

## How does LWB support people with their Health and Wellbeing?

Life Without Barriers (LWB) provides Health and Wellbeing Support to all people receiving Shared and Supported Living (SSL) and those receiving Lifestyle Support (LS) who engage LWB for health support.

Health and Wellbeing Support is provided holistically to people living with disability, beginning with health support areas and then tailoring support to meet each person's individual requirements.

Information about the person's health support and how LWB will assist them in managing it is initially documented within the [NDIS LWB 403 Engagement Form](#). Safeguarding requirements addressing Health and Wellbeing are documented within the [NDIS LWB 5001 Client Profile](#). Health support requirements are documented and managed through the following LWB core Health Support Plans:

[NDIS LWB 5502 Health and Wellbeing Plan](#)

[Comprehensive Health Assessment Program \(CHAP\)](#)

[NDIS LWB 5521 Nutrition and Swallowing Risk Checklist](#)

[NDIS LWB 5514 Oral Health Care - Plan](#)

and further LWB health support plans as relevant to the person including:

### General Health and Wellbeing

- Personal Care
- Medication Support
- Epilepsy and Seizure Management
- Diabetes Management
- Hospital Support
- Mealtime Management
- Asthma Management
- Transitioning, Repositioning, and Mobilising
- Allergy Response
- End of Life Care Planning
- Palliative Care
- Women's Health

### High Intensity Daily Personal Activities (HIDPA)

- Complex Bowel Care
- Enteral Feeding and Management
- Spinal Injury
- Tracheostomy Management
- Urinary Catheter Management
- Ventilator Management
- Midazolam Administration
- Complex Wound Management

LWB supports people to maintain their Health and Wellbeing through the consistent involvement of health professionals, clear documentation to direct staff and regular cyclic reviews in line with each person's individual requirements.

## How do the people we support choose how their health support will be provided?

In all areas of decision making about health, medical and dental support, the people we support should be supported to make informed choices (where they have the capacity to make decisions) or work with their Authorised Decision Maker. They may also choose to be supported outside of LWB's policy and procedures.

LWB seeks to apply ethical principles and best practice standards for substitute decision making. Accordingly, no LWB staff member will act as an authorised decision-maker for any person they support. LWB staff will support decision making by focusing on resources and support that enables a flexible approach to enhance the person's choice and control by strengthening opportunities for them to be part of a collaborative network of relationships that influence how and what decisions will be made.

The people we support will determine what level of assistance LWB will provide, including whether they will:

- manage the health condition completely
- be supported by LWB staff – for a specific portion or entirely
- bring their own existing plan
- organise for the LWB plan template to be completed by their health professional
- require LWB staff to support them to have the LWB plan template completed by their health professional
- work through the Independence and Informed Choice process to manage their health outside of LWB Policy and Procedure.

People we support who wish to manage their health individually should be supported to access the [NDIS LWB 930 Independence and Informed Choice Policy Guideline](#) and [NDIS LWB 931 Independence and Informed Choice – Procedure](#) for further information.

Where a person's capacity to make these decisions is unknown, staff should support the person through the [NDIS LWB 938 Capacity to Provide Consent - Assessment](#) process.

Where a person we support does not have the capacity to make health-related decisions, nor an Authorised Decision Maker, the person should be supported to engage a formal Authorised Decision Maker through the appropriate State-based Civil and Administrative Tribunal. Please refer to [Table 1 - State Civil Administrative Tribunals / Guardianship contact details](#) in the Appendix for contact details across Australia.

## Supporting a person to find a good health provider

The people we support always have the right to choose and move between health providers (where multiple providers are available).

Staff should support each person (and any Authorised Decision Makers) to identify alternative health providers and services as requested. When identifying a suitable health provider, staff should consider the following factors:

- physical accessibility – parking, building access, waiting room and toilet facilities
- level of interest and engagement between the health professional and the person we support
- level of expertise / previous experience with people with disability
- how comfortable the person we support confirms they are/appears to be with the health professional
- proximity to home
- whether home visits are possible (if needed)
- the health provider facilitating care with other health care professionals

When moving to a new health provider, staff should assist the person we support in ensuring their records are transferred to the new provider as soon as possible.

### Health Provider complaints process

Staff should discuss any concerns about the conduct/level of service provided by a health professional with the person we support, their family (if the person wishes) and the Line Manager to determine whether a simple solution can be identified - such as meeting with the health provider to discuss the person's requirements. Staff should support the person to address concerns and identify a way forward with the health provider if possible.

If a simple solution is not achievable and the person wishes to make a complaint, refer to the [Appendix - Table 2 - Health Care Complaints Bodies – Contact Details](#).

## Supporting a person to attend a health appointment

The people we support can choose who they wish to support them to attend appointments. This should be taken into account when the appointment is booked.

Where LWB staff support the person, staff should refer to the [NDIS LWB 5504 Health Appointment Checklist](#) to ensure they cover off all required tasks in preparing for, supporting the person during and completing any actions after the health appointment.

Staff who accompany the person when out in the community should know them well, understand their communication and support needs, and confirm with the person, Line Manager and other team members the purpose of the appointment.

Results of the health appointment should be documented by the health professional in the [NDIS LWB 5503 Health Appointment Record](#). Alternatively, (if requested by the health professional), staff may record the health professional's instructions and any actions to be completed. In this case, the health professional must sign the record to confirm it is correct.

After the appointment, staff advise the Line Manager and team of any actions, transfer all actions to the Health Action Plan section within the person's Health and Wellbeing Plan and follow up to ensure actions are completed.

Where a family member attends the appointment instead of LWB staff, they should (ideally) be provided with the Health Appointment Record template via email / USB before the

appointment and request the health professional to complete details within the template and return to LWB for action and upload to CIRTS.

For information about supporting a person through the Annual Health Assessment process, refer to the [NDIS LWB 5510 Annual Health Assessment – Procedure](#) and the [NDIS LWB 5511 Annual Health Assessment Checklist](#).

### **Supporting a person through a medical examination or procedure**

When supporting a person through a medical examination or procedure, it is important to ensure they are provided with information about the examination in a way they understand.

Information should include:

- when the examination/procedure will occur
- what will happen throughout the examination/procedure
- why the examination/procedure is needed
- how they can stop/object to the examination/procedure from taking place beforehand or during

Information may need to be presented multiple times and by various people, including family and friends, beforehand.

## **What is the role of the health professional?**

Only qualified health professionals should direct and document health support requirements for the people we support. LWB staff must never provide health advice or determine health support requirements.

Refer to [Table 4 – Health Plans and Health Professionals](#) for more information.

### **Health professionals must:**

- diagnose the person's health condition(s)
- obtain consent from the person we support or, where they don't have the capacity to give consent, their Authorised Decision Maker for treatment and provision of medication
- document health support requirements, risk management strategies, when to call an ambulance, when the plan requires review and their signature in the relevant Health Support Plan template
- document support requirements using LWB plan templates wherever possible
- determine review cycles relevant to the person's health condition and support requirements, and undertake plan reviews as required
- document medication requirements using the Compact Medication Chart
- document commencement, dosage changes and ceasing of medication within the person's Medication Record
- provide referrals to Allied Health professionals or specialists as required
- arrange for tests, procedures and further examinations as required
- maintain communication with other health professionals involved

- document health actions (including where there are no actions) after each appointment
- undertake health assessments for all people residing in SSL and as applicable for LS, at least annually or more often based on the needs of the person we support or as directed by the health professional

## What health support can LWB staff provide?

Please refer to the Appendix - [Table 3 LWB Stance on Health Procedures undertaken by Disability Support Workers](#) outlining health support areas and how they are provided for the people we support. The information within the table explains:

- LWB's stance on which health supports can be provided by DSWs
- whether the support is General Health & Wellbeing or HIDPA
- whether the support should be provided by a nursing or medical professional only
- funding and staff ratios where relevant
- important information to be aware of.

## How do staff provide health support?

Staff must follow written directions provided by qualified health professionals.

### **LWB Disability Support Staff must:**

- gather information in preparation for the person we support to attend health reviews
- support the person to attend appointments and reviews of health support areas as determined by the health professional
- obtain all Health and Wellbeing Support Plan templates from the Disability Pathway
- complete sections of any Health Support Plan template labelled for staff to complete
- provide health professionals with partially completed LWB Health Support Plan templates via USB / email to complete
- complete checklists and recording charts relevant to the person we support
- follow any support directions provided by health professionals
- monitor the person for health improvements, changes to health, declining health
- understand when to call an ambulance / take action / provide PRN
- transfer all Health Actions provided by health professionals to the central Health Action Plan section of the Health and Wellbeing Plan
- review actions, ensure they occur exactly as requested
- upload all health support plans to CIRTS as per instructions included within each template
- never transcribe information about medication
- attend training and assessment where support includes HIDPA

- attend training to provide support with complex health areas including Complex Wound Care, Mealtime Management, Blood Glucose Testing
- never undertake any health support which LWB prohibits without advice from their Manager and Regional Director
- understand the person's Palliative Care arrangements, including where a person has a current Do Not Resuscitate order in place

## How is health support clearly documented?

There are numerous stages within the Disability Pathway where health information is collected from the person we support, recorded and reviewed.

**Enquiry and Quoting:** Information provided within the [NDIS LWB 305 Enquiry Form](#) identifies appropriate funding details based on the level of support and/or health support a person requires, which in turn, informs the quoting process.

**Engagement:** Responsibility for the provision of Safety and Wellbeing support is captured in the [NDIS LWB 403 Engagement Form](#). Information such as whether the person will manage the support fully, require support from LWB or emergency support only is recorded.

**Service Delivery:** Health Support requirements, including safeguarding requirements, are documented within LWB Health and Wellbeing support plans and tracked through the Health Action Plan section of the Health and Wellbeing Plan. Health appointment information is captured via Health Appointment records and actions transferred to the Health Action Plan for future action.

**Record-Keeping Requirements:** All health-related documents must be uploaded to CIRTIS and saved as per instructions listed within each template or as detailed within the Disability Pathway.

## Review of the person's health and wellbeing

### Health Plan Reviews

- Reviews of each person's health plans must be completed at least annually, or more often as directed by the treating health professional.
- New plans must be developed whenever there is a change in the person's health and/or support needs.
- Plans can only be reviewed a maximum of six (6) times before a new plan must be developed.

When booking appointments for health plan reviews, staff should clearly explain to the health professional the reason for the review, as this may impact how the review is undertaken. This is particularly important if the review is to be completed by a health professional who was not involved in developing the existing plan. In such instances, the new health professional may choose to develop a new plan.

Plan reviews can only be completed by the health professional who originally developed the plan, or by another health professional with equivalent qualifications. For example, a speech pathologist can review a plan developed by another speech pathologist, however, a GP cannot review a plan developed by a speech pathologist.

**Monitoring for change**

While following the direction of health professionals, LWB Disability Support Staff must also monitor the person’s health for signs of change – including improvement.

The Agency for Clinical Innovation (ACI) developed the *“Growing Concerns Tool for the Disability Sector – Supporting people with intellectual disability when you think they might be unwell”* to assess the health needs of a person with a disability unable to communicate how they are feeling.

Signs that a person we support may be feeling unwell are organised in the STOP AND WATCH format below:

<b>S</b>	Seems different / not themselves / less interested in things
<b>T</b>	Talks or communicates less / more / differently
<b>O</b>	Overall needs more help
<b>P</b>	Pain – is there something that might be causing them pain?
<b>A</b>	Ate less than usual
<b>N</b>	No bowel movements in 3 days (or diarrhoea)
<b>D</b>	Drank less than usual
<b>W</b>	Weight change
<b>A</b>	Agitated or nervous – more than usual
<b>T</b>	Tired, confused, drowsy, upset
<b>C</b>	Change in skin colour, coughing or breathless
<b>H</b>	Help with walking, moving, toileting – more than usual

If staff notice any of the changes listed or are concerned about the person’s health, it is important that they:

- explain their concerns to the Line Manager or On-Call Manager (if outside business hours) as soon as possible
- Line Manager / On-Call Manager to organise contact with the person we support or their authorised decision maker about their concerns

- Line Manager /On-Call Manager to arrange for the person we support to be reviewed by their GP
- document concerns in the person's progress notes in CIRTS; ensure all staff are aware and also observe the person
- follow all advice from the GP and other health professionals
- make sure they are prepared in the case of a medical emergency

Staff should immediately arrange for the person we support to be taken by ambulance to a hospital if they appear to be seriously ill and report this to their Line Manager or On-Call Manager. Refer to the [NDIS LWB 5560 Hospital Support - Procedure](#) for step by step instructions for gathering documentation and supporting a person we support prepare for and during hospitalisation. Where a person refuses assistance, the ambulance should be called regardless. Ambulance staff will assess the person and their capacity to refuse treatment.

## How should staff respond to a medical emergency?

Staff must respond quickly and consistently.

- Ensure the person we support and all others in the immediate vicinity are safe.
- Dial **000** and request an Ambulance (or Dial 112 if rural / remote and using a mobile phone, and request an Ambulance).
- Assess whether First Aid is required and apply (with consideration of any current Do Not Resuscitate Orders the person may have).
- Call 106 to connect to the [National Relay Service](#) for people who have hearing or speech impairment.
- Contact the Line Manager or On-Call Manager to report the situation.
- Complete incident reporting in [LWB iSight System](#) before finishing the shift.

Ambulance Officers will determine whether the person should be hospitalised.

The Line Manager will coordinate communication with parents or Authorised Decision Makers and determine whether additional staff will be needed for support and where they will be located.

If a person we support is transported by ambulance, provide ambulance paramedics with their Hospital Support Folder and ensure they provide it to hospital staff.

Where the person is hospitalised/admitted, advise the Line Manager and ensure hospital staff access Part 1 of the [NDIS LWB 5561 Hospital Support - Plan](#) and complete Part 2 with them. Refer to the [NDIS LWB 5560 Hospital Support - Procedure](#) for step by step instructions for gathering documentation and supporting a person prepare for and during hospitalisation.



## Providing support with general health areas

LWB staff will provide support to people with general health areas as follows:

### Medication Administration

LWB staff must ensure the [7 Rights of Medication Administration](#) are implemented when administering medication to the people we support:

1. Right Method
2. Right Person
3. Right Time
4. Right Medication
5. Right Dose
6. Right Route
7. Right Record Keeping

For in-depth information and resources on Medication Administration, see the [LWB Medication Administration Intranet Page](#) and the [LWB National Medication Administration Procedure](#).

Support each person to have their medications reviewed, especially those who fit the classification of polypharmacy (often defined as five or more medications) to treat one or multiple concurrent conditions. It includes the use of prescription medicines, over the counter medicines and complementary medicines. Medication should be reviewed at least annually by a GP, the prescribing medical practitioner, or a pharmacist.

Medication reviews ensure the people we support receive the correct medication, current and recommended dosage, determine benefit versus risk of potential adverse effects (including swallowing risks) or other side effects and possible interaction between medications.

### Healthy eating and drinking

The people we support should be supported to maintain a healthy diet in line with Australian Dietary Guidelines through the use of the [LWB NDIS 5524 Mealtime Management - Plan](#) for people who require modifications to eat and drink safely, or the [NDIS LWB 5526 Eating and Drinking - Profile](#). For further information, refer to the [NDIS LWB 5523 Mealtime Management Plan – Procedure](#).

The people we support are screened annually for Nutrition and Swallowing Risk via the [NDIS LWB 5521 Nutrition and Swallowing Risk Checklist](#). For further information about Nutrition and Swallowing, refer to the [NDIS LWB 5520 Nutrition and Swallowing Risk - Procedure](#).

### Maintaining a healthy weight range

Monitoring a person's weight for any changes:

- provides an early indication of potentially significant issues emerging
- may indicate a special diet is required e.g. weight gain or weight loss diet
- provides data about special diet implementation / physical activity
- may indicate the need for nutritional supplements

- may indicate side effects of medication
- will assist track fluid related issues
- encourages the maintenance of a healthy diet and lifestyle

The people we support who are residing in SSL should have their weight measured monthly (or more often if requested by their health professional) and recorded within the [NDIS LWB 5591 Weight and Height Recording Chart](#). Height is also measured to confirm the person's BMI (where this is relevant to them) and assists staff to identify whether the person falls within the healthy weight range. Where a person we support does not fall within the healthy weight range, this should be flagged within the Nutrition and Swallowing Risk Checklist and the person's GP.

For detailed instructions about measuring a person's BMI and weight, including for a person who cannot stand, please refer to the [NDIS LWB 5520 Nutrition and Swallowing Risk Checklist Procedure](#).

### Oral Health

The major oral diseases that cause poor oral health are dental cavities (dental decay), periodontal disease (gum disease) and oral cancers. Poor Oral Health can cause serious health ramifications. All of the people we support must be supported to maintain their Oral Health as recommended by their Dentist or GP. Staff should ensure they follow directions provided within the person's [NDIS LWB 5514 Oral Health Care Plan](#).

Oral Health must be assessed annually or as per Dentist instructions, ideally as part of the Annual Health Assessment process.

If staff observe any of the following indicators of potential dental issues, they must advise their Line Manager and if an appointment has not already been made, make an appointment with the person's dentist or GP (where they have no teeth) to review concerns.

Indicators of potential dental issues:

- the person reports that they have pain or dental concerns
- bleeding, inflamed or reddened gums
- bleeding while brushing teeth
- halitosis (bad breath)
- broken teeth
- damaged teeth due to grinding, placing non-food objects in the mouth
- the person appears to be in pain or grimaces when eating
- the person appears reluctant or is unable to consume their usual foods or drinks
- the person is placing their fingers or other objects in their mouth and may bite down on these
- the person hits the side of their face

Issues with a person's mouth and ability to eat safely are screened annually or when any change is observed via the [NDIS LWB 5521 Nutrition and Swallowing Risk Checklist](#).

Further information about supporting a person with the Annual Dental Assessment can be found in the [NDIS LWB 5510 Annual Health Assessment - Procedure](#).

Further information about Australia's National Oral Health Plan 2015-2024 can be found here – [National Oral Health Plan – Healthy Mouths Healthy Lives](#)

## Physical Activity and Fitness

People with disability living a sedentary lifestyle are at risk of related coronary, digestive and respiratory diseases. Maintaining physical activity and fitness is important for all people, including those with disability. Regular exercise can be used to:

- improve stamina and muscle strength
- ease anxiety and depression,
- reduce feelings of stress
- increase self-esteem
- control joint swelling and alleviate pain
- encourage clearer thinking
- improve sleep

It is important that the people we support establish an exercise regime suited to their individual needs and requirements. Staff can assist the people they support in identifying physical activity goals by completing the [NDIS LWB 5594 Physical Activity - Assessment](#) to assess the person's level of physical activity and identify agreed actions (goals) to improve their fitness and overall wellbeing. Goals generated from the assessment should be discussed with the person's GP or a health professional such as a Physiotherapist or Exercise Physiologist and documented within the [NDIS LWB 5584 Physical Activity - Plan](#).

## Mobility

People we support who require assistance with mobility or use aids or equipment such as a wheelchair, hoist, walking frame, shower chair, standing frame or wheelie walker to mobilise, maintain balance or transfer from one location to another should be assessed by an Allied health professional such as Occupational Therapist or Physiotherapist and have any support needs documented within an [HS 413.1 Transitioning, Repositioning and Mobility \(TRAM\) Plan](#) or their equivalent template.

Where a person has a TRAM Plan, staff must be trained in how to:

- use the equipment with the person correctly and safely, including within a vehicle (if relevant)
- support the person to use the equipment, mobilise and safely transfer.

## Women's Health

Women with a disability may face multiple disadvantages and are potentially more vulnerable to the risk of abuse or exploitation. Staff should confirm who the person would prefer to support them with sensitive health matters, including within their own Support Network. LWB recognises that a person's Support Network is a protective factor in preventing potential abuse and exploitation.

The person's GP or gynaecologist should address women's health areas. Staff will ensure female clients have access to mainstream health services such as Women's Health Centres and Family Planning Centres for information and support with health promotion activities, reproduction and sexuality.

Female clients whom LWB provide health and wellbeing support to should have Women's Health areas addressed during their annual Health Assessment via the Comprehensive

Health Assessment Program (CHAP). Women's health areas monitored via the CHAP include:

- Menstruation
- Contraception
- Pap Smear
- Breast check
- Mammogram
- Human Papilloma Virus

## Menstruation

Menstruation is a normal, healthy process for a woman. Where a person we support menstruates, staff should encourage them to manage their menstruation as independently as possible and provide assistance as required. All menstruation support must be provided in a way that meets the person's preference e.g. female staff only, maintains the person's dignity and privacy and involves the use of Personal Protective Equipment in line with universal health precautions such as gloves and hygienic disposal of any used products. For further information about providing Personal Care, refer to the [NDIS LWB 5533 Delivering Personal Care – Procedure](#). Each person's personal care support requirements can be documented within the [NDIS LWB 5531 Personal Care Plan – template](#).

Regardless of disability, the options for managing menstruation are the same for all women. The person we support must be consulted about how they wish to manage their menstruation, preferably using the least restrictive option. Their GP, Women's Health Clinics or Family Planning Centres can be consulted about the best support options available.

Any disorders of a female client's menstrual cycle should be referred to a health professional for treatment.

Symptoms that may indicate a disorder of the menstrual cycle include:

- loss of periods
- increased period frequency and/or duration
- heavy periods (heavier than usual)
- cramps
- clots
- mood changes
- seizures

The [NDIS LWB 5592 Menstruation – Recording Chart](#) should be used to track menstrual cycles requested by the person's health professional, or when confirming symptoms of a menstrual cycle disorder. The Line Manager should ensure the person we support is reviewed by their health professional and any completed charts provided. Completed charts must be uploaded to CIRTS.

Where the person requires decision making supports, and there is disagreement about how menstruation should be managed between the person we support and family/support network, staff should ensure the person's preference is sought where possible and further decision-making support provided, including the use of an independent advocate. If no agreement can be made, the person's support network will be advised that an application for Guardianship in relation to this specific female health need will be completed on the person's behalf. Please refer to Table 1 - State Civil Administrative Tribunals / Guardianship contact details in the Appendix.

Where a Guardianship Application is made, the Line Manager is responsible for ensuring the application is submitted to the relevant state/territory authority.

Further information about women's health can be accessed on the [healthdirect](#) website.

Easy English Tools, Videos and learning programs and resources about Cervical and Breast Screening can be accessed on the [Family Planning NSW](#) website.

### **Sexuality and Sexual Health**

LWB recognises that people living with a disability have the right to make choices about all aspects of their life including Sexuality and Sexual Health and that others acknowledge and respect that right. Line Managers and staff must ensure the people we support:

- are able to access information regarding sexual health and sexuality in an accessible format they can understand
- understand and exercise their rights to make informed choices
- express and explore their sexuality across their lifespan
- have privacy within their home environment
- are supported to maintain confidentiality concerning sexuality and sexual health
- are safeguarded if there are concerns about the person's capacity to make informed decisions about their sexuality or sexual health

Staff supporting a person with their Sexuality and Sexual Health need to ensure their own values do not impact the person they support. All staff are responsible for raising any personal values-based conflict with the Line Manager. The Line Manager is responsible for clarifying the staff member's role and responsibilities about supporting the person.

For further information about supporting a person with personal relationships, intimacy and sexuality, refer to the [NDIS LWB 932 Independence and Informed Choice – Practice Guide](#). Additional information about sexual health can be accessed on the [healthdirect](#) website.

### **Skin Care and Integrity**

There are a variety of skin conditions that a person with a disability may experience. These include irritant reactions to stoma appliances, reactions to dressing adhesives, generalised rashes, eczema associated with dermatitis, hyperkeratosis (thick, scaly skin), paper-thin skin, dehydrated skin, excoriated skin from prolonged exposure to moisture, urine and faeces, skin breakdown due to pressure or friction, slow healing complex wounds, pressure sores, calluses and bruising as a result of blood-thinning medications.

People who are at a higher risk of skin breakdown include those:

- with limited mobility, which requires pressure redistribution and dispersal
- with a specific diagnosis which can result in skin breakdown such as Epidermolysis Bullosa, Cerebral Palsy, Down Syndrome or Diabetes
- who take medications with side effects that can result in rashes
- with skin disorders such as eczema, psoriasis and alopecia
- who pick at their skin as a result of behaviours of concern

Staff providing support with personal care, showering, bathing and dressing, should monitor for any changes in the person's skin and ensure they are reviewed by a health professional.

Complex Wound Care is considered a HIDPA, and people with complex wounds must have their wound care needs managed by an Appropriately Qualified Health professional such as a Wound Care Nurse, Registered Nurse or GP. Staff must receive training before attempting to provide support in bathing or dressing wounds.

For information about Complex Wound Care, refer to the [HIDPA – Complex Wound Management Intranet Page](#) or the [NDIS LWB 5551 Complex Wound Care and Pressure Injury Procedure](#).

## Sun Protection

People with a disability may be at more risk of sun damage due to side effects of some medications and being unaware of potential damage caused through exposure to the sun.

LWB staff must ensure the people we support are protected from the risk of sunburn by supporting them to take the following precautions:

- **Slip** on sun-protective clothing that covers as much skin as possible
- **Slop** on broad spectrum, water resistant SP30+ or above sunscreen by liberally applying 20 minutes before the person goes outdoors and every two hours afterwards
- **Slap** on a hat – a broad brim or Legionnaire style hat to protect the person's face, head, neck and ears
- **Seek** shade – and if possible, minimise the time the person spends in the sun between 11am and 3pm (daylight savings time) 10am and 2pm (standard time).
- **Slide** on sunglasses that meet Australian Standards.

Staff should refer to Consumer Medicine Information (CMI) sheets to check whether sun sensitivity, such as Photoallergy or Phototoxicity, is a side effect of any medication prescribed for the person we support.

## Annual Influenza (Flu) Vaccine

People with disability with underlying health conditions may be at risk of experiencing severe Flu related health complications that may result in death. The benefits of the Flu Vaccine should be discussed with the person we support in a way they or their Authorised Decision Maker understands.

The people we support should be encouraged to have the Flu Vaccine if they have any type of the following conditions:

- Cardiac Disease
- Chronic Respiratory Conditions
- Chronic Illnesses requiring regular medical follow up or hospitalisation in the previous year
- Chronic Neurological Conditions that impact respiratory function
- Impaired Immunity

The appropriateness of the flu vaccine and ideal timing for the person should be discussed with the GP. People receiving the Flu Vaccine should aim to have it administered before the onset of the Flu season - ideally between March and May each year, or as recommended by their GP.

All Vaccinations administered to the person should be recorded in the person's CIRTS record.

## Providing support with specific health areas

LWB staff will provide support to people with specific health areas as follows:

### Allergies

People we support with Allergies should have their support needs documented by a health professional in the [NDIS LWB 5582 Allergy - Response Plan](#) or an equivalent template. An alert should be added to the person's CIRTS record indicating the Allergy.

Staff should be aware of support required by the person, dietary requirements, PRN medication and First Aid requirements.

If a person requires the use of an Epi-Pen / Adrenaline Autoinjector, staff must be trained (ideally during First Aid Training) in administration before administering.

Use of an Epi-Pen or Adrenaline Auto-Injector is considered a HIDPA support – for further information refer to the [NDIS LWB 5640 HIDPA Adrenaline Autoinjector – Procedure](#).

### Asthma

People we support with Asthma should have their support needs documented by a health professional in the [NDIS LWB 5580 Asthma - Action Plan](#) or equivalent template.

Staff should be aware of support required by the person, their Asthma symptoms, their medication regime including prevention and treatment, how to use a Nebuliser or Spacer (if relevant) and follow steps within the Action Plan (including calling an ambulance if required) as the person's condition requires.

### Bowel, Bladder and Continence Support

For further information about Continence Support, please refer to the [NDIS LWB 5536 Bowel, Bladder and Continence Support Procedure](#).

People may require support to maintain continence with their bowels or bladder. The below areas of Complex Bowel and Bladder support are HIDPA supports:

- administration of suppositories
- administration of Enemas
- support with Ostomy Care
- Urinary Catheter Management

Refer to the [LWB High Intensity Daily Personal Activities Intranet Page](#) for further information.

### Diabetes

People we support with Diabetes should have their support needs documented by a health professional in the [NDIS LWB 5557 Diabetes Management Plan](#). LWB staff cannot provide

support to administer Insulin via injection. However, they can support a person to measure and monitor Blood Glucose Levels and monitor dietary intake.

For further information about supporting a person with Diabetes, refer to the [NDIS LWB 5556 Diabetes Management Procedure](#) and the [NDIS LWB 5558 Blood Glucose Level Testing – Procedure](#).

### **Epilepsy and Seizure Management**

People we support with Epilepsy should have their support requirements, including seizure types and how to respond, documented by a health professional within the [NDIS LWB 5542 Epilepsy Management Plan](#) or equivalent template.

People with non-epileptic seizures should have their support requirements, including seizure types and how to respond, detailed by a health professional in an appropriate seizure management plan template.

Where the person requires Midazolam administered to treat seizures, the person will require a Midazolam Administration Protocol recorded within a PRN Protocol, and staff will need to be trained and assessed before administering.

For further information about supporting a person with Epilepsy, refer to the [NDIS LWB 5541 Epilepsy and Seizure Management – Procedure](#) and the [NDIS LWB 5680 HIDPA Midazolam Administration – Procedure](#).

### **Hospital Support**

The people we support should have their individual support requirements relevant to being admitted to hospital documented within the [NDIS LWB 5561 Hospital Support - Plan](#).

For further information about providing Hospital Support, refer to the [NDIS LWB 5560 Hospital Support – Procedure](#).

### **Palliative Care**

End of Life Care Planning and Palliative Care support is provided to people with disability. For further information, refer to the [NDIS LWB 5570 End of Life and Palliative Care - Procedure](#) and resources.

### **Polypharmacy**

Polypharmacy is the concurrent use of multiple medications (often defined as five or more medications) to treat one condition or multiple concurrent conditions. It includes the use of all prescription medicines, over-the-counter medicines, and complementary medicines.



## Health and Wellbeing Practice Alerts

The NDIS Quality and Safeguarding Commission has produced Practice Alerts explaining the risks associated with a range of Health & Wellbeing topics and details related to provider obligations.

[Practice Alert: Dysphagia, safe swallowing & mealtime management](#)

[Practice Alert: Medicines associated with swallowing problems](#)

[Practice Alert: Epilepsy Management](#)

[Practice Alert: Polypharmacy](#)

[Practice Alert: Transitions of care between disability services and hospitals](#)

## Feedback, Complaints, Review and Active Apology

LWB recognises and embraces the importance of feedback, complaints, review, and active apology as an opportunity to gain valuable insights, promote critical reflection of our practices, programs and performance, support and maintain relationships and achieve continuous quality improvements.

All LWB staff are responsible for accepting and addressing feedback and complaints to improve practice. LWB staff should assure the people we support and any others who provide feedback or make a complaint that their comments and contributions are valued. Applying LWB Policy and Procedures in our everyday work environments will assist in achieving this.

## Appendix

**Table 1 - State Civil Administrative Tribunals / Guardianship contact details**

Jurisdiction	Address	Phone / Email
<b>NSW Civil and Administrative Tribunal Guardianship Division</b>	PO Box K1026, Haymarket NSW 1240 DX11539 Sydney Downtown	1300 006 228 – press 2 for Guardianship Division matters Main Switch: 02 9556 7600 Interpreter Service (TIS) 13 14 50 National Relay Service: 1300 555 727 email: <a href="mailto:gd@ncat.nsw.gov.au">gd@ncat.nsw.gov.au</a>
<b>Queensland Civil and Administrative Tribunal</b>	GPO Box 1639 Brisbane Qld 4001	1300 753 228 8:30 – 3pm email: <a href="mailto:enquiries@qcat.qld.gov.au">enquiries@qcat.qld.gov.au</a>
<b>Victorian Civil and Administrative Tribunal</b>	GPO Box 5408 Melbourne VIC 3000 Ausdoc DX210576 Melbourne	1300 01 8228 Interpreter Service (TIS) 13 14 50 email: <a href="mailto:humanrights@vcat.vic.gov.au">humanrights@vcat.vic.gov.au</a>
<b>Guardianship and Administration Board - Tasmania</b>	The Registrar Guardianship and Administration Board GPO Box 1307 Hobart TAS 7001	1300 799 625 (local) 03 6165 7500 (interstate) email: <a href="mailto:guardianship.board@justice.tas.gov.au">guardianship.board@justice.tas.gov.au</a>
<b>Northern Territory Civil and Administrative Tribunal</b>	<b>Casuarina:</b> PO Box 41860, Casuarina NT 0810 <b>Alice Springs:</b> PO Box 1745, Alice Springs NT 0870	1800 604 622 08 8944 8720 email: <a href="mailto:agd.ntcat@nt.gov.au">agd.ntcat@nt.gov.au</a>
<b>Western Australia State Administrative Tribunal</b>	GPO Box U1991, Perth, WA 6845	1300 306 017 08 9219 3111 email: <a href="mailto:sat@justice.wa.gov.au">sat@justice.wa.gov.au</a>
<b>South Australia Civil and Administrative Tribunal</b>	GPO Box 2361 Adelaide SA 5001	1800 723 767 email: <a href="mailto:sacat@sa.gov.au">sacat@sa.gov.au</a> Urgent after hours: 08 8342 8200
<b>Australian Capital Territory Civil and Administrative Tribunal</b>	GPO box 370 Canberra ACT 2601	02 6207 1740 email: <a href="mailto:tribunal@act.gov.au">tribunal@act.gov.au</a>

**Table 2 - Health Care Complaints Bodies – Contact Details**

Jurisdiction	Complaint Information
NSW	<p><b><u>NSW Health Care Complaints Commission</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint form online</a></li> <li>▪ Email: <a href="mailto:hccc@hccc.nsw.gov.au">hccc@hccc.nsw.gov.au</a></li> <li>▪ Mail to: Locked Mail Bag 18, STRAWBERRY HILLS NSW 2012</li> <li>▪ Phone: (02) 9281 4585</li> </ul>
QLD	<p><b><u>Office of Health Ombudsman</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint form online</a></li> <li>▪ Email: <a href="mailto:complaints@oho.qld.gov.au">complaints@oho.qld.gov.au</a></li> <li>▪ Mail to: PO Box 13281 George Street Brisbane Qld 4003</li> <li>▪ Phone: 133 646</li> </ul>
VIC	<p><b><u>Health Complaints Commissioner</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint form online</a></li> <li>▪ Email: <a href="mailto:hcc@hcc.vic.gov.au">hcc@hcc.vic.gov.au</a></li> <li>▪ Mail to: Level 26/570 Bourke St, Melbourne, Victoria, 3000</li> <li>▪ Phone: 1300 582 113</li> </ul>
TAS	<p><b><u>Health Complaints Commissioner</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint form online</a></li> <li>▪ Email: <a href="mailto:health.complaints@ombudsman.tas.gov.au">health.complaints@ombudsman.tas.gov.au</a></li> <li>▪ Mail to: GPO BOX 960 Hobart 7001</li> <li>▪ Phone: 1800 001 170</li> </ul>
NT	<p><b><u>Health and Community Services Complaints Commission</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint form online</a></li> <li>▪ Email: <a href="mailto:hcsc@nt.gov.au">hcsc@nt.gov.au</a></li> <li>▪ Mail to: GPO BOX 4409 Darwin NT 0801</li> <li>▪ Phone: 1800 004 474</li> </ul>
WA	<p><b><u>Health and Disability Services Complaints Office</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint form online</a></li> <li>▪ Email: <a href="mailto:mail@hadsco.wa.gov.au">mail@hadsco.wa.gov.au</a></li> <li>▪ Mail to: PO BOX B61 Perth WA 6838</li> <li>▪ Phone: 1800 813 583</li> </ul>
SA	<p><b><u>Health and Community Services Complaints Commissioner</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint online</a></li> <li>▪ Email: <a href="mailto:info@hcss.sa.gov.au">info@hcss.sa.gov.au</a></li> <li>▪ Mail to: PO Box 199 Rundle Mall SA 5000</li> <li>▪ Phone: 1800 232 007</li> </ul>
ACT	<p><b><u>ACT Human Rights Commission</u></b></p> <ul style="list-style-type: none"> <li>▪ <a href="#">Lodge a complaint online</a></li> <li>▪ Email: <a href="mailto:human.rights@act.gov.au">human.rights@act.gov.au</a></li> <li>▪ Mail to: Level 2, 11 Moore St, Canberra City 2601</li> <li>▪ Phone: 1800 822 272</li> </ul>

**Table 3 - LWB Stance on Health Procedures undertaken by Disability Support Workers**

	General Health & Wellbeing	HIDPA	Nursing or Medical Professional	Detail
Personal hygiene	✓			
Basic nail care (fingers)	✓			
Basic nail care (toes)	✓ only file nails		✓ cut nails	This procedure should be limited to DSWs only filing toenails (not cutting nails) to reduce the risk of injury, infection or other conditions
Oral health care	✓			
Basic bowel care	✓			
Asthma management	✓			Line Managers must ensure that all direct support staff who provide asthma support to read and fully understand the Asthma Action / Management Plan, follow the steps as the person's condition requires and understands when they should call an ambulance.
Blood glucose testing	✓			This procedure requires staff to complete both the LWB MyLearning eLearning Modules Diabetes and Blood Glucose Testing and receive training using the person's own equipment by a Registered Nurse or Diabetic Educator. Results should be charted within the <a href="#">NDIS LWB 5559 Blood Glucose Level Testing – Recording Chart</a>
Blood Pressure Monitoring	✓			This procedure requires staff to be trained in measuring Blood Pressure by a Registered Nurse or Doctor. Results should be charted within the <a href="#">NDIS LWB 5595 Blood Pressure Monitoring – Recording Chart</a> .
<b>Complex Bowel Care</b>				
Enema administration		✓		Procedure limited to enemas that are pre-packaged and disposable
Suppository administration		✓		

	General Health & Wellbeing	HIDPA	Nursing or Medical Professional	Detail
<b>Manual evacuation of faeces</b>			✓	<ul style="list-style-type: none"> <li>This procedure should be prohibited for DSW's and undertaken only by a Nursing or Medical Professional</li> <li>Risk to the person we support includes bowel perforation and injury to surrounding muscles/tissues, which could result in hospitalisation or surgery</li> </ul>
<b>Digital rectal stimulation</b>			✓	<ul style="list-style-type: none"> <li>This procedure should be prohibited for DSW's and undertaken only by a Nursing or Medical Professional</li> <li>Risk to the person we support includes bowel perforation and injury to surrounding muscles/tissues, which could result in hospitalisation or surgery</li> </ul>
<b>Colostomy management</b>		✓		
<b>Urinary Catheter Management</b>				
<b>Uri dome application and catheter care</b>		✓		
<b>Indwelling catheter care</b>		✓ excluding inserting and removing catheter	✓ inserting and removing catheter	This procedure should exclude DSW's from inserting and removing catheter, given risk to the person we support which may include injury to the urethra resulting in trauma, infection or hospitalisation.
<b>Suprapubic catheter care</b>		✓ excluding inserting and removing catheter	✓ inserting and removing catheter	This procedure should exclude DSW's from inserting and removing catheter given the risk to the person we support, which may include injury to the person we support, which could result in trauma, infection, septicaemia, hospitalisation in some cases death.
<b>Clean intermittent catheterisation</b>		✓		
<b>Urinary catheter flush / bladder wash out</b>			✓	<ul style="list-style-type: none"> <li>This procedure should exclude DSW's from urinary catheter flush/bladder wash out due to potential risk of urinary tract infection,</li> </ul>

	General Health & Wellbeing	HIDPA	Nursing or Medical Professional	Detail
				<p>trauma to bladder cells/wall, bleeding and bleeding clots.</p> <ul style="list-style-type: none"> <li>The effectiveness of this procedure is also debatable.</li> </ul>
<b>Tracheostomy Management</b>				
<b>Changing tracheostomy tubes</b>		✓ (if person is funded 2:1)	✓ (if person is not funded 2:1)	<p>DSWs can only provide tracheostomy management support where the person can be supported 2:1</p> <p>Appropriate funding must be in place for 2:1 before trained, competent and confident DSWs can formally assume responsibility for the person's tracheostomy management (including where the person is being discharged from hospital or transitioning into LWB)</p> <p>If this cannot be achieved, the person we support can seek assistance from an external health provider via <a href="#">Disability Related Health Supports</a> until LWB staff can formally assume responsibility for the person's tracheostomy management.</p>
<b>Checking ties</b>		✓ (if person is funded 2:1)	✓ (if person is not funded 2:1)	
<b>Suctioning through a tracheostomy tube</b>		✓ (if person is funded 1:1)	✓ (if person is not funded 1:1)	
<b>Emergency response and ambu-bag</b>		✓ (if person is funded 2:1)	✓ (if person is not funded 2:1)	
<b>Oral suctioning</b>		✓ (if person is funded 2:1)	✓ (if person is not funded 2:1)	
<b>Enteral Nutrition Support</b>				
<b>Gastrostomy feeding and management (Inc. bolus, gravity and pump)</b>		✓		
<b>Transgastric (G-J) tube feeding and management</b>		✓		
<b>Nasogastric tube (NGT) feeding and management</b>		✓ if a person is funded 1:1	✓ if a person is not funded 1:1	This procedure should exclude DSW's from NGT mealtime support and management unless a person can be supported 1:1
<b>Medication administration through</b>		✓		

	General Health & Wellbeing	HIDPA	Nursing or Medical Professional	Detail
<b>Gastrostomy or NGT</b>				
<b>Balloon volume</b>			✓	This procedure should exclude DSW's from using the Balloon Volume procedure due to the risk of the gastronomy tube being displaced (and recommendation that DSWs are prohibited from reinserting the tube). Additional risks include trauma and hospitalisation.
<b>Reinserting gastrostomy tube</b>			✓	This procedure should be prohibited for DSW's due to the risk of gastronomy tube being displaced, trauma and hospitalisation.
<b>Ventilator Management</b>				
<b>C-PAP/BiPAP</b>		✓		
<b>Ventilator management (with tracheostomy)</b>		✓ if a person is funded 1:1	✓ if a person is not funded 1:1	This procedure should exclude DSW's from ventilator management unless a person we support can be supported 1:1
<b>Ventilator management (without tracheostomy)</b>		✓ if a person is funded 1:1	✓ if a person is not funded 1:1	This procedure should exclude DSW's from ventilator management unless a person we support can be supported 1:1
<b>Adjusting ventilator settings (for BiPAP and CPAP)</b>		✓		
<b>Adjusting ventilator settings (for invasive ventilation)</b>			✓	This procedure should exclude DSW's from adjusting ventilator settings due to the risk of death.
<b>Oral suctioning</b>		✓		DSWs require additional training to deliver this support. Further information coming soon from NDISC regarding the funding level of this procedure
<b>Subcutaneous Injections</b>				
<b>Adrenaline auto-injector</b>		✓		

	General Health & Wellbeing	HIDPA	Nursing or Medical Professional	Detail
Insulin administration (pump or pen)			✓	<p>To align with the sector and Administrative Appeals Tribunal stance and the high risk to the person we support including death, LWB DSWs are prohibited from administering insulin via subcutaneous injection.</p> <p>The person we support can seek assistance from an external health provider via <a href="#">Disability Related Health Supports</a> if necessary.</p> <p><i>*NB – in the rare case where a health professional has determined the person should receive a <u>fixed dose</u> of insulin via pen, LWB staff may be able to support in the following circumstance:</i></p> <p><u>Lifestyle Support:</u> if the pen can be calibrated by the person we support, health professional or family member before LWB service commences, LWB staff can support administration by checking the pen’s calibration against the Diabetes Management Plan (checked by two staff members) and handing the pen to the person for <b><u>self-administration</u></b></p> <p><i>*NB – if a person receives a <u>variable dose</u> of insulin via pen, LWB staff may be able to support in the following circumstance:</i></p> <p><u>Shared and Supported Living:</u> if the pen can be calibrated by the person we support, health professional or family member before administration is required, LWB staff can support administration by checking the pen’s calibration against the Diabetes Management Plan (checked by two staff members) and handing the pen to the person for <b><u>self-administration</u></b>; or <u>Shared and Supported Living:</u> consideration of the suitability of an insulin pump, refer to <a href="#">Diabetes</a></p>



	General Health & Wellbeing	HIDPA	Nursing or Medical Professional	Detail
				<p><a href="#">Australia</a> and the person's health professional.</p> <p>A case by case approach should be taken.</p> <p>Contact the Disability Staff Support Centre on 1800 316 660 for further support as required.</p>
<b>Other variable or fixed dose injections</b>			✓	<p>DSWs should be prohibited in administering injections in LWB to align with a stance from the sector and Administrative Appeals Tribunal (AAT) and the given high risk to the person we support, which may include death</p>
<b>Complex Wound Care</b>				
<b>Pressure area injury management</b>		✓		
<b>Wound management</b>		✓	✓	<p>DSWs should only undertake wound management support under the supervision of an AQHP</p>
<b>Additional activities that require training but can be undertaken as part of a general support role</b>				
<b>Oxygen therapy</b>		✓		<p>DSWs require additional training to deliver this support. Further information coming soon from NDISC regarding the funding level of this procedure</p>
<b>Midazolam administration</b>		✓		
<b>Glycerol Tri Nitrate administration for Autonomic Dysreflexia</b>		✓		<p>DSWs require additional training to deliver this support. Further information coming soon from NDISC regarding the funding level of this procedure</p>