and the delivery staff training by AQHP.
- If you encounter difficulties obtaining or delivering staff training, consult the Regional Operations Manager and CPE Practice Support Leader for assistance. They should be able to provide you with the necessary guidance and support to help resolve any issues you may face.

**Risk Management before HIDPA Training and
Assessment:**

Where Local Operations determine it is safe to continue HIDPA supports to a person, the Regional Operations Manager (or delegate) is to oversee the implementation of risk management recommendations, including training staff and or engaging a health professional on a short-term basis, to deliver HIDPA support until staff can be trained and assessed.

**HIDPA Procedure within Short-Term Accommodation
(STA)**

Strict requirements regarding supporting a person with HIDPA within the STA environment exist.

People with HIDPA support needs can only be supported in the STA environment if one of the below conditions are met:

1. A person is an existing person we support, and staff who have been trained and assessed in their HIDPA support requirements will be rostered to work for the entire period of stay; or

2. The person agrees in their Service Agreement to fund the attendance of an external AQHP to train and assess the support staff in delivering the HIDPA support whilst at STA. The training of staff is to be completed before any stay period; or
3. The person receives general support only from LWB Support Staff during their STA period, and their HIDPA supports are delivered through an external provider, which they engage separately from LWB.

Identifying and Supporting HIDPA Requirements for Existing and New People:

The following steps will be followed if the health needs of the people we support can change over time or when engaging new people in LWB support.

All people with HIDPA Support requirements will:

- Have a current HIDPA Plan developed by an AQHP.
- For people supported in Shared and Supported Independent Living will have a current [NDIS LWB 5561 Hospital Support Plan](#) detailing the requirements for HIDPA Support.
- Be involved along with their support network in developing their HIDPA plan and staff training using effective communication.
- Have the opportunity to make informed choices about HIDPA requirements and supported to explore risk and choice when decisions are not in line with LWB Policy and Procedure (see [NDIS LWB 936 Statement of Informed Choice](#)) .
- Have a HIDPA supports alert in the CIRTTS file under Alerts!
- Have a review of their HIDPA protocol:
 - At least every 12 months by an AQHP or as indicated in their protocol.
 - If there is a significant change in their health and well-being.
 - Where there are identified risks.

New people accessing LWB supports

The Client Engagement Team will:

- work with the person, their family and regional ROM to review the nature and complexity of their support needs to ensure LWB supports can safeguard and deliver these requirements.
- liaise with the person and their Support Coordinator to identify available funding for staff training and request the Support Coordinator identify and contact an appropriate AQHP to train LWB staff.

Disability Support Worker will:



Check

- Undertake Skills and Knowledge Review Process annually or as required.
- Check and complete ALL HIDPA training requirements before supporting a person with any HIDPA supports.
- Check the [Disability Pathway](#) to access and read HIDPA procedures for any specific HIDPA support they must deliver.
- Check the person’s HIDPA plan.



Support

- Provide immediate emergency response when required. Follow any emergency response instructions in the HIDPA plan/protocol.
- Wear appropriate PPE when providing HIDPA support. Refer to the [NDIS LWB 5507 Let’s Talk About PPE](#) for correct PPE requirements.
- Follow hygiene and infection control procedures.
- Respectfully engage with the person and seek their consent before commencing any HIDPA support activities.
- Be familiar with and follow all areas of any HIDPA plan/protocol for the people they support.
- Follow HIDPA procedures as guidance related to any specific HIDPA support.
- Actively involved the person in their support, as outlined in their plan/protocol, and to their chosen level.



Report

- Talk to the Disability Support Leader about any person’s choices or preferences that differ from those listed in the HIDPA plan/protocol.
- Talk to the Disability Support Leader or On-Call and complete the i-Sight event about any concerns, incidents or risks, or changes in a person’s support needs.
- Complete all documentation

Disability Support Leader will:



Check

- Ensure the person is given the relevant HIDPA Plan/protocol template to provide to their Health Professional as required.
- If AQHP uses their plan/protocol template, the DSL will check to ensure all plan requirements are included.



Support

- Work with AQHP to ensure the HIDPA Plan/Protocol is developed and includes essential information on signs and symptoms, support and management and emergency response.
- Ensure any required ALERTS are entered on the person's CIRTS file.
- Ensure the HIDPA plan/protocols are reviewed as required.
- Share any HIDPA plans with other service providers as required and document any conversations and actions in a Progress Note. Ensure staff Disability Support Workers know any HIDPA Plans and how to respond.
- Before Disability Support Workers are rostered to support shift, ensure they have completed ALL mandatory training and AQHP has signed off on their understanding and knowledge of the person's plan.
- Where possible, create the opportunity for the person we support to be involved in the training of Disability Support Workers by AQHP in the HIDPA plan.
- Work with the AQHP to obtain documented evidence for specifically funded supports supporting an NDIS Plan development or review process as required.
- Conduct regular team and supervision discussions about HIDPA supports, concerns, risks or incidents and how to respond to an emergency. Document these discussions as per the Supervision Guideline (see [National Supervision Policy Guideline](#))
- Support the person to have timely assessments and reviews with an AQHP.
- Work with the AQHP and Behaviour Support Practitioner (if required) to ensure strategies in any plan support a consistent approach to HIDPA activities.
- If a person is unwell or needs to isolate in their room (e.g. due to COVID), consult with AQHP and communicate any information shared by the AQHP with all support staff.
- If a person with HIDPA support is admitted to the hospital, ensure the hospital staff have the person's HIDPA support plan.
- Before the person returns home from the hospital (discharge), a meeting with the medical team must be requested to discuss the following:
 - Any changes to HIDPA plans.
 - If the person has been given a new diagnosis requiring HIDPA support, discuss HIDPA support requirements and plan.
 - Training of staff in HIDPA support requirements MUST happen before the person returns home.
- Ensure information gathered from meeting/s with the medical team is communicated to all staff supporting the person, and a Progress Note detailing the discussion is uploaded in CIRTS.
- As a matter of priority, organise a follow-up appointment with AQHP after the person is discharged



Report

- Escalate to the Practice Support Lead within the Centre for Practice Excellence (CPE) any adverse event that occurs or when any immediate risk is identified. The Practice Support Lead will investigate the incident or immediate risk and work with the person and staff to ensure that any immediate actions to keep the person safe are developed and implemented.
- Escalate to the Practice Support Lead within the Centre for Practice Excellence (CPE) any issues related to working with AQHPs around the required essentials included in the plan or training.

Regional Operations Manager will



Check

- Review the region's capacity to deliver support effectively and safely.
- Identify and engage suitable AQHP to assess staff. Allied Health Agencies or Health professionals consisting of Registered Nurses and Doctors are qualified to determine HIDPA skills.



Support

- Consult with a CPE Practice Support Leader/Specialist to assess risks and support needs on a case-by-case basis for any higher-risk health activity. Identify necessary strategies to safeguard and meet their specific requirements effectively.
- Engaging with the person, their support network and their Support Coordinator to discuss possible solutions to support LWB's capacity to deliver support.

If LWB decides that following assessment, we can safely provide the activity.

- Will notify the DSSC that a high-risk health activity is being undertaken and a risk assessment has been completed. DSSC will provide relevant guidance and resources.
- If LWB is unable to deliver support safely, the person may:
 - choose to utilise their NDIS Funding via [Disability Related Health Supports](#) to engage a nurse(s) to undertake the support.
 - engage a separate service provider to undertake the support.
 - engage family members/members of their support network to undertake the support.



Report

- Create an i-Sight event >client event>category client wellbeing>category sub-type breach of standards.
- Attach supporting documentation evidencing risk assessment, treatment and mitigation strategies to the i-Sight event.
- Document process, discussion and outcome as a Progress Note in CIRTSLumary file as Case Discussion.
- Uplift any significant issues and concerns to State Director as required.

Rostering

Only staff who have completed LWB's HIDPA eLearning modules and have been assessed by an AQHP about the individual support requirements can be rostered to provide HIPDA support.

Local regions must work with Rostering Hubs to maintain records of HIDPA-trained staff and people who require HIDPA support for rostering purposes.

HIDPA Health Support Matrix – Appendix

Autonomic Dysreflexia (AD)	
	<p>Autonomic Dysreflexia (AD)</p> <p>To assist people with their support needs as outlined in a Spinal Injury Autonomic Dysreflexia Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Glycerol Tri Nitrate Administration</p> <p>To assist people with their support needs as outlined in a Spinal Injury Autonomic Dysreflexia Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • Medication e-training and on-the-job assessment. • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
Complex Bowel Support	
	<p>Enema Administration</p> <p>This support is limited to enemas that are pre-packaged, single-use and disposable.</p> <p>To assist people with their support needs as outlined in a Complex Bowel Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. • If staff administer this activity to multiple people we support, they only need to complete e-learning training once per calendar year. However, they must undergo training on each person's plan with AQHP.

	<p>Suppository Administration</p> <p>To assist people with their support needs as outlined in a Complex Bowel Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Ostomy Support</p> <p>To assist people with their support needs as outlined in a Complex Bowel Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Abdominal Massage to assist in relieving constipation.</p> <p>To assist people with their support needs as outlined in a Complex Bowel Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Digital Rectal Stimulation</p> <p>To assist people with their support needs as outlined in a Complex Bowel Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. <p>Preventing harm and injury is crucial when supporting a person with this activity. This involves avoiding bowel perforation and damage to surrounding muscles and tissues, which could result in surgery or hospitalisation.</p>

	<p>Manual Evacuation of Faeces</p> <p>To assist people with their support needs as outlined in a Complex Bowel Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. <p>Preventing harm and injury is crucial when supporting a person with this activity. This involves avoiding bowel perforation and damage to surrounding muscles and tissues, which could result in surgery or hospitalisation.</p>
	<p>Colonic Irrigation</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This is to ensure that LWB can effectively safeguard and deliver activity safely.</p>
<p>Complex Wound Care</p>	
	<p>Pressure Injury Support</p> <p>To assist people with their support needs as outlined in a Wound Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. • Support ratios should also include transferring and mobility requirements for safe positioning.
	<p>Neuropathic Ulcer Support</p> <p>To assist people with their support needs as outlined in a Wound Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.

	<p>Skin Tear Support</p> <p>To assist people with their support needs as outlined in a Wound Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Moisture Associated Skin Damage (MASD)</p> <p>To assist people with their support needs as outlined in a Wound Care Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Applying Dressing and Wound Healing Devices</p> <ul style="list-style-type: none"> • This is out of the scope of a Disability Support Worker. • Only an AQHP (Wound Care Registered Nurse) can apply dressings and wound healing devices.
<p>Enteral Feeding Support</p>	
	<p>Gastrostomy Feeding - including bolus, gravity and pump</p> <p>To assist people with their support needs as outlined in an Enteral Feeding Plan created by an AQHP, which may involve working with a Speech Pathologist and Dietitian</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<ul style="list-style-type: none"> • Transgastric (G-J) Tube Feeding • To assist people with their support needs as outlined in an Enteral Feeding Plan created by an AQHP, which may involve working with a Speech Pathologist and Dietitian. • DSWs must complete. • HIDPA e-learning module.

	<ul style="list-style-type: none"> • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Nasogastric Tube (NGT) Feeding</p> <p>For the safety of the person we support, NGT mealtime support is only possible if they receive full 1:1 supervision throughout the entire feeding duration.</p> <p>To assist people with their support needs as outlined in an Enteral Feeding Plan created by an AQHP, which may involve working with a Speech Pathologist and Dietitian.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Medication Administration via a gastrostomy or nasogastric tube</p> <p>To assist people with their support needs as outlined in an Enteral Feeding Plan created by an AQHP, which may involve working with a Speech Pathologist, Dietitian, and Doctor.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • Medication Administration training. • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Reinsertion of Gastrostomy or Nasogastric (NGT) tube</p> <p>DSWs <u>cannot</u> reinsert gastrostomy or NGT tubing.</p> <p>Immediately call for emergency (000) medical assistance.</p>
	<p>Balloon Volume</p> <p>DSWs <u>cannot</u> perform a Balloon Volume procedure due to the high risk of the tube being displaced and additional risks, including trauma and hospitalisation.</p>

Dysphagia Support	
	<p>Preparation and Delivery of Mealtime Support - including texture-modified diets.</p> <p>To assist people with their support needs as outlined in a Mealtime management Plan created by an AQHP (Speech Pathologist)</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. • If administering medication with food as per the Mealtime Management Plan - Medication Administration training must be completed.
Subcutaneous Injections	
	<p>Insulin Administration via Disposable Pen</p> <p>To assist people with their support needs as outlined in a Diabetes Management Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Medication Administration training. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. Including both Diabetes Management and Blood Glucose Leave (BGL) Testing. <p>To support people safely with insulin administration.</p> <p>For people coming into LWB</p> <p>The Client Engagement Team will review with the person their diabetes support needs to ensure LWB can safeguard and safely deliver these requirements.</p> <p>For existing people, we support</p> <p>The Regional Operations Manager and the person we support will liaise with Client Engagement Team to review any change of circumstance regarding diabetes support to ensure LWB can safeguard and deliver these safely.</p>

	<p>Administration of Glucagon Injection</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This ensures that LWB can effectively safeguard and deliver this activity safely.</p>
	<p>Administration of other variable or fix-dosed injections (excluding adrenaline auto-injectors)</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This ensures that LWB can effectively safeguard and deliver this activity safely.</p>
<p>Tracheostomy Support</p> <p>This procedure can only be carried out if LWB receives funding to support two workers throughout the process, as it poses a high risk to the person we support. A registered nurse skilled in tracheostomy management will supervise the support staff.</p>	
	<p>Checking Tracheostomy Ties</p> <p>DSWs can only provide tracheostomy support where a person has NDIS funding for a staffing ratio 2:1.</p> <p>To assist people with their support needs as outlined in a Tracheostomy Support Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan
	<p>Changing Tracheostomy Ties</p> <p>DSWs can only provide tracheostomy support where a person has NDIS funding for a staffing ratio 2:1.</p> <p>To assist people with their support needs as outlined in a Tracheostomy Support Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.

	<p>Two staff are required to change tracheostomy ties. One staff member holds a tracheostomy tube in place whilst another staff member changes the ties.</p>
	<p>Emergency Response and Ambu-bag</p> <p>DSWs can only provide tracheostomy support where a person has NDIS funding for a staffing ratio 2:1.</p> <p>To assist people with their support needs as outlined in a Tracheostomy Support Plan created by an AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of emergency response, ambu-bag and the person's plan. <p>Immediately call for emergency (000) medical assistance when using emergency response.</p>
	<p>When a person we support leaves the hospital or transitions into LWB, the Regional Operations Manager will work with the person, the Client Engagement Team, and the CPE Practice Support Leader to determine their support needs. This will ensure that LWB can provide safe and practical support.</p> <p>Before undertaking Tracheostomy Support, the following should be considered.</p> <ul style="list-style-type: none"> • the environment the support will be provided in (i.e. community or in-home), • the level of ongoing support available to the DSW from their line manager and the AQHP <p>If the person has a ventilator, consideration should be given to staff capability now and ongoing, emergency response readiness, geographical location, and other relevant factors.</p>
	<p>Heat moisture exchange machines, humidifiers, nebuliser devices</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This is to ensure that LWB can effectively safeguard and deliver activity safely.</p>

	<p>Suctioning through Tracheostomy Tube</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake suctioning through a tracheostomy tube.</p>
	<p>Checking Tracheostomy Cuff Pressure</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake the checking of tracheostomy cuff pressure.</p>
	<p>Removing and Cleaning the Inner Cannula</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake to remove and clean the inner cannula.</p>
	<p>Changing Tracheostomy Tube</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake to change the tracheostomy tube.</p>
<p>Urinary Catheter Support</p>	
	<p>Indwelling Catheter Support</p> <p>To assist people with their support needs as outlined in an Indwelling Catheter Support Plan created by an AQHP, which may involve working with a Continence Nurse, Urologist, or Doctor.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan. <p>For inserting and removing an indwelling catheter, see the below section.</p>
	<p>Suprapubic Catheter Support</p> <p>To assist people with their support needs as outlined in a Suprapubic Catheter Support Plan created by an AQHP, which may involve working with a Continence Nurse, Urologist, or Doctor.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module

	<ul style="list-style-type: none"> • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Inserting and Removing a Catheter</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This is to ensure that LWB can effectively safeguard and deliver activity safely.</p>
	<p>Clean Intermittent Catheterisation</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This is to ensure that LWB can effectively safeguard and deliver activity safely.</p>
	<p>Urinary Catheter Flush/Bladder Wash Out</p> <p>DSWs <u>cannot</u> deliver this support due to the potential high risk of urinary tract infections, bladder cells/walls trauma, bleeding, and clots to the person we support. The effectiveness of this procedure is also debatable. Only a Registered Nurse or Continence Nurse can undertake urinary catheter flush/bladder washout.</p>
Non Invasive Ventilation and Oxygen Therapy Support	
	<p>CPAP/BiPAP Machine</p> <p>To assist people with their support needs as outlined in a Non-Invasive Ventilation CPAP/BiPAP Support Plan created by Respiratory Specialist or AQHP.</p> <p>DSW must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Oxygen Therapy</p> <p>To assist people with their support needs as outlined in an Oxygen Therapy Support Plan created by Respiratory Specialist or AQHP.</p> <p>DSW must complete.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • LWB Medication Administration training.

	<ul style="list-style-type: none"> • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Oral Suctioning</p> <p>DSWs can only deliver this support if it is not related to Tracheostomy support and must be complete.</p> <p>To assist people with their support needs as outlined in an Oxygen Therapy Support Plan created by an AQHP.</p> <ul style="list-style-type: none"> • HIDPA e-learning module. • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.
	<p>Manual and Medical Device Cough Assist</p> <p>Before offering support, we must assess each case individually with the Regional Operations Manager and the CPE Practice Support Leader/Specialist in consultation with the person we support. This is to ensure that LWB can effectively safeguard and deliver activity safely</p>
	<p>Invasive Ventilator Support without Tracheostomy</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake the task of invasive ventilator support without tracheostomy.</p>
	<p>Invasive Ventilator Support with Tracheostomy</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake the task of invasive ventilator support with a tracheostomy.</p>
	<p>Adjusting Non-Invasive Ventilator Settings (CPCP/BiPAP)</p> <p>DSWs will not make changes to ventilator settings. This is the responsibility of AQHP. Individuals should bring their CPAP/BiPAP machine to medical appointments so that AQHP can perform the necessary adjustments.</p>

	<p>Oral Suctioning with Tracheostomy</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake the task of oral suctioning with tracheostomy.</p>
	<p>Changing Circuit</p> <p>DSWs <u>cannot</u> deliver this support due to the possible high risk to the person we support. Only an AQHP can undertake the task of changing the circuit.</p>
<p>Additional Support Activities – High-Risk Epilepsy and Seizure Support</p>	
	<p>Administration of Post-Seizure Emergency Medication - for example, Midazolam</p> <p>To assist people with their support needs as outlined in an Epilepsy Management Plan created by Neurologist or AQHP.</p> <p>DSWs must complete.</p> <ul style="list-style-type: none"> • Medication Administration training • HIDPA e-learning modules • Training in safe principles and techniques for buccal, intranasal and sublingual administration of post-seizure emergency medication • Training from an AQHP and evaluating their ability to effectively demonstrate the skills, knowledge and understanding of a person's plan.