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The procedures listed below are genetic Procedures. And staff at Headway Gippsland are provided with client-specific training regarding these supports.

Bowel Care

Policy

Headway Gippsland is committed to ensuring participants requiring complex bowel care receive safe, appropriate, and relevant support proportionate to their individual needs.

TERMINOLOGY IN BOWEL CARE

Autonomous Dysreflexia - a distinct type of medical emergency that must be recognised immediately, seen in people with spinal cord injuries at or above T6 level. Symptoms include increase in blood pressure, often accompanied by a pounding headache, sweating above the level of injury and cold clammy skin or flushing, blotchy skin. Immediate emergency care or hospital transfer is required if dysreflexia occurs.

Bowel Care - a routine part of personal care and is defined as assisting the participant to evacuate the bowel at specific intervals, or a program designed to help the participant having difficulty with the regulation and control of defecation.

Bowel Infection - infection or irritation of the digestive tract, particularly the stomach and intestine. Symptoms include nausea, vomiting, diarrhoea, and abdominal cramps. Complications include dehydration in vulnerable adults and children. It is not life threatening and typically lasts for 3 days for recovery.

Bowel Perforation - when a hole in the wall of the intestine (small or large intestine) occurs and can be serious and potentially fatal. The risk of perforation is low and usually a complication of Inflammatory Bowel Disease (IBD). It may also occur when long standing bowel inflammation causes the wall of the intestine to weaken and become more susceptible to developing a hole or tear. Symptoms include severe abdominal pain, fever, chills, nausea, heavy rectal bleeding, and vomiting. This condition is serious, can be potentially fatal, and requires immediate emergency surgical treatment.

Complex Bowel Care - where a specialist level of support is needed where the participant is at risk of severe constipation or faecal incontinence, for example levels 3, 4, 5 spinal injuries, and some Acquired Brain Injuries where the bowel care plan involves non-routine treatment such as use of non-routine PRNs.

Diarrhoea - loose, watery stools. Acute diarrhoea is a common problem that presents as a sudden onset, lasts less than 2 weeks, and usually resolves on its own without special treatment.

Faecal Impaction or Bowel Impaction (also called loading) - when the rectum, and often the lower colon, is full of hard or soft stool, and the participant is unable to evacuate the bowel unaided. This can result in impaction, with overflow ‘spurious diarrhoea’, which is common in the frail elderly population and may be misdiagnosed as diarrhoea and therefore treated incorrectly.

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Faecal Incontinence - usually indicative of a high level of constipation, where liquid stool from higher up in the bowel can't move along and eventually the pressure builds up and it leaks around the sides of the impacted faeces. This type of diarrhoea is also referred to as overflow or bypass diarrhoea. It is uncontrolled and can occur at socially inappropriate times and places.

Identified Risks

Risks associated with complex bowel care include:

- autonomic dysreflexia
- constipation and faecal incontinence
- reflux, vomiting, stomach pains, and changes in bowel habits
- perianal skin irritation
- not informing health professional in a timely manner, in response to poor bowel function or related problems
- lack of knowledge and understanding of the importance of regular bowel care and stool characteristics indicating healthy bowel functioning and
- lack of sufficient knowledge and skill in undertaking complex bowel care interventions.

Risks associated with complex bowel care for participants with a stoma include:

- infection or inflammation of stoma site and
- inaccurate replacement of colostomy or ileostomy bags.

Strategies to reduce risks for complex bowel care include:

- staff to be suitably trained by a health professional on the importance of regular bowel care, observing bowel motions daily, stool characteristics, healthy bowel function, and how to recognise complications and actions to be taken in managing participants with complex bowel care needs
- use of reference guides such as the Bristol Stool Chart to observe and record bowel motions, and identify any changes that require action
- appropriate application and disposal of stoma bags
- supporting participants to clean and maintain the health condition of stoma sites
- wearing gloves and following strict hygiene and infection control procedures
- recording information on the *Complex Bowel Care plan*, e.g., outputs, hydration, and appearance of stoma
- timely reporting to health professionals of blockages or deteriorating health conditions, including emergency escalation
- *Complex Bowel Care plans* to be written by a health professional in consultation with other relevant health professionals involved in the participant's care
- staff to strictly follow expert advice and *Complex Bowel Care plans* to avoid hazards, risks, and adverse events, and take action if emergencies occur
- *Complex Bowel Care plans* in place and readily accessible and available to staff where complex bowel care is provided
- regular review of *Complex Bowel Care plans* and when any change is observed, including regular medication reviews as required and
- support workers to be up to date with emergency First Aid knowledge.

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Roles and Responsibilities

To achieve the above outcomes, Headway Gippsland will undertake the following actions:

1. A *Complex Bowel Care plan* been developed and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their care plan. Plans include how risks incidents, and emergencies will be managed for constipation, autonomic dysreflexia, rectal bleeding, perforation, etc., and when to refer to the Case Manager or a Health Practitioner (e.g., for infection, impaction, overflow, and changes in bowel habits).

2. *Complex Bowel Care plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants.

3. Participants are supported to seek regular and timely reviews of their health status and *Complex Bowel Care plan* by an appropriately qualified health practitioner.

4. Each participant's *Complex Bowel Care plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.

5. Policies, procedures, and plans are in place and easily accessible to workers, including a training plan for workers that relates to the specific needs of each participant receiving complex bowel care.

6 Skilled, trained, and experienced workers are allocated to manage participants with complex bowel care needs, as support provided is high risk and complex, and can be life threatening if not effectively managed.

7 Where supports are delivered by a competent worker who is not a qualified or allied health practitioner, the Quality control manager ensures:

   - the worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
   - competency of workers' skills and knowledge is assessed annually
   - refreshers are completed when participant's needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
   - supports are not provided until workers have successfully completed competency assessments and refresher training and
   - competency assessments are documented and regularly audited

8. The *Complex Bowel Care Plan* is signed by the health practitioner and participant, agreeing and confirming the need and consent for support.
9. Support Workers who care for participants with complex bowel care needs have completed training and education delivered by an appropriately qualified health professional, and receive regular supervision, support, equipment, and consumables required to provide the supports.

10. Workers must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, the type of complex bowel care required and appropriate use of equipment.
11. This includes training on the type of equipment used, main equipment components, functions and fitting techniques as well as general maintenance procedures.
12. Workers communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
13. The Human resource monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors through internal audits and stakeholder feedback, to ensure service provision is appropriate and effective.
14. The Client Service Engagement Coordinator:
    - ensures all support workers undertake the necessary training
    - maintains training records and appropriate registrations and
    - monitors staff compliance.
15. *Complex Bowel Care Plans* are to be reviewed by a suitably qualified Health Practitioner, evaluated, and updated regularly as changes occur to bowel care needs, to ensure appropriate complex bowel care is provided.
16. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities within the Code of Practice of their professional body.

Precautions/Considerations

Check and ensure the participant's *Complex Bowel Care Plan* is correct and current and that they have received information relating to any intended procedure and given appropriate consent.

Ensure the participant has a baseline bowel assessment undertaken.

Infection control considerations – support workers are to comply with the specific requirements for hand hygiene, aseptic non-touch technique and Personal Protective Equipment (PPE), in line with Headway Gippsland Infection *Control Policy and Procedures*.

Equipment Required

- Specific equipment required for bowel care as indicated in the participant's *Complex Bowel Care Plan.*
- Equipment appropriate for the age and size of the participant. Staff must follow manufacturers operating instructions.

- Other equipment and consumables as per individual participant complex bowel support needs.

Procedures

As Complex Bowel Care is highly personal in nature and high risk, staff need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meet the participant's preferences and daily routines.

Complex Bowel Care Procedures

All workers involved in complex bowel care must:

- be aware of the risks involved for each participant, strategies to prevent risks, and interventions to implement if they occur
- liaise with or report to the Case Manager and Allied Health Practitioner when a participant's bowel habits change, or difficulties are observed
- keep the *Complex Bowel Care Plan* updated, ensuring any identified risks are recorded and communicated as soon as they occur and
- undertake ongoing training and education to keep abreast of best practice guidelines for supporting participants with complex bowel care.

1. Check participant consent for complex bowel care support and *Complex Bowel Care Plan* are current.

2. Read and understand the *Complex Bowel Care Plan*, and check participant-specific requirements.

3. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.

4. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

5. Discuss and ensure the participant understands any intended procedures for bowel care, and obtain consent for approach before proceeding.

6. Follow strict personal hygiene, handwashing, and infection control procedures before and after bowel care is provided.

7. Encourage regular exercise and toileting as appropriate to minimise physical or medical interventions where possible.

8. Identify and record participant's normal stool appearance on the *Bowel Chart* according to the *Bristol Stool Chart* faeces classification.

9. Observe and record daily bowel habits, stool appearance (as per the *Bristol Stool Chart*) and any changes in bowel habits on the participant's *Bowel Chart*.

10. Undertake prescribed actions where required for bowel stimulation and movement, administering a laxative, enema, or suppositories, and administration of non-routine PRN medications.

11. Record time and outcome of action taken in the participant's health and progress notes.

12. Observe for any signs and symptoms of loss of appetite or dehydration and report to the Case Managers and relevant health practitioner.

13. Observe and action any other related conditions including autonomic dysreflexia (see below) which can be common in people with spinal cord injuries above the T6 level, due to overstimulation of the nervous system because of bowel impaction. Immediate treatment includes to sit up the participant or raise their head to 90 degrees and lower legs where possible, loosen or remove anything tight (e.g., clothing), and check blood pressure. If symptoms are observed such as low blood pressure, slowed heart rate, difficulty breathing, fuzzy vision, muscle spasticity, cold clammy skin, or anxiety that doesn't subside, arrange transfer to hospital and inform the Case manager and relevant health practitioner.

14. If there are signs of overflow, impaction, perforation, or infection observed, refer to the Case Managers and relevant health practitioner.

15. Maintain the participant's personal hygiene and skin integrity at all times, especially with faecal overflow, diarrhoea, or perforation.

16. Should an incident occur, respond as per the participant's *Complex Bowel Care Plan*, and per Headway Gippsland's *Participant Incident Management Policy and Procedure*. Following the incident, ensure the participant's *Complex Bowel Care Plan* is reviewed and updated, and information communicated to all workers involved in their care.

17. Maintain detailed documentation in the participant's health records.

18. Keep the participant's *Complex Bowel Care Plan* updated.

19. Stoma Care
    - follow personal hygiene and infection control requirements
    - replace and dispose of bags appropriately
    - maintain charts and records
    - monitor skin condition and keep stoma area clean
    - to clean: use warm water, mild soap, and a washcloth.
    - rinse well because the residue may keep the skin barrier from sticking and may also cause skin irritation
    - remove the paste before wetting the area. Use adhesive remover if required
    - always dry the skin well before putting on the new pouching system
    - do not rub too hard as the stoma has no nerve endings
    - do not use alcohol or any other harsh chemicals to clean the skin or stoma
    - do not use moistened wipes, baby wipes, or towelettes that contain lanolin or other oils. These can interfere with the skin barrier sticking and may irritate the

skin
- do not apply powders or creams to the skin around the stoma because they can keep the skin barrier from sticking and
- only use a gentle spray of water on the stoma and
- observe and report any abnormal changes, infection, or inflammation to the relevant health practitioner.

20. Actively involve the participant in complex bowel care support to the extent they choose, check any changes to support they are receiving and any other areas where the *Complex Bowel Care Plan* is not meeting participant needs.

21. Encourage feedback from the participant and request changes from attending health professionals to their *Complex Bowel Care Plan* as required.

22. Identify, document, and report information where *Complex Bowel Care Plans* are not meeting participant's needs.

23. Undertake on-going training and education, maintain up to date First Aid knowledge, and participate in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with complex bowel care.

Autonomic Dysreflexia (AD)

Signs and Symptoms of AD include:
- hypertension (a fast increase in blood pressure, 20-44mm Hg systolic higher than usual)
- bradycardia (slow heart rate) or tachycardia (fast heart rate)
- pounding headache
- apprehension / anxiety / uneasy feeling
- cold, clammy, flushed skin / sweating / goosebumps
- fuzzy vision / changes in vision and
- muscle spasticity / tingling sensation

Note: If symptoms do not subside with treatment steps listed below, ring 000 and transfer to hospital. Notify health practitioner and family, as required.

Immediate Treatment Steps

1. Change body position - sit person bolt upright. Torso and hips should be at a 90-degree angle. Lower the legs, where possible. The sudden change from laying to sitting causes the blood pressure to drop.

2. Loosen or remove anything constrictive, tight, or restrictive, e.g., clothes, belts etc., including area around the genitalia, while getting the person into a sitting position.

3. Check and record blood pressure every 2 to 3 minutes, until it returns to the person's normal level.

4. Look for the cause of the AD episode, checking the 3 most common triggers:

- urine flow - empty bladder, If there is an indwelling catheter, check for kinks and blockages and ensure the urinary bag is not full (empty if full or change bag).

- skin - remove wrinkles, constrictions, or tight clothes.

5. If you know of triggers for AD episodes for the person, correction of the usual trigger is a good start if you are aware of it. If the AD episode does not resolve with interventions, continue to look for and remove other triggers.

6. If there is medication prescribed for AD, administer it. Medication can consist of an anti-hypertensive, with rapid onset and short duration.

7. Continue to monitor blood pressure for at least 2 hours. The blood pressure should continue to lower and correct itself.

8. If the trigger or multiple triggers are found and removed or corrected, and the blood pressure continues to remain elevated, call 000. Medical attention is needed immediately to prevent a cardiovascular event such as stroke, cardiac arrest, seizures, pulmonary oedema, or death.

9. Note:

- If the episodes of AD are easily corrected with treatments that are appropriate for the person's particular AD triggers, monitoring and careful consideration of avoiding identified triggers may be necessary and documented in their *Complex Bowel Care plan*.

- In severe cases of AD, medications for AD can be prescribed to reduce the trigger, thereby reducing, or eliminating AD episodes.

- All health care providers and workers providing care must be advised if a person has AD, in case it arises. AD triggers, signs, symptoms, and corrective treatments must be documented in the person's *Complex Bowel Care plan* to avoid an episode of AD and ensure the person's safety.

Preventive Measures for AD

Preventative measures for AD include:

- loose fitting and non-restrictive clothing assists in ease of care provision and minimises AD triggers
- monitor blood pressure daily to assess for AD. If changes are noted, immediately notify the attending health practitioner for further evaluation and direction of care
- monitor input, output, and bowel movement daily for effective continence management and to assess for AD that might result from urine retention or bladder over-distension, constipation, or faecal impaction
- undertake daily skin integrity checks for pressure injury, ingrown toenails, sitting on a wrinkled sheet, cuts, bruises, etc., and eliminate these AD triggers
- bowel Management - administer enemas or suppositories where prescribed to empty the bowel and

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maintain effective bowel evacuation

- consider alterations to the diet, for stool consistency
- identify, report, and treat haemorrhoids or other anal infections that could be AD triggers
- have the health practitioner review medications regularly, to improve bladder and bowel management
- use medications for hypertension as prescribed, where indicated by the health practitioner and
- improve management of any urinary catheters.

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Dysphagia Procedure

Definitions

Dysphagia - a medical term for any difficulty associated with swallowing. It is associated with a wide range of medical and health conditions, disabilities, and ageing. It can be partial or complete and may require a feeding tube to provide nutrients without the need to swallow.

3 Phases of Dysphagia

1. Oral preparatory phase – chewing of food to a size, shape and consistency that can be swallowed.
2. Pharyngeal phase – muscles in the pharynx contract in sequence.
3. Oesophageal phase – muscles in oesophagus contract in sequence to move the bolus food toward stomach.

2 Types of Dysphagia

1. Oropharyngeal Dysphagia (weakening of the throat muscles resulting in difficulty to move food from the mouth into the throat and oesophagus). Symptoms include choking, coughing, gagging when swallowing or the sensation of foods, fluids going down the trachea or up the nose which can lead to pneumonia. Causes include neurological disorders such as multiple sclerosis, muscular dystrophy, Parkinson's disease, sudden neurological damages such as stroke, brain and/or spinal cord injury, and cancer.
2. Oesophageal Dysphagia – the sensation of food being caught in the base of the throat or in the chest after swallowing.

Signs and Symptoms of Dysphagia

- difficult, painful chewing or swallowing
- feeling food and/or drink stuck in the throat or going down the wrong way
- coughing, choking, frequent throat clearing during or after swallowing
- long mealtimes over 30 minutes
- avoiding some foods because they are hard to swallow
- regurgitation undigested food
- hoarse, gurgly voice, drooling
- dry mouth, poor oral hygiene
- frequent heart burn
- unexpected weight loss and
- frequent respiratory infection.

Enteral Feeding – any method of feeding that uses the gastro-intestinal (GI) tract to deliver nutrition and calories into the body. A person on enteral feeding usually has a condition or injury that prevents eating a regular diet by mouth, but their GI tract is still able to function. Enteral feeding may take up a person's entire calorie intake or used as a supplement.

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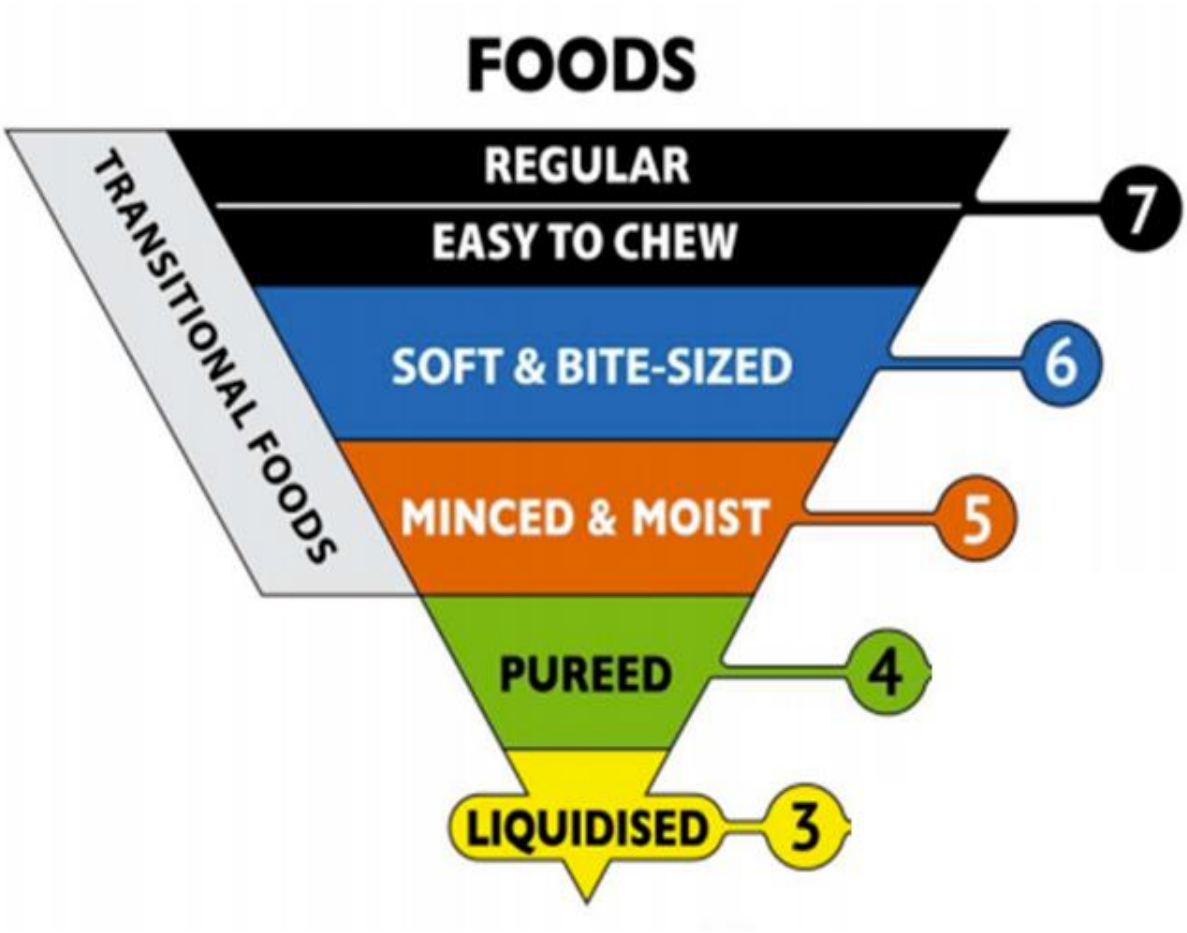

International Dysphagia Diet Standardization

Policy

Headway Gippsland is committed to ensuring its participants with Dysphagia and who also may require enteral feeding are identified and referred to appropriate specialists and other health professionals, to provide the required safe supports relevant and proportionate to their individual needs for safe meals, fluids, and medication administration.

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Risk Analysis

Identified Risks

Risks associated with Dysphagia include:

- weight loss
- dehydration
- respiratory problems e.g., aspiration pneumonia
- choking
- malnutrition
- swallowing problems where food and fluids get into the lungs rather than the stomach and
- staff not strictly adhering to prescribed *Dysphagia Care plan* requirements.

Risks associated with enteral feeding include:

- gastro-oesophageal reflux and aspiration
- contamination of enteral feeds causing serious infection
- oral issues such as dry mouth, oral infection, or general oral discomfort
- feed tube dislodgment or incorrect tube positioning
- stoma care issues and
- staff not strictly adhering to prescribed *Enteral Feeding Care plan* requirements.

Risk Management Strategies

Strategies to reduce risks for Dysphagia include:

- staff to be suitably trained to recognise early signs of dysphagia and symptoms and associated risks, including timely reporting to the Health Practitioner and speech pathologist to assess their swallowing and mealtime assistance needs, especially participants with complex disabilities including a review of general health
- staff to meet the training requirements specified in 'Roles and Responsibilities', below
- staff to undertake annual competency assessments, and have competency reviewed when they have not delivered the required support for over three months or if participant needs have changed
- early assessment of participant's possible swallowing difficulties if signs and symptoms of swallowing difficulty is observed. e.g., coughing / choking
- *Dysphagia Care plan* in place and readily available and accessible to staff for participants with Dysphagia
- *Dysphagia Care plans* to be written by a health professional
- staff to strictly follow expert advice and *Dysphagia Care plans* from specialists to avoid hazards, risks and adverse events, and take action if emergencies occur
- trained staff to be available to monitor and support participants with Dysphagia to eat and drink safely during mealtimes
- regular review of *Dysphagia Care plans* and
- regular medication reviews.

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Roles and Responsibilities

Headway Gippsland recognises the complexity in the management of participants with Dysphagia and will support workers and others involved in providing supports to ensure:

1. A *Dysphagia Care plan* has been developed for each participant and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their *Dysphagia Care plan*.

2. *Dysphagia Care plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants (such as for food, fluids, preparation techniques, and feeding equipment). They also include how risks, incidents, and emergencies will be managed to ensure participant wellbeing and safety, including setting out any required actions and plans for escalation.

3. Participants are supported to seek regular and timely reviews of their health status by an appropriately qualified health practitioner.

4. Each participant's *Dysphagia Care plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.

5. Workers understand the support needs outlined in *Dysphagia Care plans* such as:
    - required characteristics of textured food and drink
    - specific mealtime assistance techniques
    - what risks to look for and
    - action required to respond to risks, incidents, and emergencies.

6. Participants who require enteral feeding support and who also have dysphagia, have an *Enteral Feeding Care plan* developed by a relevant health practitioner. The *Enteral Feeding Care plan* sets out enteral tube feeding supports, types of feeds, feeding delivery mechanisms, specific mealtime assistance techniques, stoma care, what risks to look for and actions required to respond to risks, incidents, and emergencies.

7. Participants with Dysphagia are further supported and assessed by a multi-disciplinary team of qualified health professionals outside of Headway Gippsland and Headway staff and nurses will work collaboratively to allow the team to perform their duties in relation to Participant plans including:

- Speech Pathologist to:
    - undertake a comprehensive and accurate assessment of the participants swallowing
    - undertake comprehensive dysphagia assessments, which may include invasive assessment to determine severity and cause of Dysphagia
    - outline a plan for safe food, fluid, and medication intake and

- determine food and fluid texture and required modification (refer IDDSI, International dysphagia diet standardization. Initiative descriptors).

- Dietician to:
  - check and ensure there are enough nutrition and hydration in the recommended modified meals, and they meet participant individual needs and preferences and
  - recommend required food and fluid preparation procedures and feeding equipment needed.

- Medical Practitioner to:
  - undertake regular and timely *Dysphagia Care plan and Enteral Feeding Care plan* reviews when needs change or when swallowing difficulty is reported/observed
  - investigate any underlying cause of Dysphagia and advise on treatment options of care and
  - work with the participant and Headway Gippsland to explore non-oral feeding options such as PEG (Enteral) Feeding.

- Pharmacist to:
  - carry out medication reviews to assess whether any medications the participant is on may affect the participant's swallowing e.g., medications for epilepsy and / or mental health conditions and
  - recommend alternative routes/textures for medication administration, including through an enteral tube.

- Physiotherapist to:
  - work with the speech pathologist to advise on appropriate and safe positioning to facilitate swallowing and safe delivery of enteral feeds.

- Occupational Therapist to:
  - provide advice on environmental modifications to facilitate safe food and fluid intake.

In all cases the Case Managers will continually involve the participant and obtain consent in the initial and on-going decision making relating to meals and fluids.

8. Policies, procedures, and plans are in place and easily accessible to workers, including a training plan for workers in the specific complexities of managing each participant with Dysphagia to have safe and enjoyable meals.

9. Skilled, trained, and experienced workers are allocated to manage participants with Dysphagia and participants with Dysphagia who rely on enteral feeding, as support provided is high risk and complex and can be life threatening if not effectively managed.

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10. Where supports are delivered by a competent worker who is not a qualified or allied health practitioner, the Client Service Engagement Coordinator ensures:
    - The worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
    - The competency of workers' skills and knowledge is assessed annually
    - Refreshers are completed when participants' needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
    - Supports are not provided until workers have successfully completed competency assessments and refresher training and
    - Competency assessments are documented and regularly audited, with audit records and a *Training and Development Register* maintained.

11. Support Workers who are deployed to care for participants with Dysphagia and participants with Dysphagia who rely on enteral feeding have completed training and education by an appropriately qualified health professional who has expertise in Dysphagia and related enteral feeding, and receive regular supervision, support, equipment, and consumables required to provide dysphagia supports.

Dysphagia training is to include:

Skills	Knowledge
Prepare to deliver support	Prepare to deliver support
Understands the support plan, confirms it is the correct and current plan for the participant, and checks the participant's specific support requirements for example, food or fluid needs, preparation techniques, safe feeding strategies and feeding equipment. Checks with the participant on their expectations, capacity and preferences for being involved in the delivery of support. Checks with the participant on their preferences for communication, including the use of devices and/or methods. Communicates with the participant using participant-specific communication strategies, communication aids, devices, or resources, including resources in the participant's preferred	NDIS Code of Conduct and Practice Standards. The role of high intensity supports in supporting participants to lead the life they choose. Understanding common communication supports, for example, assistive technologies, alternative and augmentative communication, communication devices. Principles of infection control and personal hygiene, for example, hand washing, disinfecting, and use of appropriate Personal Protective Equipment (PPE) such as gloves. The role of food and meals in supporting good health, culture and social connection. Scope of worker responsibilities, including

language. Supports the participant to explore ways to enjoy mealtime and feeding, for example, timing, frequency, choice of environment and social company. Prepares for hygiene and infection control. Checks that required equipment and consumables are available and ready for use.	supervision and delegation arrangements. Roles and responsibilities of others involved in supporting the participant at mealtimes including carers, health practitioners and other workers. Features of a safe environment for working and supporting a participant with dysphagia.
Implement the support plan	Implement the support plan
Checks with the participant for any specific factors or adjustments needed at the time support is provided. Follows hygiene and infection control procedures and safe food handling. Supports the participant with menu and meal planning. Delivers support in ways that are least intrusive or restrictive and that fit into the participant's daily routines and preferences. Supports the participant to position themselves for feeding and checks they are ready for their meal. Prepares and provides food and fluids of the required texture and tests the prepared food texture. Supports the participant to enjoy their meal safely, using techniques such as use of feeding equipment and assistive technologies or other strategies for safe eating documented in the support plan, and providing reminders about safe rate of eating, or a safe amount of food in each mouthful if required. Identifies and immediately informs an appropriate health practitioner of risk indicators such as swallowing or breathing difficulties.	Basic anatomy of swallowing and respiratory system. Relationship between swallowing, the digestive system, nutrition, and dysphagia support. Basic understanding of dysphagia and related factors that can make eating difficult such as mouth and dental problems, reflux, breathing difficulties, poor appetite, food intolerance, tiredness, poor health, and some types of PRN medication. Signs and symptoms of dysphagia including coughing whilst eating or drinking, regurgitation of food or drink. Principles for infection control and hygiene, for example, hand washing, disinfecting the environment, use of gloves. Purpose and methods for positioning to assist swallowing. Common aids and adaptive equipment used by people who have severe dysphagia, such as eating and drinking utensils. Up-to-date first aid knowledge and techniques for suspected choking including how to promptly identify choking and clear airways of food. Knowledge of food and fluid preparation

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Supports the participant with oral hygiene consistent with the support plan. Monitors and records information required by the support plan. Works collaboratively with others to ensure continuity and effective delivery of support. Actively involves the participant in their support, as outlined in their support plan and to the extent they choose.	requirements set out in the International Dysphagia Diet Standardisation Initiative (IDDSI). Basic understanding of risks associated with taking medication and the importance of ensuring medication is delivered at an appropriate consistency. Risks of poor oral health and how these can affect people with dysphagia, such as risk of aspiration and pneumonia. Understanding of the Australian Dietary Guidelines for Healthy Eating and applying these to menu planning. When and how to involve or get advice from the appropriate health practitioner. Reporting responsibilities, including handover, recording observations and incident reporting.
Review support	Review support
Checks with the participant to discuss any changes needed to the dysphagia support they are receiving. Checks in with the participant if they enjoyed their meal. Identifies, documents and reports information where a support plan is not meeting a participant's needs. Supports the participant to provide feedback and request changes to their support plan as required.	Procedures and responsibilities for requesting review of dysphagia support.

13. In addition to the above, workers must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, including the appropriate use of equipment.

14. Headway Gippsland staff will have the required training on equipment use and maintenance. This includes training on types of equipment used for tube feeding

15. Workers communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

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16. The Human Resource monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors via an audit process and stakeholder feedback surveys, to ensure service provision is appropriate and effective.

17. The Client Service Engagement Coordinator:
- ensures all support workers undertake the necessary training
- maintains training records and appropriate registrations and
- monitors staff compliance.

18. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities within the Code of Practice of their professional body.

Precautions/Considerations

Check and ensure participant consent and *Care plans* are current for Dysphagia and Enteral Feeding support. These should include:
- feeding techniques
- positioning
- food and fluid texture and consistency and
- other consumables and equipment required to support eating and for enteral feeding.

Other assessment considerations include:
- regularly assessing weight gain or loss (at least weekly or as clinically indicated)
- referral to a dietitian to review feeding plans
- monitoring for behaviours where feed tubes are frequently dislodged and
- assessing for other factors that are associated with a high risk of aspiration or choking e.g., severe epilepsy, complex physical disability, complex communication, and inability to self-feed.

Equipment Required

- Assistive technology such as spoons, plates, cups and straws and relevant tube (enteral) feeding equipment for those with severe or profound difficulty swallowing who require tube feeding
- Other equipment and consumables as per individual participant *Care plans*

SD – High intensity supports

Procedures

As Dysphagia Support and Enteral Feeding Support is highly personal in nature and high risk, staff need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meet the participant's preferences and daily routines.

Dysphagia Support Procedures

1. Check participant consent for support and *Dysphagia Care plan* is current.

2. Read and understand *Dysphagia Care plan*, and check participant-specific requirements for food and fluid needs, preparation techniques, safe feeding strategies and feeding equipment required.

3. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.

4. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

5. Follow handwashing, infection control and personal hygiene procedures before and after attending to and supporting participant.

6. Ensure trained workers are available to monitor participant's with Dysphagia during mealtime.

7. Prepare and provide food and fluids of the correct texture and consistency as per recommended procedures and techniques in the *Dysphagia Care plan*.

8. Position participant – high fowlers position, head tilted slightly forward, ideally hips at 90-degree angle before feeding.

9. If participant can feed themself, consider their environmental requirements e.g., location, seated with people they like to socialize with. Provide the required mealtime equipment (crockery, cutlery) to support independence, participation, and enjoyment of meal.

10. Ensure participant, if being fed, is alert and awake – stop feeding if they are tired.

11. Provide specific mealtime assistance e.g., safe rate of eating, safe amount of food in each mouthful and ensure one mouthful is finished before giving another (if participant is fed).

12. Monitor participant while eating or drinking for coughing or choking and respond accordingly by clearing the airways of food, undertake emergency first aid, or call ambulance as needed.

SD – High intensity supports

13. Ensure meals / fluids and medications taken orally are prepared as directed to the right texture and consistency to make it easier to swallow.

14. Limit conversation with participant and avoid distractions.

15. Check buccal cavity of participant is empty on completion of eating / feeding.

16. Sit participant upright for at least 20 minutes after food and fluids are consumed.

17. If voice is gurgly during or after feeding, encourage participant to undertake an extra swallow or cough and swallow to clear.

18. Attend to the participant's recommended oral hygiene practice / plan.

19. Liaise and report to the Allied health practitioner and speech pathologist when a participant's eating and drinking needs change or swallowing or mealtime difficulties are observed.

20. Maintain daily Food and Fluid Chart to monitor intake and output.

21. Ensure medications are regularly reviewed by the pharmacist to assess whether the medications may affect the participant's swallowing, particularly medications for epilepsy and/or mental health conditions.

22. Keep the *Dysphagia Care plan* updated including any risks identified. These must be recorded and communicated as soon as they occur with all staff involved in the provision of meal services. Meals must not be prepared or delivered for participants who do not have a documented *Dysphagia Care plan*, or participants who require modified meals or fluids and their *Dysphagia Care plan* is not based on assessment and advice from appropriate health professionals.

23. Ensure regular and timely review of the *Dysphagia Care plan* by the medical practitioner and speech pathologist, and when mealtime difficulties are observed / reported e.g., coughing, choking.

24. Monitor weight loss, weight gain and temperature to track weight and signs of respiratory infection from aspiration.

25. Actively involve the participant in mealtime support to the extent they choose, check they enjoyed their meal, check any changes to dysphagia support they are receiving and any other areas where the *Dysphagia Care plan* is not meeting participant needs.

27. Encourage feedback from the participant and request changes from attending health professionals to their *Dysphagia Care plan* as required.

28. Identify, document and report information where *Dysphagia Care plans* are not meeting participant's needs.

SD – High intensity supports

29. Undertake on-going training and education, maintain up to date First Aid knowledge, (especially relating to techniques for addressing suspected choking), and participate in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with Dysphagia.

Catheter Care

Definitions

In-Dwelling Catheter (IDC) - a catheter which is inserted into the bladder via the urethra to drain urine from the bladder into a drainage bag and remains in situ. The IDC has a retention balloon to prevent it from falling out or dislodging.

In / Out Catheter (IC) (also referred to as intermittent catheterisation) - brief insertion of a non-balloon urethral catheter into the bladder through the urethra to drain urine. The procedure may be once-off or at intervals.

Supra Pubic Catheter (SPC) - a hollow, Flexible tube is used to drain urine from the bladder. It is inserted into the dome of the bladder through a cut in the stomach, a few inches below the navel (belly button). This procedure is done with a local anaesthetic or a light general anaesthetic.

Policy

Headway Gippsland is committed to ensuring participants requiring urinary catheter support receive safe, appropriate, and relevant IDC, IC, or SPC support, and that correct methods and equipment are used based on their individual identified needs.

Risk Analysis

Identified Risks
Listed below are common risks associated with participants who have an IDC or SPC. Individual risks must be assessed at the initial assessment and included in the participant's individual *Urinary Catheter Care plans*:

- bladder cramps - this is common when a catheter is first inserted and will generally settle within a couple of days. If it does not settle, or accompanies the following symptoms, contact the General Practitioner or health practitioner
- urinary tract infections (UTI) - signs include cloudy, bloody, or smelly urine, feeling unwell, fever, chills, or bladder, pelvic, or lower back pain
- discoloured or strong-smelling urine - this means insufficient fluid intake. Participants should aim to drink at least two (2) litres of water per day or as clinically indicated and
- lack of knowledge and understanding of the importance of hand hygiene and personal hygiene in catheter support, increasing infection risk – when replacing bags, disposing of bags, and monitoring

the health of participants who have an IDC or SPC in situ.

Risk Management Strategies

Strategies to reduce risks for urinary catheter support include:

- strict personal hygiene practices to be followed - hand hygiene, catheter site hygiene and strict hand hygiene when managing the catheter
- avoid disconnecting the bag other than for routine bag changes, as this will increase the risk of infection
- ensuring the participant has adequate fluid intake
- ensuring infections are identified, reported, and treated as soon as they are recognised
- emptying catheter bags frequently to prevent backflow of urine
- staff to be provided with training and education by a health professional on common risks and strategies to minimise those risks. Specific training provided in urinary catheter interventions and procedures, and when to seek assistance
- if any abnormality is observed, and if urgent, hospital transfer is arranged to ensure participant wellbeing
- appropriate policies, procedures, and response plans in place and readily available to support workers for participants who have a urinary catheter
- *Urinary Catheter Care plans* written by a health professional in consultation with other relevant health professionals involved in the participant's care
- staff to strictly follow expert advice and *Urinary Catheter Care plans* to avoid hazards, risks and adverse events
- *Urinary Catheter Care plans* to be readily accessible and available where care is provided
- regular review of *Urinary Catheter Care plans* and when any change is observed and
- Support workers in being up to date with emergency first aid training and completing ongoing training and education on urinary catheter support.

Roles and Responsibilities

SD – High intensity supports

Headway Gippsland requires that participants be provided with urinary catheter support that supports their health and welfare, based on their individual needs and preferences, and is delivered with care and compassion.

To achieve the above outcomes, Headway Gippsland will undertake the following actions:

1. A *Urinary Catheter Care plan* has been developed for each participant and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their *Urinary Catheter Care plan*.

2. *Urinary Catheter Care plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants. They also identify how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

3. Participants are supported to seek regular and timely reviews of their health status by an appropriately qualified health practitioner.

4. Each participant's *Urinary Catheter Care plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies. Copies of *Urinary Catheter Care plans* are provided to participants, their health practitioner, and any others requested by the participant, and readily available where care is provided.

5. Staff understand the support needs outlined in the *Urinary Catheter Care plan* such as:
   - the type of urinary catheter required
   - specific techniques to support the use of a urinary catheter
   - what risks to look for and
   - action required to respond to risks, incidents, and emergencies.

6. Staff who provide urinary catheter support have the pre-requisite knowledge and have completed training delivered by an appropriately qualified health practitioner or person who meets the High Intensity Support Skills Descriptors for urinary catheter support.

7. Staff are provided with access to appropriate policies and procedures, timely supervision, support, equipment, and consumables required to provide urinary catheter support.

8. Policies, procedures, and plans are in place and easily accessible to staff, including a training plan for staff, that relate to the specific support provided to each participant who requires urinary catheter support.

9. A holistic approach to urinary catheter support is taken, consistent with current contemporary practice, and is aligned with the *Infection Control Policy and Procedure*.

10. Skilled, trained, and experienced staff are allocated to support participants with catheters, as

support provided is high risk and complex and can be life threatening if not effectively managed.

11. Where supports are delivered by a competent worker who is not a qualified or allied health practitioner, the Quality control manager ensures:
- the worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
- competency of workers' skills and knowledge is assessed annually
- refreshers are completed when participants needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
- supports are not provided until workers have successfully completed competency assessments and refresher training and
- competency assessments are documented and regularly audited, with audit records and a Training Register maintained.

Urinary catheter support training must include:

Skills	Knowledge
Prepare to deliver support	Prepare to deliver support
Understands the support plan, confirms it is the correct and current plan for the participant, and checks the participant's specific support requirements for example, type of catheterisation, timing of catheter drainage. Checks with the participant on their expectations, capacity and preferences for being involved in the delivery of support. Prepares for hygiene and infection control. Checks with the participant on their preferences for communication, including the use of aids, devices and/or methods. Communicates with the participant using participant-specific communication strategies, communication aids, devices, or resources, including resources in the participant's preferred language. Checks that required equipment and consumables are available and ready for use. Recognises the intensely personal nature of this type of support and makes sure the participant is	NDIS Code of Conduct and Practice Standards. The role of high intensity supports in supporting participants to lead the life they choose. Understanding common and participant-specific communication supports, for example, assistive technologies, alternative and augmentative communication, communication devices. Principles of infection control and personal hygiene, for example, hand washing, disinfecting, and use of appropriate Personal Protective Equipment (PPE) such as gloves. Scope of support worker responsibilities including supervision and delegation arrangements. Roles and responsibilities of others involved in supporting a participant who uses a urinary catheter including carers, health practitioners and other workers. Features of a safe environment for working and delivering complex urinary catheter support.

ready to receive support.	Types of catheters, the main components, and their function, for example, catheter bags, balloons and tubing.
Implement the support plan	Implement the support plan
Checks with the participant for any specific factors or adjustments needed at the time support is provided. Follows hygiene and infection control procedures. Delivers support in ways that are least intrusive or restrictive and that fit into the participant's daily routines and preferences. Supports the participant to position themselves for catheter insertion and/or drainage. Supports the participant to clean and maintain healthy condition of the stoma site. Follows procedures for intermittent catheterisation insertion for a male or female participant. Checks catheter functioning and takes action as required including checking bag placement, checking urine levels and draining and/or replacing catheter bags. Identifies and immediately informs an appropriate health practitioner in response to signs and symptoms of complications or infection. Measures and records the amount and consistency of urine output and related information. Actively involves the participant in their support, as outlined in their support plan and to the extent they choose.	Basic anatomy of the male and female urinary system. The risks and health problems associated with using catheters, including urinary tract infections and skin integrity issues. Purpose and methods of hygiene and infection control. Catheter insertion techniques appropriate to males and females to minimise infection risk and participant discomfort. Requirements for catheter functioning including positioning of bag to ensure drainage, tube positioning. Indicators and action required for common complications or problems such as dislodged catheter tubes, changes in appearance of urine including suspected blood in urine or confusion. When and how to involve or get advice from the appropriate health practitioner. Indicators and action required to respond to common health problems at the stoma site, such as wetness or signs of infection or inflammation. Reporting responsibilities, including handover, recording observations and incident reporting.
Review support	Review support
Checks with the participant to discuss any changes needed to the catheter support they are receiving.	Procedures and responsibilities for requesting review of urinary catheter support.

Identifies, documents and reports information where a support plan is not meeting a participant's needs. Supports the participant to provide feedback and request changes to their support plan as required.	

12. In addition to the above, staff must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, including the appropriate use of equipment.

13. Any feedback/recommendations will immediately be reported to Feedback and Complaints department: who will then facilitate with care team including health professionals

14. The *Urinary Catheter Care plan* is signed by the participant, their health practitioner, and the Allied Health Practitioner, agreeing to the Plan and providing informed consent.

15. *Urinary Catheter Care plans* are reviewed, evaluated, and updated regularly, and when changes occur.

16. Headway Gippsland Staff will have the required training on equipment use and maintenance. This includes training on types of catheters used, main equipment components, functions and fitting techniques as well as general maintenance procedures.

18. Staff communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

19. The Human resource monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors via an internal audit process and stakeholder feedback surveys, to ensure service provision is appropriate and effective.

20. The Quality Control Manager:
- ensures all support workers undertake the necessary training
- maintains training records and appropriate registrations and
- monitors staff compliance.
- All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities of work within the Code of Practice of their professional body.

Precautions/Considerations

NOTE: IDC and SPC insertion **must** be carried out by a qualified health practitioner.

SD – High intensity supports

Check and ensure the participant's consent and *Urinary Catheter Care plan* are current.

Appropriately position the participant for catheter insertion or drainage.

It is recommended that the participant's genital area is washed with soap and water prior to catheterisation (IDC and IC).

If unable to insert catheter after 2 attempts (includes changing to different catheter size), seek further assistance from the General Practitioner. A new catheter must be used for each attempt.

Testing of the catheter balloon prior to insertion may compromise the integrity of some catheters. Refer to manufacturers' instructions to check if pre-insertion testing is required.

Infection control considerations – support workers are to comply with the specific requirements for hand hygiene, aseptic non-touch technique and Personal Protective Equipment (PPE), in line with xxxx *Infection Control Policy and Procedures*.

For SPCs, a healthy condition of the stoma site must be maintained.

Regularly check catheter functioning and take appropriate actions as required, e.g., checking bag placement and urine levels, and checking and replacing catheter bags.

Equipment Required

- Personal Protective Equipment (PPE) – gloves, eye protection, apron, gowns, etc.
- Other protective equipment commensurate with the level of protection required to maintain asepsis and to protect the worker from blood and body fluid exposure during catheter insertion.
- Participant-specific equipment required for urinary catheter support as indicated in the participant's *Urinary Catheter Care plan.*

Procedures

As urinary catheter support is highly personal in nature and high risk, workers need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meets the participant's preferences and daily routines.

Urinary Catheter Support Procedures

1. Check and confirm the *Urinary Catheter Care plan* and consent are current.

2. Read and understand the *Urinary Catheter Care plan* and perform duties or procedures only within

scope of practice.

3. Understand emergency escalation requirements in the event of an emergency, specific to the participant's particular circumstances.

4. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.

5. Check for any specific issues, or adjustments needed, at the time of support being provided.

6. Check the required equipment is available and ready for use.

7. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

8. Discuss and ensure the participant understands any intended procedures and consent is obtained for approach before proceeding.

9. Follow strict personal hygiene, handwashing, and infection control procedures before and after catheter support procedure.

10. Have the required PPE– disposable gloves, disposal gown, and glasses as required, before undertaking procedures.

11. Maintain a strict *Fluid Balance Chart (FBC)* for each 24-hour period. Record all fluid intake and urinary output. Record time and volume of urine emptied from catheter bag on FBC.

12. Maintain hygiene around SPC stoma site.

13. Encourage fluid intake of 2 litres per day or as clinically indicated.

14. Identify and report signs and symptoms that require action e.g., UTI, discoloured strong smelling urine, no drainage from catheter, and any other abnormalities observed, to the health practitioner.

15. Collect a urine specimen for pathology if UTI is suspected.

16. Maintain participant's personal hygiene and skin integrity.

17. Undertake assessments as follows:
- catheter site – skin condition, odour, discharge
- drainage system – ensure all connected, secured, catheter not kinked or blocked
- urine characteristics – colour, clarity, odour
- type of catheter (size and brand)
- location of the catheter (IDC or SPC)
- frequency of catheter change and

- person responsible for performing the change.

18. Maintain detailed records and documentation in participant's health records. Record time and outcome of action taken in the participants health and progress notes.

19. Keep the *Urinary Catheter Care plan* updated and current. The Plan is to be reviewed on a routine basis (every 3 months) or more frequently as needs change.

20. Stoma Care
- inspect SPC stoma site for signs of swelling, redness, or skin breakdown daily
- keep stoma site clean and dry and
- report any signs of infection, inflammation or leaking around the urinary catheter site to health practitioner.

21. Should an incident occur, respond as per the participant's *Urinary Catheter Care plan*, and per xxxx *Participant Incident Management Policy and Procedure*. Following the incident, ensure the participant's *Urinary Catheter Care plan* is reviewed and updated, and information communicated to all staff involved in their urinary catheter support.

22. Actively involve the participant to the extent they choose, check any changes to urinary catheter support they are receiving, and any other areas where the *Urinary Catheter Care plan* is not meeting participant needs.

23. Encourage feedback from the participant and request changes from attending health professionals to the *Urinary Catheter Care plan* as required.

24. Identify, document, and report information where *Urinary Catheter Care plans* are not meeting participants needs.

25. Undertake on-going training and education and maintain up to date First Aid knowledge (especially relating to techniques for urinary catheter support) and participate in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with urinary catheter support.

No Drainage from Catheter – Troubleshooting

Check:
- if tubing is bent or kinked
- if the drainage bag is below the bladder level
- if there is sediment in the tube blocking the catheter – try moving it around as this may dislodge the blockage
- fluid intake

If no urine is passed in four (4) hours, contact the health practitioner.

If there is persistent leaking around the catheter, or if the catheter falls out, contact the Allied health

practitioner for replacement catheter or transfer the participant to the nearest hospital.

Meal time Management

Headway Gippsland is committed to ensuring that each participant requiring mealtime management (such as participants with any swallowing difficulties/dysphagia) is provided with meals which are of high quality, nutritious and of a texture that is appropriate to their individual needs.

Headway Gippsland will ensure that meals are appropriately planned and meet participants' needs and preferences, including dietary intolerances, allergies and medication contraindications.

Headway Gippsland is committed to providing participants with meals which support nutrition, hydration and good health.

Each participant requiring mealtime management will undergo a comprehensive assessment by qualified health practitioners. These assessments will include evaluations of nutrition, swallowing, seating, and positioning requirements for eating and drinking.

Qualified health practitioners will create mealtime management plans for participants, outlining their specific needs related to swallowing, eating and drinking. Procedures

Procedures

Mealtime management planning - intake

As part of our intake process, Headway Gippsland will identify all participants who have mealtime management requirements, including any difficulty with swallowing (ie dysphagia).

Headway Gippsland will consult with the participant and/or their representative to determine any mealtime management needs, and seek a copy of their Meal Time management plan

Headway Gippsland will also ensure that workers look out for potential signs and symptoms of dysphagia in participants, including:

- difficult, painful chewing or swallowing;
- coughing, choking, or frequent throat clearing during or after swallowing;
- having long mealtimes e.g. finishing a meal takes more than 30 minutes;
- becoming short of breath when eating and drinking;
- avoiding some foods because they are hard to swallow;
- regurgitation of undigested food;
- difficulty controlling food or liquid in their mouth;

- drooling;
- having a hoarse or gurgly voice;
- having a dry mouth;
- poor oral hygiene;
- frequent heartburn;
- unexpected weight loss; and
- frequent respiratory infections.

Mealtime management planning - assessment

Each participant who is identified as requiring mealtime management will have their individual needs assessed by an appropriately qualified health practitioner. Generally,

- A **dietician** (if involved) is responsible for assessing nutritional status and providing individually adapted nutritional advice on a participant's meal plan.
- A **speech pathologist** (if involved) is responsible for assessing individuals with feeding, eating, drinking and swallowing difficulties.
- An **occupational therapist** (if involved) is responsible for assessing individuals who have difficulty with feeding due to a physical, cognitive or psychological disability. The OT can suggest adaptations, techniques, positioning and/or aids and equipment to facilitate and maintain independence.

Headway Gippsland will ensure that each worker responsible for providing mealtime management to a participant is provided with a copy of their mealtime management plan this will be found available on the clients file accessible by CRM app these will also be emailed out to the support worker when new supports begin.

Worker responsibilities

Workers at Headway Gippsland will assist in-preparing and providing texture-modified foods and fluids in accordance with the mealtime management plans for participants.

Workers are to check that meals for participants are of the correct texture, as identified in their plans.

Workers at Headway Gippsland who provide mealtime management, will be responsible for understanding the needs of participants, and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.

During mealtimes, workers will support participants as required, in accordance with their mealtime support plans, through measures including:

- supporting participants to maintain a safe body position (this may include repositioning the participant during the meal);
- providing specific mealtime assistance techniques, including any reminders about a safe rate of eating, or a safe amount of food in each mouthful;

- responding to coughing or choking and making sure risks are monitored while a person is eating or drinking; and
- providing appropriate eating and drinking aids where required.

Plan development

The Qualified Health Practitioner who assessed the Participant will document the Participant's mealtime support requirements within the Mealtime Management Plan (Plan).

The Plan serves as a guide for Headway Gippsland Workers, outlining the recommended approaches and strategies for mealtime management based on the following assessment areas:

- Nutrition and swallowing abilities of the Participant;
- Seating and positioning requirements during meals;
- Specific needs for swallowing, eating and drinking; and
- Individual preferences related to food, fluids, preparation techniques and feeding equipment.

The Plan will be developed to support the Participant's nutrition and well-being by:

- Incorporating menus that provide nutritious and enjoyable meals tailored to their preferences and any recommendations from the Qualified Health Practitioner; and
- Including proactive measures to manage risks if the Participant has specific chronic health risks, such as swallowing difficulties, food allergies, anaphylaxis, diabetes, obesity or being underweight.

The Plan will also identify the following elements:

- Review date of the Plan, which should occur annually or as advised by the Qualified Health Practitioner. The review process should be more frequent if the Participant's needs change as observed by a Worker;
- Recommendations for ensuring safe and enjoyable meals, while proactively managing emerging and chronic health risks associated with mealtime difficulties; and
- Guidelines for managing risks, incidents, and emergencies during meals, including necessary actions, escalation procedures, and steps to address safety incidents like coughing or choking.

Ensure the Plan covers procedures for Workers to follow regarding:

- Preparing and providing texture-modified foods and fluids, ensuring adherence to the prescribed textures outlined in the Plan; and
- Guidelines for proper storage of meals in compliance with health and food standards, ensuring clear identification for specific Participants.
- It is imperative that all Workers providing mealtime management services and support adhere to the Plan, following the documented guidelines and recommendations.

SD – High intensity supports

Collaboration with Participant and workers

Determine and prepare the mealtime management plan and preparation of meals in accordance with the Participant's wishes, likes and dislikes.

Be aware and supportive of the Participant's dietary requirements if applicable. A Participant's diet and plan must be amended to respect their cultural or religious beliefs.

Ensure the Participant is involved in the annual review process.

Signs and Symptoms of swallowing and eating issues

Headway Gippsland Workers will always observe Participants to monitor for signs that may indicate swallowing problems. If any of the below signs are noticed, they should be recorded so that appropriate assessments and referrals can be completed:

- Complaints of difficult, painful chewing or swallowing.
- Coughing during or right after meals.
- Frequent throat clearing during or after swallowing.
- Having long mealtimes.
- Becoming short of breath when eating and drinking.
- Regurgitation of undigested food.
- Having a hoarse of gurgly voice.
- Drooling.
- Having a dry mouth.
- Frequent heartburn.
- Frequent respiratory infections.

Choking - Emergency Procedures

Stop feeding immediately and seek medical assistance if the Participant experiences any of the following:

- Clutching their throat.
- Coughing, wheezing or gagging.

- Turning blue in the lips and face.

In the event the Participant appears to be choking, follow this procedure:

- If the Participant becomes blue, limp or unconscious, call 000 and ask for an ambulance.
- Try to keep the person calm.
- Ask them to cough to try to remove the object.
- If the coughing doesn't work, call 000 and ask for an ambulance.
- Bend the person forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand.
- After each blow, check if the blockage has been cleared.
- If the blockage still hasn't cleared after 5 blows, place one hand in the middle of the person's back for support. Place the heel of the other hand on the lower half of the breastbone (in the central part of the chest). Press hard into the chest with a quick upward thrust, as if you're trying to lift the Participant up.
- After each thrust, check if the blockage has been cleared.
- If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.
- If the Participant becomes blue, limp or unconscious, start CPR immediately.

Food safety, storage and preparation

It is imperative to guarantee that all food produced and served is prepared in a safe and hygienic manner, adhering to the highest standards of health and safety as mandated by applicable legislation.

Food must be prepared and stored in a manner that prevents it from becoming hazardous or unfit for consumption. This includes proper storage in refrigeration or freezer units, as appropriate.

Emphases on the presentation of food, considering factors such as texture, flavour, aroma, and appearance to enhance the overall dining experience.

Ensure that meals cater to the individual needs of Participants, offering options like finger food, modified portions, smaller serving sizes, and thickened beverages as required.

Accommodate Participant's dietary preferences and needs, including cultural, religious, or independent meal planning considerations.

Tailor meal preparation to align with each Participant's preferences, taking into account their likes and dislikes.

Uphold stringent hand hygiene, cleanliness, and food safety standards throughout Headway Gippsland's services, ensuring strict adherence to all relevant legislation and guidelines. Staff members should be well-versed in the Australia New Zealand Food Standards Code and Safe Food Australia - A Guide to the Food Safety Standards.

Thoroughly clean all cooking surfaces and utensils both before and after food preparation.

SD – High intensity supports

Never leave any electrical appliances unattended when in use.
Practice the use of disposable gloves and change them when transitioning from handling raw foods to cooked items to prevent any risk of cross-contamination.
Any personnel in close proximity to food handling should be in good health. Individuals who have been ill should not be assigned to tasks involving food preparation or handling.

Mealtime Assistance

Ensure that Participants receive appropriate nourishment in alignment with their Support Plan, to enhance their overall wellbeing and health outcomes.
Offer Participants essential diets that promote a healthy lifestyle and overall wellbeing.
Conduct frequent dietary assessments, by a healthcare professional like a dietician, to ensure that dietary plans consistently align with each Participant's individual needs.
Respect and incorporate Participant's cultural and religious beliefs into their meal plans to fulfill their dietary desires and requirements.
When assisting Participant's with food and drink intake, Workers should adhere to the following actions:

- Position Participants appropriately for safe and comfortable seating, modifying surroundings if necessary.
- Ensure that the Participant's mouth is clear of any food remnants before introducing additional food.
- Request the Participant to demonstrate an empty mouth if further meals or drinks are to be consumed.
- Maintain close proximity to the Participant.
- Utilise adaptive cutlery and food utensils when necessary.
- Offer small amounts of drinkable liquids, such as water, before meals to alleviate potential dryness in the mouth, which may hinder swallowing and pose a choking risk.

With the assistance of Workers, Headway Gippsland will:

- Provide requisite knowledge and training to staff for the proper administration of hydration and nutrition in accordance with the Human Resources Management Policies and procedures.
- Act upon information and recommendations from external experts, such as dieticians, speech pathologists, or medical practitioners.

Worker Training

Headway Gippsland ensures;

- each Worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and

proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks

- each Worker has complete accredited first aid training, holds a current First Aid certificate, and has been trained to manage incidents and emergencies
- training plans allow for ongoing training support, in line with updates to the NDIS Practice Standards and Quality Indicators, relevant legislation, and feedback provided by Workers.