ABN: 14 658 901 289

Company Name: Hope Disability Support Pty Ltd

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**Module 1:**

**Assistance With Daily Personal Activities**

**(High Intensity)**

April 2022

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**Purpose**

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

**Relevant documents:**

* **National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018**
* **National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2019 Measures No. 1) Rules 2019**
* **National Disability Insurance Scheme (Quality Indicators) Guidelines 2018**
* **National Disability Insurance Scheme (Quality Indicators) Guidelines 2021 (November) amended**
* **National Disability Insurance Scheme Act 2013**
* **United Nations Convention on the Rights of Persons with Disabilities**
* **United Nations Universal Declaration of Human Rights**
* **Disability Services Act 2012(NT)**
* **Disability Services Act 2011(TAS)**
* **Disability Inclusion Act 2014(NSW)**
* **Disability Services Act 1991(ACT)**
* **WA Disability Services Act 1993 (amended 2004)**
* **WA Equal Opportunity Act 1984 (amended1988)**
* **Disability Services Act 1993(SA)**
* **Disability Services Act 2006(QLD)**
* **Disability Act 2006 (Vic)**
* **Disability Amendment Act 2017(Vic)**
* **Disability Regulations 2018(Vic)**
* **Disability Services Act 2004 (NT)**
* **Form17.Legislative Compliance Register**

**Policy & Procedure**

We have established, implemented and maintained a procedure to ascertain legislative obligations and has access to all legal and other requirements that are applicable to our services.

# M1.1 COMPLEX BOWEL MANAGEMENT POLICY AND PROCEDURE

## Policy and Procedure

Hope Disability Support Pty Ltd provides excellent bowel management services through the implementation of this Policy and Procedure. This policy and procedure set out quality bowel care principles for participants that Hope Disability Support Pty Ltd supports. It ensures that Hope Disability Support Pty Ltd’s bowel care management is provided safely and hygienically while following the correct guidelines.

This extends to all workers and meets relevant laws and regulations and standards.

## Definitions

|  |  |
| --- | --- |
| Provision | The action of providing or supplying something for use. |
| Commode Chair | A type of chair used by someone who needs help going to the toilet due to illness, injury or disability. |
| Flatulence | The accumulation of gas in the alimentary chamber. |
| Acute (in relations to illness) | Conditions of a severe and sudden onset of an illness, disability or injury |
| Chronic (in relations to illness) | Conditions of illness, disability or injury persisting for a long time or constantly recurring. |
| Enema | A procedure in which liquid or gas is injected into the rectum to expel its contents or to introduce drugs or permit X-ray imaging. |
| Glycerol | Belongs to a group of medicines called laxatives which tends to stimulate or facilitate expelling of the bowel contents. |
| Suppository | A solid but readily meltable cone or cylinder of usually medicated material for insertion into a bodily passage or cavity such as the rectum. |

However, our Bowel Care management are procedures for any participants having difficulty in passing stool or faeces that are abnormal in consistency. These could be informed of

1. **Diarrhoea**
2. **Faecal incontinence**
3. **Constipation and poor bowel emptying**

## Policy

Hope Disability Support Pty Ltd follows and supports the guidelines for identifying, managing and implementing bowel care. Hope Disability Support Pty Ltd understands the importance of good practice when it comes to bowel care/management and has implemented a range of processes to promote this.

Good practice management includes overseeing and implementing good participant and staff hygiene, monitoring of participants, participant intake management (dietary and fluids), use of disposables and environment cleanliness. Hope Disability Support Pty Ltd strives for healthy bowels for its participants.

## Procedures

Hope Disability Support Pty Ltd follows a series of processes to ensure all participants have bowels in good physical condition both now and ongoing through quality service provision.

**Evaluation**

All participants go through an evaluation phase during the joining of Hope Disability Support Pty Ltd, this evaluation phase begins after an initial intake interview which can identify any issues regarding the bowel. As per the Assessment, Planning and Review Policy and Procedure, the evaluation will begin within 5 working days of participant acceptance into the service.

The assessment process includes how, when and where the participant requires the supports to be delivered and will be reviewed consistently when changes or improvements are required. Hope Disability Support Pty Ltd will use participant details and participant assessment form to assess the needs of the participant to see if the participant needs bowel management.

If required and with the participant’s consent, this assessment will be conducted

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

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

**Planning**

Hope Disability Support Pty Ltd will begin the planning process after the completion of the evaluation. The planning will be completed in correlation with the Assessment, Planning and Review Policy and Procedure. The participant and/or their nominated family member or carer will be involved in the completion of both the service agreement and support plan. This will outline the detailed bowel management plan when required and will be reviewed at least quarterly.

**Providing Continual Supports**

Providing continual quality supports is important when a participant requires bowel management. Hope Disability Support Pty Ltd will ensure each bowel management support will be provided with the utmost privacy of the participant and keep the dignity and respect of the participant. Hope Disability Support Pty Ltd is to keep a record of each bowel movement in its bowel management register which will be reviewed monthly. Hope Disability Support Pty Ltd will urge and encourage the participant to move their bowels as regularly as possible to keep the bowel movements continual. By doing this, Hope Disability Support Pty Ltd will also make sure a toilet is accessible at all times which can be done by utilising commode chairs, walkers, bedpans (as a last resort) and the use of hoists.

**Identifying Irregularities**

A participant may be experiencing irregularities with bowel movements; it is important for Hope Disability Support Pty Ltd to be able to identify this as soon as possible. Hope Disability Support Pty Ltd will regularly examine the participant using both verbal, non-verbal and physical examinations.

Hope Disability Support Pty Ltd will:

* Verbally ask the participant if they are feeling discomfort, flatulence, changes, cramping or pain within the bowel.
* Use a bowel feedback chart to see if the participant is experiencing any changes, flatulence, discomfort, cramping or pain.
* Listen for any bowel sounds.
* Check for tenderness or tension of the bowels.

**Intervention**

Intervention is required when a participant is experiencing changes or difficulties with bowel movements. Changes may vary, and it is important to identify which intervention is required.

**Diarrhoea-**

If a participant is experiencing diarrhoea to is important to ensure the participant is kept hydrated and encourage the participant to drink extra fluids than usual. If the diarrhoea is ongoing for more than 24 hours, Hope Disability Support Pty Ltd will seek medical attention for the participant.

**Constipation-**

Acute – A participant may experience acute constipation, Hope Disability Support Pty Ltd will review the participant's diet and include more foods that are of high fibre-high residue. These foods will include:

* Wholegrain foods
* Legumes, nuts and seeds
* Vegetables
* Whole fruits

Hope Disability Support Pty Ltd will review the participant's daily activities and make improvements to the number of daily activities the participant is doing.

Hope Disability Support Pty Ltd will also encourage the participant to drink more fluids, especially if the participant has participated in physical activities or if the weather is of hot nature.

**Chronic** – When a participant is experiencing chronic constipation, they must have had a review by a General Practitioner or Specialist. Generally, the practitioner specialist will suggest that the participant has regular stool softeners, has an enema, takes bowel stimulants or takes a glycerol suppository.

The professional may also take a stool sample for pathology testing or take blood tests to search for any underlying problems.

**Bowel Incontinence-**

A participant may have the inability to control bowel movements resulting in involuntary soiling; if so Hope Disability Support Pty Ltd must ensure that symptoms are managed as well as possible. This includes encouraging and participating in high hygiene activities such as; actively showering, washing any soiled skin and removing and the replacement of soiled materials (underwear, pads, sheets, etc.). If the participant is experiencing constipation, Hope Disability Support Pty Ltd must refer to the constipation interventions.

Hope Disability Support Pty Ltd will review the participant’s diet and make any improvements where possible to avoid any catalysts that worsen symptoms of bowel incontinence.

**Seeking Medical Attention**

It is important that Hope Disability Support Pty Ltd identifies when to seek medical attention for the participant. Hope Disability Support Pty Ltd must contact a General Practitioner (use of GP hotlines may be important to get advice quickly), go to the hospital or call an ambulance in serious situations. This action must be taken if a participant is experiencing:

* Blood in stool (maybe black or red in nature)
* Diarrhoea that lasts more than 24 hours
* Vomiting that is more than a one-off or contains blood/stool substances
* Rectal bleeding
* Pain or odd feeling before, during or after bowel movements
* Constipation which cannot be resolved

Skill Descriptors

As per the NDIS High Intensity Support Skills Descriptors July 2018 Version 1, Hope Disability Support Pty Ltd will ensure that staff will provide support to their workers and others involved in providing support to do the following:

* Follow personal hygiene and infection control procedures
* Recognise the intensely personal nature of this type of support and make sure of the participant’s consent for the approach
* Observe and record change bowel habits
* administer laxatives, enemas or suppositories according to procedure and identify when to seek health practitioner advice.
* High intensity support work includes administration of non-routine medication as required.

When following the interviewing process as stipulated in the Human Resource Policy and Procedure, Hope Disability Support Pty Ltd will ensure that staff that are being employed will have knowledge and qualifications in the following areas as per the NDIS Skill Descriptors with the following qualifications:

* basic anatomy of the digestive system
* understand the importance of regular bowel care
* understanding of stool characteristics indicating healthy bowel functioning and related signs and symptoms
* basic understanding of related conditions including autonomic dysreflexia
* symptoms/indications of need for intervention and when to refer to health practitioner e.g. overflow, impaction, perforation, infection,
* understanding of intervention options and techniques including administering enemas and suppositories, digital stimulation, massage etc. and related guidelines and procedures, nutrition and hydration requirements
* Privacy, Dignity and Respect
* Staff Training

**Hotlines**

(Call 000 if it is an emergency)

Nurse-On-Call – 1300 60 60 24

Health direct – 1800 022 222

Emergency Department – 000 (call in all emergencies)

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Assessment, Planning and Review Policy and Procedure
* Support Plan
* Service Agreement
* Bowel Feedback Chart
* Bowel Management Register
* Participant Details Form
* Participant Assessment Form.
* Privacy or consent to share information

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers and workers.

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participant and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the Bowel Management Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Endorsed | Endorsee | Reason/Section Update | Next Review |
| 1.0 |  | Erfan Ranjbar | Initial Release | 27/04/2023 |

# M1. 2 CATHETER CARE POLICY AND PROCEDURE

## Policy and Procedure

The Catheter Care Policy and Procedure indicate how Hope Disability Support Pty Ltd manages participants during catheterisation as well as abides by the correct procedure and protocol when Hope Disability Support Pty Ltd undertakes urinary catheter care. This policy and procedure will ensure staff, workers and management are comprehensively trained in all aspects, including implementation, intervention, documentation, management, restorative care, incidents, hazards, participant management and seeking additional support.

Catheter Care is a procedure where a hollow flexible tube is inserted via either the urethra or through an incision in the lower abdomen. This tube sits in the bladder to drain urine from the bladder and into either a regular drainage bag or a small leg bag. Participants may require this for various reasons, such as urinary incontinence, urinary retention, underlying health conditions or may require a catheter post-surgery.

Participants may have various catheters depending on which suits them best in their individual situation. The main types of catheters are an Indwelling Catheter, which resides in the bladder via the urethra. This could also be known as the Foley Catheter. Another catheter used is the Suprapubic Catheter which is inserted through an incision in the lower abdomen, or the Intermittent Catheter (IC), also known as the In-Out Catheter, which is only left in the bladder long enough to drain the urine.

Hope Disability Support Pty Ltd recognises the importance of implementing and utilising a thorough policy and procedure to ensure safe practices when preparing, implementing, managing, and documenting catheter care.

This extends to all employees and meets relevant laws and regulations and standards.

## Definitions

|  |  |
| --- | --- |
| Catheter Care | To provide guidance for care of catheter tubing, bag and urine output. Urinary incontinence and urinary retentions are the most common reasons for long-term indwelling urinary retention are the most common reasons for long-term indwelling urinary catheters. |
| Implementation | The process of putting a decision or plan into effect; execution. |
| Restorative Care | Restorative Care means activities designed to assist the participant in reaching or maintaining their level of potential. |
| Urethra | The duct by which urine is conveyed out of the body from the bladder, and which in male vertebrates also conveys semen. |
| Indwelling Catheter | "Indwelling" means inside your body. This catheter drains urine from your bladder into a bag outside your body. Common reasons to have an indwelling catheter are urinary incontinence (leakage), urinary retention (not being able to urinate), surgery that made this catheter necessary, or another health problem. |
| PPE | Personal protective equipment. |
| Predominant | Present as the strongest or main element. |
| Autonomic dysreflexia | Autonomic dysreflexia (AD) is a condition in which your involuntary nervous system overreacts to external or bodily stimuli. It is also known as autonomic hyperreflexia. This reaction causes a dangerous spike in blood pressure. |
| Suprapubic Catheter | A suprapubic catheter is a hollow flexible tube that is used to drain urine from the bladder. It is inserted into the bladder through a cut in the tummy, a few inches below the navel (tummy button). This is done under a local anaesthetic or a light general anaesthetic. |

## Policy

The Catheter Care Policy sets out Hope Disability Support Pty Ltd’s responsibilities in the process of managing participants during catheter insertion, catheter changing, catheter removal and catheter management.

Hope Disability Support Pty Ltd recognises the importance of ensuring all staff implementing catheter care adhere to safe and best practices accordingly. Hope Disability Support Pty Ltd will prioritise set out responsibilities and ensure they are implemented.

Obtaining consent is mandatory, and any interventions in place will be implemented to ensure the best and safest possible outcome for participants who require catheterisation.

Hope Disability Support Pty Ltd understands that only qualified health care professionals can indicate when to change or remove a catheter from a participant. This could be the participants General Practitioner (GP) or Specialist, e.g., Urologist.

Workers Responsibilities –

Hope Disability Support Pty Ltd’s workers are responsible for ensuring catheterisation is completed safely and accurately. Hope Disability Support Pty Ltd recognises the importance of guaranteeing catheter change or removal is completed by a trained and qualified health care professional, such as a Registered Nurse. Hope Disability Support Pty Ltd will ensure any other workers, such as support workers, are trained thoroughly and adequately to support participants in catheter care.

Any worker at Hope Disability Support Pty Ltd will be responsible for:

* Ensuring all care delivered is conducted within their scope of practice.
* Ensuring consent is given by any participant requiring catheterisation.
* Prioritising participant comfort and safety.
* Verbalising the procedure to the participant.
* Ensuring cleanliness of tubes and other materials used for the input and removal of catheters.
* Determining any participant discomfort and adjusting accordingly.
* Determining any possible allergies to materials used for the input and removal of tubes such as allergies to latex, tape, lubricant etc.
* Ask for support where possible or if the worker feels incompetent.
* Equipment is disposed of or cleaned as directed by the equipment instructions.
* Only inserting catheters using the aseptic non-touch technique (ANTT).
* Recognising that catheterisation care is invasive and needs to be practised sensitively.
* Understanding that catheterisation can result in serious complications, therefore workers must be prepared to deal with these situations should they arise.
* Understanding and recognising the signs and symptoms of autonomic dysreflexia.
* Understanding and recognising the signs and symptoms of urinary tract infections and renal complication, therefore workers must be prepared to deal with these situations should they arise.
* Correct procedures for documenting are followed.
* Correct procedures for minimising risks and complications are followed.
* Good cleanliness and hygiene practices are followed for both themselves and in the workplace such as the disposal of wastes, sanitising workbench, washing hands correctly etc.
* The participant's Catheter Care Support Plan is followed along with the procedures of this Policy and Procedure.
* Correct PPE is worn.
* Identifying hazards, incidents and providing the correct interventions.
* Report any incidents to management should they arise.

A vital responsibility of workers at Hope Disability Support Pty Ltd is to be aware and be able to manage any catheterisation issues or malfunctions. Therefore, works must continuously observe draining tubing for patency, as well as note any malfunctions or inability to expel urine into the catheter bag. It is the workers due diligence to ensure the continuous monitoring of any participant with catheterisation. Workers should adopt a thorough understanding of any potential issues that could arise due to catheterisation. Workers should be aware of oliguria (low urine output) and the reasoning behind the issue, such as misplaced catheter tube. Hope Disability Support Pty Ltd will ensure all workers recognise the potential malfunctions for both female and male anatomy, as well as understand and receive education on possible malfunction. For example:

* Catheterisation resulting in the participant suffering from hypotension due to rapid urinary excretion.
* Should the participant complain of pain, fever or discomfort, appropriate interventions should be implemented.
* Conditions requiring Intravenous Electrolyte Replacement.

Hope Disability Support Pty Ltd understands that accurate recording of documentation is imperative when ensuring care and safety of participants. All workers must document the following:

* Date of catheterisation/removal date.
* Due date for changing the Indwelling Catheter.
* Catheter size, type, amount of water in the balloon and expiry date of any relevant products.
* When discarding the catheter bag; document time and urine output, fluid balance, urine colour, odour, and consistency.
* Adverse events/effects, e.g. Bleeding, fever, discomfort, and pain.

All documents will be kept and recorded in situ with the Information and Record Keeping Policy and Procedure. All documents and records will be completed accurately and consistently.

Hope Disability Support Pty Ltd will ensure all workers recognise and understand the signs and symptoms of Autonomic Dysreflexia (AD), as AD is a condition which occurs in response to external or bodily stimuli. The nervous system is predominantly affected. Signs and symptoms include increased blood pressure, sweating, nausea, headache etc. Hope Disability Support Pty Ltd ensures all workers understand that participants who require or undergo catheterisation are more susceptible to AD, as it potentially can be caused by irritation of the bladder wall, urinary tract infection, blocked catheter, and overfilled collection bag etc. All workers will be prepared to deal with any situations should they arise.

Both workers and management will be responsible for ensuring sterile stock and equipment is readily available and ordered as necessary.

Management Responsibilities –

Hope Disability Support Pty Ltd’s management is responsible for the oversight and implementation of all catheter care provided to participants. Management will ensure all workers and personnel receive the appropriate training in accordance with set out standards. Management will provide correct and accurate training to workers and ensure they adapt practice with up to date and current knowledge.

Hope Disability Support Pty Ltd’s management will ensure the implementation of regular audits and overview of safe, appropriate and successful catheter care provision and practice. This will ensure safe and best practice is utilised, and the minimisation of harm and risk reduction is certified.

Hope Disability Support Pty Ltd recognises the possibility of abnormalities or malfunctions arising from catheter care provision. Management understands that they may not be equipped to manage all possible circumstances should they arise. In this case, management is prepared to reach out to alternative health care professionals for further assistance, support, reporting or management of issues, hazards and incidents. Management will also ensure all workers understand where to receive additional support and where to report any specific abnormalities or complications.

## Procedures

The Catheter Care Procedure is designed to provide guidance and support for Hope Disability Support Pty Ltd when providing catheter care to participants. Collaboration between workers and participants is highly regarded as it is beneficial when providing service provision. Hope Disability Support Pty Ltd adopts a step by step process of what is required throughout catheter care service provision to promote normal urinary function.

**Considerations**

Hope Disability Support Pty Ltd recognises important considerations in catheter care provision such as preventing infection, harm reduction and cross-contamination. Hope Disability Support Pty Ltd will implement the meticulous aseptic practices to prevent infection of the urinary system. Hope Disability Support Pty Ltd will ensure all considerations of infection control as well as knowledge of arising conditions are continuously considered. Hope Disability Support Pty Ltd recognises that there are many different types of urinary catheters; however, all workers will be comprehensively trained on the three main forms, these being indwelling catheters, suprapubic catheters, and in-out catheters. Hope Disability Support Pty Ltd understands the importance of utilising reviews from health care professionals when required and will always collaborate with professionals regarding any issues or concerns.

Hope Disability Support Pty Ltd will ensure only workers trained in catheter management are able to support participants with catheter care. No workers within Hope Disability Support Pty Ltd will be allowed to participate or undertake any support or provision of catheter care without undergoing the appropriate training from Hope Disability Support Pty Ltd and appropriately demonstrating their acquired knowledge. Hope Disability Support Pty Ltd will continuously ensure participants are provided with additional support or education regarding catheter care should they require or indicate the additional support. Hope Disability Support Pty Ltd and their workers will continuously maintain their participant's dignity, privacy, and safety at all times during service provision.

**Set Goals**

Hope Disability Support Pty Ltd provides all workers with a set of goals to achieve when providing catheter care. This assists participant’s safety and equity. The goals are as follows:

|  |  |
| --- | --- |
| GOAL 1 | Attempt to promote and sustain normal and functional micturition (urination). |
| GOAL 2 | Promote and sustain participant safety and comfort by always verbalising actions of care and reasoning behind actions. |
| GOAL 3 | Always obtain consent as catheter care is an intrusive procedure. |
| GOAL 4 | Always aim to prevent infection, cross-contamination, injury and pain. |
| GOAL 5 | Continuously aim to maintain skin integrity. |
| GOAL 6 | Aim to achieve full emptying of the bladder through catheter care for participants. |

**Decision to Remove Urinary Catheter**

Hope Disability Support Pty Ltd understands that the provision of catheters will be directed by a health care professional, usually in direct contact with the participant. The choice to remove a catheter will be directed from a health care professional, as well as the due date and time. Hope Disability Support Pty Ltd will adhere to all directions given by the health care professional. Hope Disability Support Pty Ltd understands that participants will require regular monitoring and review post catheter removal.

Hope Disability Support Pty Ltd will promote the participants transition to regular continence and review provision accordingly. Should any issues or discrepancies arise, Hope Disability Support Pty Ltd will contact the participant's health care professional responsible for requesting the removal of the catheter. Hope Disability Support Pty Ltd is prepared to use a bladder ultrasound scanner to measure residual urine volume following catheter removal. This will be conducted across an 8-hour period. Hope Disability Support Pty Ltd is aware of potential issues and infections that could arise to participants. Failure to excrete urine or urinary retention are certified as high risk, Hope Disability Support Pty Ltd will contact the participants nominated health professional for consultation and possible further action.

Hope Disability Support Pty Ltd recognises the potential to implement a urinary continence assessment, should the participant complete successful urinary continence. This is to ensure the participant is completely continent post catheter removal. Hope Disability Support Pty Ltd will ensure all workers are competent to observe for any signs or symptoms indicating a negative outcome of urinary catheter removals such as fever, pain, confusion, possible urinary tract infection and bleeding. Hope Disability Support Pty Ltd will follow the Waste Management Policy and Procedure when disposing of all catheters, equipment, and drainage bags to prevent infection control and cross-contamination.

**Dietary Requirements**

Hope Disability Support Pty Ltd recognises the importance of ensuring participants receive adequate and appropriate dietary requirements. Hope Disability Support Pty Ltd will ensure participants with catheters consume a minimum of 2 litres of fluid, preferably water, per day. Should worker shift’s overlap, workers will communicate with each other to ensure relevant information is communicated to appropriate workers or personnel. Hope Disability Support Pty Ltd will also ensure workers are encouraging participants to consume a balanced high fibre diet which assists in preventing constipation.

**Hygiene Requirements**

Hope Disability Support Pty Ltd recognises the importance of maintaining participants personal hygiene. Hope Disability Support Pty Ltd will support participants to maintain their personal hygiene by assisting them to shower when necessary and ensuring they use soap and warm water around the entire body and around the external ureteral orifice in aims to prevent infection and discomfort. After any care of showering or cloth washing, workers will avoid the use of powders, deodorant or creams around the catheter area as this can promote infection and become painful or irritating to participants. However, Hope Disability Support Pty Ltd recognises that urine is acidic and can easily irritate participants skin; therefore, workers will utilise a barrier lotion around the genitalia area to keep the skin moisturised and promote skin integrity. During this process, workers will maintain dignity and obtain consent as it is an invasive procedure.

**Participant Preparation for Catheter Procedures**

The participant will be informed of what is about to happen and the entire process to follow.

Hope Disability Support Pty Ltd will ask for verbal consent (if physically possible).

The participant will be positioned comfortably and in a way that is accessible for changing, removing, or inserting a catheter.

The participant is comfortable with who is in the room, and the one doing the procedure.

The participant has complete privacy and dignity upheld, e.g. close door, blinds closed, private areas covered, etc.

Ensure the participant is in their chosen position and is comfortable.

**Hygiene Preparation for Catheter Procedures**

Wash hands thoroughly (Follow best hand hygiene practice)

Wear correct PPE such as: gloves, closed shoes, apron, goggles etc.

**Catheter Maintenance/Emptying**

Workers at Hope Disability Support Pty Ltd will inspect the site of the urinary catheter at least once a day, the catheters usually utilised are indwelling and suprapubic catheters; which reside through an incision in the abdomen and into the urethra (suprapubic).

* Follow above-mentioned Participant Preparation for Catheter Procedures.
* Collect all equipment required (new collection bag, rubbish bin, PPE, measuring equipment)
* Follow above-mentioned hygiene preparation for catheter procedures.
* Workers will empty the drainage bag/collection bag under the following circumstances:
* At a minimum, once per shift.
* Every 2-3 hours.
* When the bag half full.
* When the bag is over half full.
* When emptying urine, empty into separate measuring equipment and measure urine output and document on the participant's notes accordingly.
* Then empty the urine from the measuring equipment into the toilet bowel slowly to avoid splashback—flush toilet after emptying urine output.
* Wash measuring equipment with hot water and disinfectant soap.
* Wash around the site of catheter insertion with mild soap – always avoiding high pH soaps.
* Avoid disconnection of tubing to minimise pain, infection, contamination, and malfunction.
* Connect the new connection bag via the instructions provided.

Ensure the connection bag is reattached to the participant and is lower than the site of catheter insertion to ensure adequate flow and drainage in a downwards gravitational pull; this is also done to prevent urine reflux.

Discard the old catheter bag by placing the bag in the designated rubbish bin, in accordance with the Waste Management Policy and Procedure.

When showering participants, leave indwelling and catheter leg bags in place, however being mindful not to knock or pull on the equipment.

Hope Disability Support Pty Ltd’s workers will also ensure the collection bag is only removed in the following circumstances:

When it needs to be replaced due to fullness.

As directed by a health care professional.

**Leg Drainage Bag Maintenance**

* Follow above-mentioned Participant Preparation for Catheter Procedures.
* Collect all equipment required (new collection bag, rubbish bin, PPE, measuring equipment).
* Follow above-mentioned hygiene preparation for catheter procedures.
* Assess for tightness, impaired circulation, rash, or irritation and manage accordingly.
* Before the participant is going to sleep, undo old night bag and replace with a new night bag as specified on the instructions. Careful not to touch the end that is inserted into the catheter.
* Take note of measurements and document accordingly.
* Observe for any presence of blood clots, offensive odour, and cloudy, discoloured urine. Notify the participants GP or specialist if concerned. Also, observe the site of catheterisation and the equipment on the participant to minimise malfunction and error.
* Question the participant on how they feel if they have any pain or bladder spasm etc.
* Reattach the bag back to the participant's leg, lower than the site of catheterisation.
* Discard the old catheter bag by placing the bag in the designated rubbish bin, in accordance with the Waste Management Policy and Procedure.

Hope Disability Support Pty Ltd will continuously ensure there is an adequate supply of catheterisation equipment for participants or workers that is in date and undamaged. Equipment includes indwelling catheters, uridomes, drainage bags, leg bags, leg bag cover, securement devices, PPE (gloves) and sterile syringes (depending on the participant's requirements).

Hope Disability Support Pty Ltd will ensure their workers remind participants who self-catheterise to empty their collection bags every 2-3 hours and complete the above steps as Hope Disability Support Pty Ltd would. Workers will ensure they offer help and support where necessary or when requested by the participant. For participants utilising in-out catheters (also known as IC) by themselves, ensure sterile lubricant is provided for insertion. Also ensuring help and support is provided when required by participants.

**Risk of Infection**

Hope Disability Support Pty Ltd’s workers will be made aware of potential risks of infection in aim to minimise and prevent participant’s contracting infection. Hope Disability Support Pty Ltd understands that if the following issues arise, the risk of infection greatly increases:

* Lack of care for the catheter/catheter site, e.g. lack of hand hygiene.
* Poor handling of the catheter.
* If the catheter is inadequately secured (which causes trauma to the urethra and the bladder).
* If the connection between the catheter and the drainage bag is broken.
* If the drainage device tap becomes contaminated when the bag is being emptied or comes into contact with the infected or bacteria-filled surface.
* If participants have inadequate fluid intake.
* If a participant’s personal hygiene is inadequate, which impacts on catheter care.
* If reflux of urine occurs, which is urine going from the bag and into the bladder due to the bag being full or the bag being above the level of catheterisation.

Hope Disability Support Pty Ltd will adopt infection control measures that minimise the presence of pathogenic organisms. This can be applied by following the Infection Control Policy and Procedure along with the Aseptic Technique Learning Module set by the Department of Health:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/standard-3-aseptic-technique-learning-module-preventing-and-controlling-healthcare-associated-infections>

**Inserting an Indwelling Catheter/Changing an Indwelling Catheter**

When inserting an Indwelling Catheter or Changing an Indwelling Catheter, Hope Disability Support Pty Ltd will follow a step by step procedure to ensure the procedure is carried out safely and accurately. Hope Disability Support Pty Ltd will only allow Registered Nurses (RN) to carry out catheter removal and insertion as they are the only qualified and trained personnel equipped to conduct this procedure. No other worker will insert or remove a catheter. However, other workers are able to change the drainage bag if they are trained accordingly. For example, if an RN trains a disability support worker.

**Removal of an Indwelling/Foley Catheter:**

1. Check the order from the health care professional to remove the catheter. If correct, proceed to the next steps. If incorrect, contact the health care professional immediately.
2. Follow above-mentioned Participant Preparation for Catheter Procedures.
3. Collect all equipment required (gloves, 10ml syringe and absorbent pad)
4. Follow above-mentioned hygiene preparation for catheter procedures.
5. Place absorbent pad underneath the participant to catch any excess fluids or excretion.
6. Begin by deflating the balloon on the tip of the catheter by connecting the syringe to the empty connector on the catheter tube. Note: the other connector will be connected to the catheter bag. Ensure the syringe has not been pulled back at all.
7. Once connected, pull the syringe towards you (drawing back) until the catheter tube collapses where the syringe is connected. This indicates that the saline in the catheter, as well as air, has been expelled into the syringe.
8. Dispose of the contents of the syringe and repeat if necessary. Ensure all fluid is expelled from the participant.
9. Ask the participant to take a deep breath and slowly pull the catheter tubing from the urethra.
10. Observe the catheter tubing for any blood droplets, infection etc. and note down any adverse findings including urine output during the process in the participant's Catheter Care Support Plan.
11. When disposing of the catheter, hold the tubing rolled up in one hand and with the other hand, slide the glove off to cover and conceal the old catheter tubing.
12. Dispose of all contents in the designated rubbish bin in accordance with the Waste Management Policy and Procedure.

**Insertion of an Indwelling/Foley Catheter:**

1. Check the order from the health care professional to insert the catheter. If correct, proceed to the next steps. If incorrect, contact the health care professional immediately.
2. Follow above-mentioned Participant Preparation for Catheter Procedures.
3. Collect all equipment required (catheter kit containing sterile drape, catheter, sterile receiver, absorbent pad, catheter bag, local anaesthetic, normal saline for catheter balloon, sterile gloves, gallipot, normal saline and optilube gel lubricant) Check the catheter size and material as recommended by the participant's health care professional requesting the insertion.
4. Follow above-mentioned hygiene preparation for catheter procedures.
5. Remove outer pack of the catheter kit in a sterile field, then open catheter kit aseptically.
6. Check the catheter expiry date and set up equipment on a sterile field.
7. Pour normal saline into the gallipot and soak cotton balls in the solution.
8. Complete hand hygiene again and put on sterile gloves.
9. Place an absorbent pad under the participant to prevent spillages.
10. Clean the area surrounding the urethral meatus, the direction of cleaning should be away from the urethral meatus.
11. Dispose of gloves and replace with a new pair of sterile gloves.
12. Use the sterile drape and place on the participant, exposing the genital area.
13. Inject local anaesthetic into the urethra of the participant (always check medication type and expiry date and dosage required).
14. Allow up to 5 minutes for the local anaesthetic to take effect.
15. Place sterile receiver under the participant's genital area.
16. Open catheter wrapper ensuring not to touch the catheter tip.
17. Lubricate the tip of the catheter.
18. Gently insert the catheter into the urethra (For males, grip the penis to prevent the catheter from sliding back out and loosen grip when continuing to advance the catheter).
19. As you insert the catheter, pull back the wrapper to expose more of the catheter. Fully insert the catheter until you feel the bladder wall.
20. Ensure urine is drained out before inflating the balloon.
21. Inflate the balloon with 10ml of water from the syringe whilst assessing for discomfort.
22. Once filled, gently retract the catheter until resistance is felt.
23. Attach the catheter bag and place catheter below the level of the participant.
24. Clean up the participant and dispose of equipment and gloves.
25. Document the procedure in the participant's individual Catheter Care Support Plan and note down the next requested change date from the participant's health care professional.
26. Dispose of all contents in the designated rubbish bin in accordance with the Waste Management Policy and Procedure.

**Inserting a Suprapubic Catheter/Changing a Suprapubic Catheter**

When inserting a Suprapubic Catheter or Changing a Suprapubic Catheter, Hope Disability Support Pty Ltd will follow a step by step procedure to ensure the procedure is carried out safely and accurately. Hope Disability Support Pty Ltd will only allow Registered Nurses (RN) to carry out catheter removal and insertion as they are the only qualified and trained personnel equipped to carry out this procedure. No other worker will insert or remove a catheter. However, other workers are able to change the drainage bag if they are trained accordingly. For example, is an RN trains a disability support worker.

**Removal of a Suprapubic Catheter:**

Check the order from the health care professional to remove the catheter. If correct, proceed to the next steps. If incorrect, contact the health care professional immediately.

Follow above-mentioned Participant Preparation for Catheter Procedures.

1. Collect all equipment required (gloves, 10ml syringe and sterile gauze.)
2. Follow above-mentioned hygiene preparation for catheter procedures.
3. Begin by deflating the balloon on the tip of the catheter by connecting the syringe to the empty connector on the catheter tube. Note: the other connector will be connected to the catheter bag. Ensure the syringe has not been pulled back at all before beginning.
4. Once connected, pull the syringe towards you (drawing back) until the catheter tube collapses where the syringe is connected. This indicates that the saline in the catheter, as well as air, has been expelled into the syringe.
5. Dispose of the contents of the syringe and repeat if necessary, to ensure all fluid is expelled from the participant.
6. Slowly pull the catheter from the abdominal opening and immediately place pressure on the opening with a gauze.
7. Measure how far the catheter was inserted as this will be useful for replacement/insertion of a new catheter.
8. Observe the catheter tubing for any blood droplets, infection etc. and note down any adverse findings including urine output during the process in the participant's Catheter Care Support Plan.
9. When disposing of the catheter, hold the tubing rolled up in one hand and with the other hand, slide the glove off to cover and conceal the old catheter tubing.
10. Dispose of all contents in the designated rubbish bin in accordance with the Waste Management Policy and Procedure.

Insertion of a Suprapubic Catheter:

1. Check the order from the health care professional to insert the catheter. If correct, proceed to the next steps. If incorrect, contact the health care professional immediately.
2. Follow above-mentioned Participant Preparation for Catheter Procedures.
3. Collect all equipment required (catheter kit containing sterile drape, catheter, catheter bag, normal saline for catheter balloon, sterile gloves, gallipot, normal saline and optilube gel lubricant) Check the catheter size and material as recommended by the participant's health care professional requesting the insertion.
4. Follow above-mentioned hygiene preparation for catheter procedures.
5. Remove outer pack of the catheter kit in a sterile field, then open catheter kit aseptically.
6. Check the catheter expiry date and set up equipment on a sterile field.
7. Pour normal saline into the gallipot use and soak cotton balls in the solution.
8. Complete hand hygiene again and put on sterile gloves.
9. Clean the area surrounding the opening in the abdomen, direction of cleaning should be away from the opening.
10. Dispose of gloves and replace with a new pair of sterile gloves.
11. Use the sterile drape and place on the participant, exposing the opening in the abdomen.
12. Open catheter wrapper ensuring not to touch the catheter tip.
13. Lubricate the tip of the catheter.
14. Gently insert the catheter into the opening in the participant's abdomen.
15. As you insert the catheter, pull back the wrapper to expose more of the catheter. Fully insert the catheter until you feel the bladder wall.
16. Use the measurement previously taken when removing the old catheter distance.
17. Ensure urine is drained out before inflating the balloon.
18. Inflate the balloon with 10ml of water from the syringe whilst assessing for discomfort.
19. Once filled, gently retract the catheter until resistance is felt.
20. Attach the catheter bag and place catheter below the level of the participant.
21. Clean up the participant and dispose of equipment and gloves.
22. Document the procedure in the participant's individual Catheter Care Support Plan and note down the next requested change date from the participant's health care professional.
23. Dispose of all contents in the designated rubbish bin in accordance with the Waste Management Policy and Procedure.

**Intermittent Self Catheterisation**

Intermittent Catheterisation (IC) is also known as an “in and out” catheterisation method. This means that the catheter is inserted by the participant themselves only long enough to empty their bladder into the toilet; it is then removed. Participants usually complete this action every 4 to 6 hours, depending on the individual participant's requirements. Participants are usually competent in completing this procedure by themselves; however, Hope Disability Support Pty Ltd’s workers must be prepared to assist participants should they require. Hope Disability Support Pty Ltd will ensure that no participant is denied help and support in their care provision. Hope Disability Support Pty Ltd recognises the importance of educating self-catharising participants regarding sterile techniques as it helps prevent infection and cross-contamination.

**Completed Urinary Catheter Process and Restorative Care**

Hope Disability Support Pty Ltd fundamentally understands the circumstances in which participants no longer require catheterisation and are now required to undergo restorative care to improve bladder function. Should a participant of Hope Disability Support Pty Ltd no longer require a catheter, Hope Disability Support Pty Ltd will provide the assistance, education and support stated by participants and their health care professional to regain or improve bladder function. Post catheterisation participants will always attempt to regain normal urinary function via retraining the bladder to operate efficiently and effectively. Some methods Hope Disability Support Pty Ltd will implement are:

* Educating the participant on post catheterisation techniques to promote urinary function.
* Encouraging participants always to attempt to urinate when the urge arises.
* Encourage participants to retain their bladder by practising voiding regimes.
* Involve and promote the participant in their own care.
* Minimise harmful substances such as tea, coffee, and alcohol as these can interfere with urine production in the body.
* Encourage participants to undertake pelvic floor exercise to strengthen muscles to improve bladder control (may need to collaborate with a physiotherapist).
* Ensure the correct and safe administration of medication therapy for participants who require medication post catheterisation.

**Fixing Urinary Catheter Issues**

Hope Disability Support Pty Ltd promotes the assistance and support of participants with catheterisation. Hope Disability Support Pty Ltd will continuously ensure participants have the assistance of a health care professional if required, therefore Hope Disability Support Pty Ltd is prepared to escalate care concerns or issues to a medical team if requested by the participant.

All workers of Hope Disability Support Pty Ltd will be trained in observing and recognising any potential issues that could arise due to catheterisation such as obstruction of flow, risks of autonomic dysreflexia and infection as potential risks. The main malfunction to occur with catheterisation is urine failing to drain to the collection bag.

Hope Disability Support Pty Ltd has implemented various protocols to undertake should a participant experience catheter draining malfunction. These include:

* Determine if the catheter or tubing is twisted, folded, squashed, or damaged.
* Determine if the tubing to the bag is blocked from bodily excretions.
* Determine if the collection bag is at the appropriate height (above the site of catheterisation, needs to be situated above the bladder).
* Ask the participant how they are feeling and if they feel constipated or unwell.
* Ensure the participant is consuming an adequate amount of fluid, preferably water (2 litres).
* Should the participant have a leg bag; determine if the straps are situated correctly and are not blocking the inlet valve of the leg bag, possibly readjust or resituate the leg bag or possibly disregard the old leg bag and replace with a new one.

If all methods are exhausted, Hope Disability Support Pty Ltd’s workers should contact the participant's health care professional or their General Practitioner for further advice and assistance.

If the participant is experiencing pain and urinary drainage that cannot be fixed or managed, immediately contact the participant's health care professional. In the event of the health care professional being uncontactable, transport the participant to the nearest hospital emergency department or call an ambulance.

**Skill Descriptors**

As per the NDIS High Intensity Support Skills Descriptors July 2018 Version 1, Hope Disability Support Pty Ltd will ensure that staff will provide support to their workers and others involved in providing support to do the following:

* Follow infection control procedures; replace and dispose of catheter bags
* maintain charts/records; monitor catheter position
* monitor skin condition around catheter; recognise and respond/report blockages, dislodged catheters, signs of deteriorating health or infection.

When following the interviewing process as stipulated in the Human Resource Policy and Procedure, Hope Disability Support Pty Ltd will ensure that staff that are being employed will have knowledge and qualifications in the following areas:

* Basic understanding of urinary system for males and females
* hydration; types of catheters; procedures and challenges in inserting catheters in males and females (intermittent catheters only)
* common complications associated with using different types of catheters, indicators of complications that require intervention and understanding when to involve a health practitioner.

**Seeking Medical Attention**

Hope Disability Support Pty Ltd ensures all workers providing care to a participant recognise when to seek further medical advice. All workers will be trained in observing signs and symptoms in correlation to potential underlying infection or issues. A common complication of catheterisation is developing a urinary tract infection. Workers will observe signs and symptoms such as cloudy or odorous urine, with or without the presence of blood, participant complaining of feeling unwell, having a fever, shakes or chills and participant indicating bladder, pelvic or lower back pain. Workers will then be required to contact the participant’s General Practitioner or health care professional for further treatment. Other situations that are reportable and require workers to seek medical advice are persistent leakages, no urine output for a total of 4 hours, catheter malfunction such as the catheter tube falling out.

A major complication of catheterisation is Autonomic Dysreflexia (AD). Workers of Hope Disability Support Pty Ltd will immediately call an ambulance, should their participant demonstrate signs and symptoms including severe pounding headache, sweating, blurred vision, nausea, high blood pressure, cool, clammy skin, goosebumps, and flushed face as these are potential indicators for AD. AD is often caused by a participant having a full bladder, full bowel, pressure sores, tight-fitting clothing or a bladder infection. Should a participant demonstrate these signs and symptoms workers will immediately call for an ambulance, sit the person upright, remove any tight or restricting clothing, observe urinary catheter malfunctions, and follow the participant's Catheter Care Support Plan.

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Support Plan/Care Plan
* Catheter Care Support Plan
* Information and Record Keeping Policy and Procedure
* Waste Management Policy and Procedure
* Infection Control Policy and Procedure.

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers and workers.

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participants and other stakeholders and their feedback

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the Catheter Care Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Version | Endorsed | Endorsee | Reason/Section Update | Next Review |
| 1.0 |  | Erfan Ranjbar | Initial Release | 27/04/2023 |

# M1.3 COMPLEX WOUND MANAGEMENT POLICY AND PROCEDURE

## Policy and Procedure

Hope Disability Support Pty Ltd provides excellent complex wound management services through the implementation of this Policy and Procedure. This policy and procedure set out quality complex wound management principles for participants that Hope Disability Support Pty Ltd supports. It ensures that Hope Disability Support Pty Ltd’s complex wound management is provided safely and hygienically while following the correct guidelines.

This extends to all workers and meets relevant laws and regulations and standards.

## Definitions

|  |  |
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| Palliative | Relieving the pain and improving quality of life without dealing with the cause of the condition, generally with people who are dealing with life-threatening illnesses which lead to death. |
| Haemorrhaging | Lose or expend large amounts of blood in a seemingly uncontrollable way. |
| Exudate | A mass of cells and fluid that has seeped out of blood vessels, organs or wounds. Especially in inflammation. |
| Sloughing | The shed and or removal of dead tissue. |
| Necrosis | The death of most or all of the cells in tissue due to disease, injury or failure of the blood supply. |
| Debride | Remove damaged tissue or foreign objects from a wound. |
| Autolysing | Autolysis refers to ‘self-digestion’. This is the destruction of cells through the action of its own enzymes or by another molecule/chemical. |
| Gauze | A thin transparent fabric of silk, linen or cotton. Generally used for wounds. |
| Sutures | A stitch or row of stitches holding together the edges of a wound or surgical incision. |
| Oxygen Saturation Levels (SaO2) | The extent to which haemoglobin is saturated with oxygen (O2) (generally should be 95-100). |
| Haemoglobin | An element in your blood that binds with oxygen to carry it through the bloodstream to the organs, tissues and cells within the body. |
| Systemic | A disease, drug or poison reaches and has an effect on the whole of the body instead of being localised. |
| Episodic | Made up of separate, especially loosely connected episodes. |
| Antimicrobials | A substance active against microbes. |
| Peri-wound | The tissue surrounding a wound. |
| Maceration | To soften tissue after death by soaking and by enzymatic digestion, as occurs with stillborn. |
| Desiccation | The removal of moisture from something. |

## Policy

Hope Disability Support Pty Ltd follows and supports the guidelines for identifying, managing and implementing complex wound management. Hope Disability Support Pty Ltd understands the importance of good practice when it comes to complex wound care/management and has implemented a range of processes to promote this. Hope Disability Support Pty Ltd understands that supporting a participant with complex wounds will have impacts on the participants physical, social and mental aspects of life. It’s important to support the participant as a whole and not only just focus on the wound itself. The wound can have effects such as pain, low self-esteem, decreased social activities, decreased physical activities, increased hospital access and increased illness.

There are multiple things which can also magnify the effects such as; the age of the participant, smoking, medication, overweight/obese, poor overall health, medical issues, incorrect wound management, incorrect materials used for wounds and decrease in physical activities. It is important to take this into consideration when providing complex wound management. Hope Disability Support Pty Ltd will take all wound management situations seriously and will implement the correct procedures for each area of management to ensure the participant benefits in every way possible.

## Procedures

When a participant has a complex wound, it is important to follow strict procedures to ensure the wound is managed as best as possible through the correct preparation, PPE, equipment, infection prevention, hygiene and ongoing management.

**Initial Consent**

Hope Disability Support Pty Ltd will ensure the participant has provided consent for complex wound management before the management has begun; this will be provided via a consent form and will be provided verbally as well. Hope Disability Support Pty Ltd will ensure the participant understands each step of the complex wound management process before gaining the consent, this will be done verbally and through a participant handbook which will have an added section for complex wound management. To make sure the participant has understood what is involved in the complex wound management process, the participant will complete an acknowledgement form.

**Palliative Care**

A participant may require palliative care, when palliative care is required Hope Disability Support Pty Ltd’s goal will be maintaining and improving the participant’s comfort from the wound. This will be done by reducing the pain of the wound, removing odours, any itching or sensations and avoiding haemorrhaging.

Steps of complex wound management:

**Prepare the participant:** the worker of Hope Disability Support Pty Ltd will begin by introducing themselves, followed by explaining what they are about to be doing with the participant. The worker will explain why they are going to be doing the procedure. The worker will then gain the participant's consent again, which can be made verbally. The worker will revise participants notes regarding the wound and any other relevant information to consider any changes, and if the participant's dressings are due for changing. Once complete, the worker will then ensure the participant is comfortable, and the participant has complete privacy and dignity.

**Initial cross-contamination management:** The worker will reduce the risks of cross-contamination, by washing hands thoroughly, using soap and water, cleaning the work area (such as the trolley) with soap and water followed by disinfectant wipes.

**Preparing equipment**: The worker will use the cleaned workspace (such as a trolley or big bench) to prepare the equipment on. The equipment needed will be non-sterile gloves, an apron, correct dressings and solutions for the wound and a sterile dressing pack.

**Secondary cross-contamination management:** The worker will re-wash hands and put the non-sterile gloves onto hands.

**Remove the dressing:** The worker will now remove the dressing; this will be done by gentle manipulating the edges of the dressing and gently pulling it away from the skin. If the dressing is difficult to remove gently, the worker will use a solution such as saline to dampen the area to make it easier. Once removed, the dressing should be disposed of in a waste bag/bin.

**Wound assessment:** The worker will assess the wound for anything noticeable, including the odour of the wound and the size of whether it is increased, decreased or stayed the same in size. Throughout the assessment, the worker should note the level of swelling/erythema involved in and surrounding the wound, including the level of exudate, bleeding, colour, sloughing, nature of the wound and any other noticeable features. The below table can be used for assessment, action and outcomes.

A screenshot of a cell phone

Description automatically generated

If the worker is concerned about any infections, they should take a swab for analysis by a local professional. If the wound seems to have started the necroses stage, the worker may be required to debride the affected area or apply autolysing dressings. The Hope Disability Support Pty Ltd should refer the participant to a GP if the wound is getting worse. If Hope Disability Support Pty Ltd is in doubt or hasn’t improved as per the participants care plan, Hope Disability Support Pty Ltd should also review the care plan and include any medical professionals in the review process to develop a more effective plan.

Gather correct dressings and cleaning materials: The worker should gather correct dressings and cleaning materials based on the assessment made taking into consideration the size, type, location and the moisture of the wound.

**Clean wound:** The worker will then begin the cleaning process by wash hands and applying the sterile gloves as carefully as possible to avoid contamination. If the gloves become contaminated at any time, the worker must dispose of gloves and re-apply new sterile gloves. The worker should pour the recommended solution into the sterile pack/on the sterile gauze.

The worker should have tweezers within the sterile cleaning pack; the worker will use these to pick up the solution covered cleaning gauze and begin cleaning the wound (starting from the dirtiest area to the cleanest). The worker must be gentle to avoid any further damage, pain and distress of the participant (especially if sutures are in place). The worker will not overuse the gauze to prevent re-contamination, after a few short circular motions of the gauze, the gauze will be put into the waste bag/bin without contaminating any sterile materials (avoid going above clean areas). Do this until the wound is free of exudates, slough, remnants of previous dressings and any necrotic tissue (which may require debridement).

**Dress wound:** Using the sterile materials, the worker should dress the wound with the correct dressing to suit the wound and using the dressing instructions supplied along with the dressing.

**Clean workplace**: The worker will now begin the cleaning process by gathering all used items and placing them into the waste bag/bin. The worker will now remove gloves carefully and put them in the waste bag/bin. This will be followed by washing hands with soap, water and disinfectant along with the workspace (trolley/bench).

**Document:** The worker should now document the wound assessment and the cleaning/dressing procedure.

**Educate:** The participant should be educated on how to manage the current wound situation and what to do if it gets worse.

**Report:** The worker should report any changes of the wound to the GP.

**Hydration**

Hydration is an important factor when it comes to wound management. The participant should be kept well hydrated to best benefit the healing process, Hope Disability Support Pty Ltd will promote best fluid intake practices and may also document fluid intakes if the participant lacks fluids.

**Nutrition**

Nutrition plays a vital role in wound healing; having a balanced diet should be implemented for a participant who is going through the wound healing process. This diet should consist of proteins for tissue growth, carbohydrates and vitamins such as C, A and zinc. Having a nutritionist or dietician make an assessment may be needed.

**Oxygenation**

Wounds need plenty of oxygen to promote healing; this is ensuring the participant has plenty of oxygen, too; this is known as Oxygen Saturation Levels (SaO2). If these levels our below normal, Hope Disability Support Pty Ltd should take additional steps to increase the levels, which may also require medical assistance.

### **Skill Descriptors:**

As per the NDIS High Intensity Support Skills Descriptors July 2018 Version 1. Hope Disability Support Pty Ltd will ensure that all stuff will provide support to their workers and others involved in providing support to do the following:

* Being able to recognise risk and symptoms of pressure
* Identifying when to refer to health practitioner
* Following plan instructions to inspect/replace dressings (under health practitioner supervision and only when indicated in wound management plan)

When following the intervening process as stipulated in the Human Resource Policy and Procedure, Hope Disability Support Pty Ltd will ensure that staff that are being employed will have knowledge and qualifications in the following areas as per the NDIS Skills Descriptors.

* Common skin integrity risks
* Common indications of infection and required response
* Implications of prolonged or worsening infection
* Purpose and methods for positioning and turning to manage pressure and choking risks
* Implications of wound management for delivering daily support activities such as showering, toileting, mealtime assistance and mobility.

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Participant Consent Form
* Client Handbook.

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers, and workers.

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participant and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the Complex Wound Management Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# M1.4 PEG & NG TUBE FEEDING POLICY AND PROCEDURE

## Policy and Procedure

The PEG & NG Tube Feeding Policy and Procedure set out how Hope Disability Support Pty Ltd manages participants during feeding with the implementation of a feeding tube and the responsibilities in which are implemented by Hope Disability Support Pty Ltd. This policy and procedure will ensure staff and management are completely trained in aspects including implementation, management, documentation, incidents, hazards, participant management and support.

Enteral feeding is a procedure in which a flexible feeding tube is inserted through the wall of the abdomen and into the stomach or GI tract to provide the participant with the nutrition and fluids they require to support their daily needs. This includes medications that can be inserted into the stomach or GI tract, ultimately to bypass the mouth and oesophagus. Other forms of tubes can include Nasogastric Tubes (NG), which are inserted via the nasal cavity.

Hope Disability Support Pty Ltd understands the importance of implementing a strong policy and procedure to maintain safe practices when preparing, implementing and documenting enteral feeding.

This extends to all workers and meets relevant laws and regulations and standards.

## Definitions

|  |  |
| --- | --- |
| PPE | Personal Protective Equipment |
| Oesophagus | The part of the alimentary canal which connects the throat to the stomach. In humans and other vertebrates, it is a muscular tube lined with mucous membrane. |

## Policy

The Tube Feeding Policy sets out Hope Disability Support Pty Ltd’s responsibilities in the process of managing participants during feeding with the implementation of a feeding tube.

Hope Disability Support Pty Ltd understands the importance of ensuring interventions are in place, responsibilities are implemented, incident management, assessments and reporting are implemented to ensure the best and safest possible outcome for participants who require feeding using a tube.

Both workers and management play a key role in the responsibilities of enteral feeding.

Worker Responsibilities -

* Ensuring cleanliness of tubes and other materials used for the input and removal of tubes.
* Feeding tubes are flushed before and after food.
* Feeding tubes are flushed before and after medication.
* Are trained for the implementation, management and safe practice of feeding tubes.
* Good cleanliness and hygiene practices are followed for both self and the workplace, e.g. Disposal of wastes, sanitising workbench, washing hands correctly etc.
* Correct procedures for documenting are followed.
* Correct procedures for minimising risks and complications are followed.
* The participants Enteral Feeding Support Plan is followed along with the procedures of this Policy and Procedure.
* Correct PPE is worn.
* Identifying hazards, incidents and providing the correct interventions.
* Reassure participants as much as possible and keep them updated on everything being done.
* Ask for support where possible or if the worker feels incompetent.
* Equipment is disposed of or cleaned as directed by the equipment instructions.
* Good oral hygiene practices are implemented with participants.
* Report any incidents to management.

Management Responsibilities-

* Ensure workers are competent, trained and confident with the implementation, management (including participant management) and removal of feeding tubes, documenting of tube feeding, and the equipment used.
* Workers understand safe practices and hygiene practices of self and the workplace.
* Participants are fully informed on the process of feeding using a tube, how it can positively and adversely affect them and possible implications.
* Monitor workers consistently.
* Provide emergency responses to workers and participants if an emergency or complication arises.
* Training workers on identifying hazards, incidents and emergencies.
* Report any reportable incidents to the NDIS Quality and Safeguard Commission.

## Procedures

The Tube Feeding Procedure is designed to have a step by step process of what is involved throughout the enteral feeding process to ensure the utmost safety to the participant and the worker along with ensuring the competency of the worker performing the procedure.

**Participants at Risk**

Participants who require enteral feeding are at risk of malnourishment due to a medical reason, including but not limited to:

* Anorexia
* Complete debilitation/paralysed
* Impairment in the oesophagus, stomach, bowel or GI tract
* Inability to intake food orally
* Deformities including facial, structural (bone), fractures or other deformities that make it difficult to intake food
* Mental health that severely affects food intake
* Severe disability which results in minimal/no oral intake

Hope Disability Support Pty Ltd will work with participants currently facing these difficulties and support them through the feeding process. Participants will have a nutrient-based diet to support their needs.

**Nutrition**

All participants who require enteral tube feeding must be seen by a GP and referred to a dietitian (or dealt with by a team of highly skilled professionals) for a feeding schedule and well-balanced nutritional diet to suit the participants requirements. Nutritional diets are generally made up of carbohydrates, proteins, fat (made up mostly of monounsaturated and polyunsaturated fats), vitamins, and minerals which are tailored to fit the participant's requirements such as age, deficiencies, goals, weight, disability, intolerances, energy output, religion, etc. This will include drinking the correct fluids required to maintain or improve to a healthy state.

**Route of Tube Feeding**

Participants may have specific routes for feeding tubes to ensure the participant is getting the maximum benefit from the enteral feeding. There may be multiple reasons for a participant being unable to receive this via a general route; this decision is made between the participant's group of allied health professionals, the participant and/or their family and carers. The team will develop a suitable plan which will then be provided to Hope Disability Support Pty Ltd for the use upon the requested start date.

**Preparation**

Hope Disability Support Pty Ltd follows a strict guideline for preparation of both medications and feed to ensure safe practice throughout the procedure.

Worker Prerequisites:

* Workers uphold relevant qualifications, skills and experience for enteral feeding. It is recommended that a Registered Nurse provides this service.
* Workers will have participated in a Medication Management course through a Registered Training Organisation (RTO).
* Workers will have completed a refresher course every 3 years to ensure competencies concerning Medication Management.
* As per the Medication Management Policy and Procedure, workers must participate in refresher training if the following occurs:
* Changes to the participants’ medication or wellbeing, requiring the employee to possess certain training or qualifications.
* When a proposal made by CEO/ Director in which there are condition issues relating to specific medical management tasks.
* An incident or event requiring medical management skills occurs.
* Changes regarding the participants living arrangements or environment alter the capability of workers completing this to fulfil their tasks of medication management or.
* A recommendation is developed from by the Registered Nurses of Hope Disability Support Pty Ltd.

**Participant Preparation:**

The participant will be informed of what is about to happen and the entire process to follow.

Hope Disability Support Pty Ltd will ask for verbal consent (if physically possible).

The participant will be positioned comfortably and in a way that is accessible for enteral feeding.

The participant is comfortable with who is in the room, and the one doing the procedure.

The participant has complete privacy and dignity upheld. E.g. close door, blinds closed, private areas covered, etc.

Participant is at a 30-degree angle for feeding.

**Hygiene Preparation:**

Wash hands thoroughly (Follow best hand hygiene practice)

Wear correct PPE such as: gloves, closed shoes, apron

**Tube Preparation:**

The tube is not kinked, covered or blocked by anything in any way.

The tube is flushed.

**Medication Preparation:**

Read the participants medication plan.

Follow alongside the Medication Management Policy and Procedure for safety and correct procedures.

Select the correct medication. (preferably liquid or tablets which are soluble)

Check the expiry date, amount, type and label correctly. (cross-reference with the medication order)

Get a second opinion if in doubt.

If tablets are in use, they must be crushed using the correct equipment and mixed with 20 mls of water.

Draw up medication in a syringe.

Place in a safe plastic container for transport to the participant.

**Feed Preparation:**

Read the participants feed order.

Collect the correct feed.

Check the expiry date, amount, type and label. (cross-check with the feed order)

Get a second opinion if in doubt.

If the feed is not pre-packaged/prepared and the formula is used, Hope Disability Support Pty Ltd will use an alcohol swab.

**Feed Administer**

After following the correct preparation procedures of staffing, participant, hygiene, feed and tube, Hope Disability Support Pty Ltd will begin the administration of feed steps:

1. The feed mixture must be sufficiently shaken.
2. Double-check the tubing for any kinks and blockages.
3. Ensure the participants head is positioned at 30-degrees.
4. Check the nasal and oral cavity and document findings. [Only necessary for NG feeding]
5. Check insertion site.
6. Ensure the tube has been flushed.
7. Adopt infection control measures that minimise the presence of pathogenic organisms. This can be applied by following the Infection Control Policy and Procedure along with the Aseptic Technique Learning Module set by the Department of Health: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/standard-3-aseptic-technique-learning-module-preventing-and-controlling-healthcare-associated-infections>
8. Set up a drip stand.
9. Hang the feed bag/bottle on the drip stand.
10. Choose either a bolus connection set or giving set.
11. Prime and connect this with the feeding tube.
12. Unclamp tube.
13. Allow for the feed to flow through the tube.
14. Set the feed pump’s action rate as per their feed plan.
15. Monitor the line or pump for any disruptions.
16. Monitor the participant for any concerns such as diarrhoea, vomiting, pain, allergic reactions, and discomfort.
17. Once complete, flush the tube.
18. Clamp the tube.
19. Anchor the tube to something, e.g. if an NG Feed Tube, anchor it to the nose.
20. Document the feed, flush and any other important details.
21. Dispose of any materials such as feed bag/bottle.

**Medication Administer**

After following the correct preparation procedures of staffing, participant, hygiene, medication and tube, Hope Disability Support Pty Ltd will begin the administration of medication steps:

1. Double-check and follow the Medication Preparation process.
2. Ensure feed has been stopped if feeding is currently in action.
3. Flush tubing.
4. Using the medication drawn syringe, flush it down the tube. (ensure it is only one medication at a time)
5. Flush 10ml of water between medications if multiple medications are used. [go to step 6 if 1 medication was used]
6. If a feed was stopped, flush the tube and restart the feed. [Go to step 7 if a feed was not in progress]
7. Flush the tube.
8. Monitor for any adverse effects, such as vomiting, pain, discomfort, changes in a conscious state, etc.
9. Document all flushes, medication administering and adverse effects.

**Preventing Blockages**

Blockages can occur, which could prevent feeds and medication administering. To prevent blockages, Hope Disability Support Pty Ltd must:

* Flush before and after each administering of feed and medication.
* Flush every 4-6 hours during continuous feeding.

If Creon (pancreatic Lipases is used, pellets may stick to fine bore tubes, it is recommended that:

Use granule formulation (smaller pellets)

Consider using acidic fluids such as fruit juices to reduce pellet clumping

If Proton Pump Inhibitors (PPIs) are used, crushing inactivates PPIs which can give granule formulation, in order to prevent a blockage, it is recommended to:

* Use in 16 french or larger.
* Wait 30 minutes post-dose before restarting feeds unless plan specifically mentions to start feeds immediately after medication administering.

**Observations & Considerations**

Participants may struggle with low self-esteem due to the physical image of the attached device and/ or body image, Hope Disability Support Pty Ltd must:

* Reassure the participant
* Provide information to family members, carers and friends on providing reassurance

Get assistance from another worker if the participant is:

* Restless
* Confused
* Experiencing discomfort
* Experiencing pain
* Distressed
* Showing signs of skin reactions
* Showing signs of an allergic reaction

Hope Disability Support Pty Ltd must monitor:

* Participants stool, the size, colour, smell and how often it comes
* Abnormalities
* The insertion site and its surroundings
* The tube and how it's sitting, if its blocked, kinked and anchored
* How the participant is feeling, both physically and mentally
* Allergic reaction to tap that is anchoring tube
* Tubes length, this is done by monitoring markers on the tube to avoid the tube coming out or going in too far. This must be done every shift
* Participants hydration and keep participants hydrated

Hope Disability Support Pty Ltd must never:

* Move tube further if there are signs of resistance or pain
* Proceed with any procedure without making the participant aware of what is happening
* Proceed with medications or feed with flushing tube before and after
* Force solutions
* Leave tube hanging without it being anchored
* Introduce air into the tubing; this can be prevented by positioning the syringe correctly

Hope Disability Support Pty Ltd must:

* Unless told otherwise, rotate the tube 360 degrees regularly
* Clean site regularly with a sanitize pack using aseptic technique
* Dispose of any materials that have been used immediately, safely and correctly.
* Inspect the site of insertion every 6 hours (or at the beginning of a new shift if the shift is shorter)
* Ensure the clamp is closed if the feeding tube is not in use
* Inspect drainage and clean using aseptic technique
* Feed with a volume of 300-500mls as a recommendation if the feed is not a constant feed

**Oral Hygiene**

Oral hygiene plays a key role in infection control when participants are receiving enteral tube feeding. Hope Disability Support Pty Ltd must ensure:

* Oral hygiene is done daily.
* Teeth are brushed.
* Tongue is brushed.
* Gums are brushed.
* Palate is brushed.
* Use mouthwash if recommended by a specialist.
* Brushing is done softly and carefully.
* A mild toothpaste is used.
* A soft toothbrush is used.
* If participants find it difficult to swallow, the use of a section toothbrush may be required.

**Tube Removal**

Hope Disability Support Pty Ltd will work with an appropriately qualified health care professional to determine when a feeding tube is to be removed with the final OK to be made by the qualified health care professional. Sometimes, removal of feeding tubes may be required to be removed at a hospital.

1. Obtain participant consent
2. Express the importance of having a shower before the procedure as the participant will not be able to have a complete shower for at least 24 hours after the removal
3. Ensure a qualified person is completing the duty (Registered Nurse, etc.)
4. Ensure the qualified person is trained on the risks and response
5. If the worker is uncomfortable or unsure, help must be obtained from another appropriately qualified health professional
6. Maintain the dignity and privacy of the participant
7. Let the participant know what is happening as it is happening
8. Remove any materials and expose the insertion site
9. Clean the area around the insertion site using aseptic technique and a betadine solution [or saline with NG tube]
10. Use a local anaesthetic with qualified health professionals and participants approval to decrease discomfort [Not necessary for NG tube]
11. Slowly remove the tube, avoid using too much force
12. Apply silver nitrate to the area if bleeding is prominent [Not necessary for NG tube]
13. Clean the area for blood using warm water
14. Apply a suitable dressing using aseptic technique [May not be necessary for NG tube]

After Removal:

1. Monitor for fever, tenderness and redness from site
2. Monitor for unusual drainage
3. Do not apply Bacitracin, Neosporin, Hydrogen Peroxide or any other cleanser/ointment to the site, use warm water
4. Do not bathe the participant in a bathtub, allow the use of a jacuzzi/hot tub or allow them to swim for at least 2 weeks to avoid infection
5. The participant should avoid excessive exercise that could put pressure on the site area for at least 2 weeks
6. Change the dressing daily for 5 days
7. Dressings must be kept dry
8. A shower must not be taken until 24 hours after the removal; a participant must be bathed with a washcloth during this period
9. While showering within the first week, avoid direct water pressure on the site

**Accidental Tube Removal**

In some cases, a tube may be removed accidentally and can cause the stoma to close, especially if the stoma is less than 6 weeks old. Hope Disability Support Pty Ltd must seek medical advice by calling an ambulance immediately, especially if the stoma is less than 6 weeks old.

If the stoma is older, Hope Disability Support Pty Ltd could contact the participant's specialists, which may include, GP or gastrologist/enterologist. If uncontactable, call emergency services.

**Skill Descriptors**

As per the NDIS High Intensity Support Skills Descriptors July 2018 Version 1, Hope Disability Support Pty Ltd will ensure that staff will provide support to their workers and others involved in providing support to do the following:

* Follow personal hygiene and infection control procedures; confirm need and consent for enteral feeding, introduce food via tube according to plan
* monitor rate and flow of feeding and take appropriate action to adjust if required; keep stoma area clean and monitor and report signs of infection
* check that the tube is correctly positioned, monitor equipment operation; follow procedures to respond to malfunction e.g. blockages, follow procedures to document a request to review mealtime plan where required
* liaise with health practitioners to explain/demonstrate requirements (e.g. hospital staff)
* recognise and respond to symptoms that could require health intervention e.g. reflux, unexpected weight gain or loss, dehydration, allergic reaction, poor chest health.

When following the interviewing process as stipulated in the Human Resource Policy and Procedure, Hope Disability Support Pty Ltd will ensure that staff that are being employed will have knowledge and qualifications in the following areas as per the NDIS Skill Descriptors:

* Basic anatomy of the digestive system
* equipment components, function, cleaning and maintenance procedures
* stoma care requirements and procedures
* awareness of risks associated with departing from plan and ability to explain these risks to others including carers.
* the impact of associated health conditions and complications that interact with enteral feeding e.g. related cardiac or respiratory disorders
* very complex physical disability
* severe epilepsy
* symptoms that indicate the need for intervention e.g. poor chest health, dehydration, reflux; factors that may require immediate adjustment e.g. rate, flow and quantity of food.

**Obtain Medical Advice**

Hope Disability Support Pty Ltd will contact medical advice immediately of the following occurs-

NG Tube:

* The tube has become blocked and cannot be unblocked
* If any concerns or feeling of concerns arise
* Shows signs of malnourishment
* If the tube needs to be replaced
* Difficulties breathing
* Swelling and/or redness around the nasal, oral or pharynx cavities
* If the participant continually gags
* Nausea or vomiting
* Constipation or diarrhoea
* Sore throat
* If the length of the tube has changed or the tube has been displaced.

PEG Tube:

* The tube is suspected to be displaced or the length changed
* The tube has become blocked and cannot be unblocked
* If any concerns or feeling of concerns arise
* If the tube needs to be replaced
* Swelling or redness around the injection site
* A fever occurs
* Suspected of infection
* Difficulties breathing
* Constipation or diarrhoea
* Sore throat
* Nausea or vomiting
* If the tube has drainage in or around the tube
* Abdomen swelling, bloating or pressure
* Abdomen pain
* Shows signs of malnourishment.

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Support Plan
* Enteral Feeding Support Plan.

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers and workers

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participant and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the PEG & NG Tube Feeding Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Version | Endorsed | Endorsee | Reason/Section Update | Next Review |
| 1.0 |  | Erfan Ranjbar | Initial Release | 27/04/2023 |

# M1.5 SEVERE DYSPHAGIA MANAGEMENT

## Policy and Procedure

Hope Disability Support Pty Ltd provides excellent severe dysphagia management services through the implementation of this Policy and Procedure. The basis of this policy and procedure is to ensure that participants who need severe dysphagia management receives the required support that relates to their individual needs and preferences.

This extends to all workers and meets relevant laws and regulations and standards.

## Definitions

|  |  |
| --- | --- |
| Dysphagia | Dysphagia is the term for any difficulty with swallowing. It is associated with a wide range of disabilities and health conditions. People with disabilities who have dysphagia are more likely to die from choking or respiratory illnesses or have serious health complications as a result of poor management. |

## Policy & Procedure

**Risks Associated with dysphagia:**

Many people with disability are more likely to have Dysphagia which makes them more likely to develop respiratory problems, choking and malnutrition. If swallowing is impaired the food, drink, saliva, or medication is more likely to enter the lungs instead of the stomach. This leads to chest infections or aspiration pneumonia. Choking and aspiration pneumonia can result in death which makes it a very important area to manage effectively. Identifying the swallowing problem early and following a management plan greatly reduces the risk.

**What is Dysphagia**

Dysphagia is the term given to difficulty with swallowing. There are many disabilities and medical conditions associated with Dysphagia. These include malformations of the mouth or alimentary tract, congenital syndromes, neuromuscular conditions such as Parkinson’s disease, MS or Cerebral Palsy, stroke, cancer, lung disease or happen during the process of ageing. Some medications can increase the risk of swallowing problems.

**Recognising Dysphagia**

It is important to recognise Dysphagia and take action to support the client to be assessed by specialist health professionals.

Observe the client for the following signs or symptoms:

• Difficulty chewing or swallowing

• Feeling like food or medications are getting stuck

• Feeling like food, drink or medications are going down the wrong way

• Having trouble controlling food, drink or medications in their mouth

• Drooling

• Pooling of food or drink in the mouth

• Frequently clears their throat when eating or drinking

• Coughing, spluttering, or choking when eating or drinking

• Sounding hoarse or gurgly when speaking when eating or drinking

• Feeling short of breath when eating or drinking

• Taking a long time to finish meals

• Unplanned weight loss

• Avoidance of certain foods because they are difficult to eat

• Recurrent respiratory tract infections

**Responding to Dysphagia**

Where Dysphagia is suspected, the client should be supported for assessment by her GP, a speech therapist and dietician.

A mealtime plan will be developed following a range of assessments that may include:

* Xray
* Computerised Topography
* Barium Swallow Fluoroscopy

A risk assessment approach should be taken to any interim response to Dysphagia in discussion with the GP, Registered Nurse, Dietician or Speech Pathologist.

Where there has been an incident involving choking or serious aspiration consideration should be given to implementing an interim mealtime plan that provides safe and acceptable eating and drinking whilst awaiting the results of assessment. For example this might include mildly thickened liquids and texture modified meals.

**Promoting Safe and Enjoyable Mealtimes**

Mealtimes provide many opportunities for learning and development. Shopping for food, food preparation, setting the table and socialising at meals can be opportunities to develop skills that support independence. Clients who are able to independently eat and drink are much less likely to choke or aspirate on food than those who are assisted. Every effort should be made to support clients to be independent at meals. Whether the client requires assistance or not the following strategies should be implemented to increase safe swallowing.

**Mealtime Management Plan**

* The Client’s mealtime plan should be easily accessible and available to family members or carers.
* The mealtime plan will include client food preferences, a description of what food texture and drinks and how medications should be administered.
* If the client is tube fed it will outline the type of feed, tube type, date and times inserted and due for change.
* The plan includes positioning for meals and any assistance aids required.
* The client should be supported to have the plan reviewed regularly by relevant professionals.

**Food Preparation**

Food is to be prepared according to the mealtime plan. Support workers preparing food are to have undertaken relevant training in preparation of texture modified food and fluids. This is an opportunity to involve the client as much as they are able in developing skills and abilities.

Food preparation can help improve appetite and maintain alertness. Ensure food is plated so it appears appetising. Use of moulds and keeping foods separated on the plate if they are texture moderated can encourage food intake.

Planning with the participant to develop menus of nutritious and enjoyable foods is very important to promote their informed choice and to meet their individual requirements, recommendations from the qualified health practitioner should be taken into account if applicable.

Clear labelling and differentiation of meals to be provided to participants is of the utmost importance to ensure that the correct participants are receiving the correct foods. Taking into account that all participants may not be able to eat the same foods due to allergies, ability to swallow, religious reasons etc. so they will easily be differentiated from meals not to be provided to particular participants.

**Set Up for Success**

Wherever possible the client should sit upright on a high-backed chair ideally at a 90-degree angle or as close as possible. If this is not possible the occupational therapist should document the position in the mealtime plan.

The client should be alert and awake. If the client is not sufficiently alert the meal should be delayed until the client is awake.

The client should be observed during the meal to monitor and respond to any issues or emergencies.

If the client requires assistance support them to hold utensils. Provide small mouthfuls of food and watch to see that the food has been swallowed. Observe the throat area for swallowing. Ask the client if they have swallowed the food before proceeding to the next mouthful. Ensure warm food remains warm and reheat if necessary.

The client should remain upright for half an hour post the meal to minimise the risk of reflux or aspiration.

**Supporting Clients to eat More Slowly**

Sometimes clients eat too fast and don’t swallow properly. This can happen for the following reasons:

* They have difficulty coordinating or slowing arm movements
* The person puts another mouthful in their mouth before swallowing the first one
* They might be worried that someone else might eat their food
* Want to get somewhere else
* The person is generally stressed, tense or anxious
* The person feels rushed or hurried by support people
* The person has a compulsive eating disorder•
* The person is taking a medication that is having an impact on their eating

There is some research that suggests that people can learn to slow down but it will take time. On average it took people in the study 20 meals in a row with consistent reminders to slow their eating and drinking down.

You can help them slow down by trying some of the following strategies:

* Encouraging the person to put utensils down between meals
* Show them using your own utensils and eating your meal with the client
* Providing a calm environment
* Everyone eating together including support staff
* Use smaller plates. Have a serving plate and an eating plate and put smaller amounts on the plate
* Playing calming music
* Using light touch or gestures to prompt or slow. Make sure that you aren’t preventing the person from eating or drinking
* Use of adaptive cultlery and crockery to assist the person to eat more slowly
* Gentle verbal reminders

**Avoid Risky Foods**

Some foods are at higher risk of choking than others.

Characteristics of choking risk foods:

* Stringy for example rhubarb, beans
* Celery is considered a choking risk until three years of age
* Crunchy for example popcorn, toast, dry biscuits, chips and crisps
* Crumbly for example dry cakes or biscuits
* Hard or dry for example nuts, raw broccoli, raw cauliflower, apple, crackling, hard crusted rolls/breads, seeds.
* Raw carrots are considered a choking risk until three years of age
* Floppy textures for example lettuce, cucumber, uncooked baby spinach leaves
* Fibrous or tough for example steak, pineapple
* Skins and outer shells for example corn, peas, apple with peel, grapes
* Round or long shaped for example whole grapes, whole cherries, raisins, hot dogs, sausages
* Chewy or sticky for example lollies, cheese chunks, fruit roll‐ups, gummy lollies, marshmallows, chewing gum, sticky mashed potato, dried fruits
* Husks for example corn, bread with grains, shredded wheat, bran
* Mixed’ or ‘dual’ consistencies for example watermelon, foods that retain solids within a liquid base (for example cornflakes or other cereal in milk, minestrone soup, fruit punch, commercial diced fruit in juice)

Some edibles need special consideration or emphasis for people with swallowing difficulties.

Other edibles that need special care;

* Bread - Bread requires the ability to both bite and chew. The muscle activity required for each chew of bread is similar to that required to chew peanuts or raw apple. For this reason, individuals who fatigue easily may find bread difficult to chew Bread requires moistening with saliva for effective chewing. Bread does not dissolve when wet; it clumps. It poses a choking risk if it adheres to the roof of the mouth, pockets in the cheeks or if swallowed in a large clump. This is similar to the noted choking effect of ‘chunks’ of peanut butter Ice‐cream and ice Ice‐cream and ice are often excluded for people who require thickened fluids, because ice‐cream and ice melt and becomes a thin liquid at room temperature or in the mouth
* Jelly- Jelly may be excluded for individuals who require thickened fluids. This is because jelly melts in the mouth if not swallowed promptly

**Recognising and Responding to Choking**

Carers and support workers working with clients at risk of choking is important.

The signs and symptoms of choking will depend on how severe the blockage is and what caused it.

When someone has a foreign object lodged in their airway, they may be anxious, agitated, coughing or lose their voice.

Signs of choking may include

* clutching the throat
* coughing, wheezing and gagging
* difficulty in breathing, speaking or swallowing
* making a whistling sound or no sound at all
* blue lips, face, earlobes, fingernails
* loss of consciousness.

**Responding to Choking**

Initiate first aid.

Partial obstruction:

* Support client to sit forward
* Encourage coughing
* Call 000 if no improvement
* Seek help from healthcare manager/Qualified health practitioner

Full obstruction:

* Call 000
* Support client to sit forward
* 5 back blows with the flat of the hand between the shoulder blades
* If conscious continue 5 back blows with client leaning forward
* If unconscious commence chest compressions

**Reporting**

Any choking episode must be reported via the organisation’s incident reporting system.

**Chronic Health Risks**

Any chronic health risks should be documented in the initial support plan assessment and recorded in the mealtime checklist so the staff member assisting the participant is fully aware of their condition and how to proceed before providing mealtime management supports. The healthcare manager or qualified health practitioner can be called upon if needed for support before providing mealtime replacement supports.

Chronic health risks can be any of the following:

* Swallowing difficulties
* Diabetes
* Anaphylaxis
* Food allergies
* Overweight or under weight

**Training of Staff**

Training plans will be developed and delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for Severe Dysphagia and will go over the following:

* How to support participants with dysphagia:
* We will ensure staff know dysphagia symptoms and risks
* Support participants with possible swallowing difficulties to be assessed for dysphagia
* Support participants with dysphagia to have a mealtime management plan
* Ensure medications are regularly reviewed
* Support people with dysphagia to eat and drink safely during mealtimes
* Ensure mealtime management plans are regularly reviewed

## Supporting Documents

* Mealtime Checklist
* Mealtime Management Care Plan
* Dysphagia Management Care Plan

## References

* NDIS Quality and Safeguards Alerts, November 2020, Practice Alert: Dysphagia, safe swallowing and mealtime management, <https://www.ndiscommission.gov.au/document/2411> accessed November, 2021
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## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participants and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood this Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# M1.6 SUBCUTANEOUS INJECTIONS POLICY AND PROCEDURE

## Policy and Procedure

Subcutaneous injections are injections that are made via the subcutaneous route; this means that medications or fluids are injected into the subcutaneous tissue. The Subcutaneous Injections Policy and Procedure aim to prepare Hope Disability Support Pty Ltd and its workers to safely preparing and administering this particular type of medication referred to as ‘Subcut Injections’. Hope Disability Support Pty Ltd understands that injecting such medications and fluids can come at a risk due to the complexity and route, Hope Disability Support Pty Ltd will minimise those risks at all costs.

This extends to all workers and meets relevant laws and regulations and standards.

## Definitions

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| --- | --- |
| Subcutaneous | Subcutaneous means under the skin. In this type of injection, a short needle is used to inject a drug into the tissue layer between the skin and the muscle. For small amounts of delicate drugs, a subcutaneous injection can be a useful, safe, and convenient method of getting medication into your body. |
| Viable | Capable of working successfully; feasible. |

## Policy

Hope Disability Support Pty Ltd and the workers of Hope Disability Support Pty Ltd hold a certain level of responsibility when it comes to the safety of participants, others and themselves when injecting medications or fluids through the subcutaneous route.

It all starts with correct qualifications, without the correct qualifications, workers of Hope Disability Support Pty Ltd are unable to perform subcut injections. Generally, these types of procedures are performed by Registered Nurses, but other types of qualified staff members can perform this if their qualification has included a scope of practice for subcut injections.

Workers will have to adhere to all procedures when taking part in the injection. Workers are required to wear correct personal protective equipment (PPE) when injecting via the subcutaneous route; this includes:

* Apron
* Gloves
* Closed Shoes

Workers must understand that gloves won’t protect them from needle penetration of the hands; they are required to follow and implement effective administering approaches to protect both themselves and the participant. This includes never recapping a needle which has been uncapped and disposing of the needle immediately after use or if the needle is uncapped and has no use to minimise risks of needle stick injuries.

Hope Disability Support Pty Ltd and the workers must ensure they correctly identify the participant who requires the injection to avoid any harm to participants; this can be done via the medication chart. The medication chart is also important for identifying the correct dates, times, type of medications and needle size of administering and must be followed accordingly. Once identified, each participant must be informed of the procedure and receives any relative information to make the participant aware and confident about what is happening.

Workers of Hope Disability Support Pty Ltd are required to practice good hand hygiene before and after the injection.

It is imperative that workers report incidents immediately to management and use available incident report forms.

Hope Disability Support Pty Ltd has set responsibilities to ensure the safety of workers and their participants. These responsibilities extend to providing workers of Hope Disability Support Pty Ltd with the correct training to allow workers to complete the duty of injections safely and correctly as well as informing/supplying the participants with the correct information and supporting materials. This includes ongoing training and reviews to maintain the quality of the injections. It is important that Hope Disability Support Pty Ltd make workers understand and follow the procedures of both the Subcutaneous Injections Policy and Procedure and the Medication Management Policy and Procedure.

Other guidelines include:

* Any needles and syringes must be used ONCE and disposed of.
* If anything is blocking the site of injection, E.g. clothing, it must be moved out of the way with respecting the participant's privacy, requests, and rights. Injections must not be made through any materials.
* Needles and syringes must suit the participant, for example., shorter needles for younger participants, longer needles for older participants without surpassing the 8mm recommendation.

## Procedures

Hope Disability Support Pty Ltd implements a procedure which covers the prescription, preparation, injection procedure and the post-treatment to minimise as many risks as possible and to keep everyone involved safe. These injections are administered subcutis, which is the layer of skin below the dermis and epidermis and are typically administered with a maximum of 2 ml of medication/fluid. The types of medications administered via the subcutaneous route are quite often insulin, morphine, heparin, epinephrine, allergy medications and other forms of medications that are water-soluble.

**Prescriptions**

Each participant must have a prescription for the administration of injectables, Hope Disability Support Pty Ltd and workers of Hope Disability Support Pty Ltd must ensure that the information on the prescription is read and understood clearly. If the information is difficult to understand or if in doubt, refer to someone suitably qualified for assistance. Once understood, choose the correct medication and suitable dose which matches the prescription. The storage of the medication must be checked to be sure it has been stored in its correct environment, and temperature, as well as the expiry date, must still be in date for use. If the medication does not meet the environment, temperature, or expiry requirements, it must be disposed of.

**Participant Preparation**

Before a subcutaneous injection, the participant must be prepared and know the procedure which will occur. Initially, the participant must give consent after the procedure is explained sufficiently. The participant must have a check for allergies and identify that it will not interfere with the injection if the participant does have an allergy. The worker and the participant must both select a viable injection site which both suit the medication and the participant's preferences. The Medication Management Policy and Procedure must be applied where possible.

**Staff Preparation**

Workers of Hope Disability Support Pty Ltd must be suitably prepared for a subcutaneous injection:

* Confident in the duties.
* Suitably qualified.
* Completes effective hand hygiene practices (wash hands thoroughly and dry correctly to avoid as much contamination as possible).
* Apply correct personal protective equipment, such as gloves, apron, and closed shoes.

**Medication Preparation**

Prepare the syringe and needle as per the directions supplied with the item. Some may not need preparation, and some may have specific preparation guidelines, for example, Insulin may have specific preparation instructions.

Confirm the medication gathered is correct for the participant requiring it; this is done by checking the label and the expiry date.

Confirm the amount required to be drawn.

Follow the directions of the vial medication as some vials may have a powder that needs to be mixed with liquid.

Check for things in the vial, for example floating pieces or unmixed/cloudiness. Ensure it is mixed properly.

Uncap the vial and wipe with an alcohol wipe.

Uncap the needle or syringe. Some may not have a cap and may be controlled by a button or some other indicator as they are already pre-filled.

Draw the confirmed amount from the sealed vial of medication/liquid using the syringe and needle. Some syringes and needles are already pre-filled such as the insulin needles, and it is not required to fill them. It is important to follow directions set by the prefilled syringes and needles. Recommendations apply when drawing from a vial:

* Hold the syringe in your hand like a pencil with the needle pointed upwards.
* Pull back the plunger on the syringe to fill the syringe full of air; this should only be pulled back to the required amount of dosage. (If the dose required is 2ml, it is recommended you fill the syringe with air up until the 2ml mark)
* Insert the needle through the rubber top of the vial, do not bend or touch the needle.
* Push the air into the vial. This keeps a vacuum from forming. If there is too little air, you will find it hard to draw the medicine. If there is too much air, the medicine may be forced out of the syringe.
* Turn the vial upside down and hold it up in the air. Keep the needle tip in the medicine.
* Pull back the plunger to the line on your syringe for your dose. For example, if you require 2ml of medicine, pull the plunger back to the 2ml line marked on the syringe. Please note that some vials may say ‘cc’; this is the same as ‘ml’.
* Remove any bubbles from the syringe using the following recommendations:
* Keep the syringe tip in the vial.
* Tap or flick the syringe to get the bubbles to the tip of the syringe/needle. Then slowly push the plunger to force the bubbles into the vial. If you have accidentally pushed too much medicine into the vial, then draw it back up carefully when avoiding the drawing of air.
* If you have a lot of bubbles, push the medicine back into the vial. Then repeat step 8.
* Pull the syringe out of the vial. If the syringe is being put down, make sure it is put in a safe and clean sharps tray with the cap on to avoid contamination. Be careful if you do recap the syringe as this becomes a finger prick hazard. Recapping should be minimised at all costs.
* Make sure the correct needle is added to the syringe, a sharp needle is important to reduce pain and to suit the type of person. Refer to the table ‘Figure 1.’ below to choose the correct needle size.
* Using the designated safety sharps bin, dispose of the needle used to draw the fluids from the vial.

Figure 1.

|  |  |  |
| --- | --- | --- |
| Type of Person | Size of Needle | Type of Angles |
| Children (2-6 years old) | 4mm | 90-degree angle is recommended |
| Children (7-15 years old) | 4-6mm | 90-degree angle is recommended |
| Adults (16+ years old) | 4-8mm | If the needle is below 8mm long, insert at 90-degree angle.  If you can only pinch 2.5cm of skin, insert needle at 45-degree angle  If you can pinch 5cm of skin, insert needle at 90-degree angle  If the needle is 8mm long, it is recommended to complete at a 90-degree angle |

**Injection Procedure and Post-Injection Steps**

Place the needle within the safe and clean sharps tray along with the empty vial and place it on a trolley or stable, clean stand where the participant is located.

Place the safety sharps bin next to the sharps tray.

Check the medication chart to ensure you have the right participant, the medication is correct, the date is correct, the time is correct, the participant hasn’t already had their dose, and the dose amount is correct. You should also get the participant to verbally identify themselves if the participant is verbal.

It is important (if possible), to have someone to check and confirm those details as a witness, preferably with a qualification.

Confirm the participant is still happy with the injection site.

Make sure the privacy of the participant is upheld. This can be done by removing anyone who should not be in the room, closing the door, closing blinds or having a clinical sheet which hangs from the roof, etc.

Help the participant into a comfortable position which exposes the injection site.

Inspect the injection site, choose a different site if the current site is infected or having visible issues such as redness, oedema etc.

Wash hands, dry thoroughly and apply gloves.

Wipe the skin with an alcohol-based wipe if the area is not clean.

Discuss with the participant that you are going to insert the needle; it is important to calm the participant as much as possible.

Pick the syringe up, remove the cap carefully and hold this with your dominant hand.

Using your other hand, use 2 fingers to pinch the participant's skin to pull it away from the muscle underneath.

Using an angle of roughly up to 90 degrees (refer to figure 1. For directions), insert the needle into the pinched skin as if you were throwing a dart or using a pencil.

Inject the medication by slowly pushing on the plunger, this should be completed over roughly 20-30 seconds, and it should be left in the skin for 10-15 seconds afterwards to prevent retracting of the medication into the syringe.

Withdraw the needle.

Release the skin pinch.

Dispose of the sharps into the safety sharps bin immediately, do NOT recap the needle.

If the site bleeds, use a cotton ball to hold over the area.

Wash hands and dry thoroughly.

Ask if the patient is happy and comfortable with the injection.

Using the medication chart, record the injection details onto the chart, including the date, time, medication, site of injection and other details that are required on the form.

**Monitoring and Review**

After the initial injection and over the day, monitor the participant to ensure they do not suffer any adverse effects from the medication. If they do, take any necessary steps to ensure the safety of the participant, which can include calling emergency services if the adverse effects are bad enough.

**Skill Descriptors:**

As per the NDIS High Intensity Support Skills Descriptors July 2018 Version 1. Hope Disability Support Pty Ltd will ensure that all stuff will provide support to their workers and others involved in providing support to do the following:

* Confirm client details and need for injection
* Follow personal hygiene and infection control procedures
* Follow safe injecting procedures using pumps and pens (containing pre-measured dose)
* Monitor for any adverse reactions, maintain records.

When following the intervening process as stipulated in the Human Resource Policy and Procedure, Hope Disability Support Pty Ltd will ensure that staff that are being employed will have knowledge and qualifications in the following areas as per the NDIS Skills Descriptors.

* Administration by pens and pumps.
* Understand different injection methods and related equipment
* Medication checking and recording requirements
* Impact of variables that affect take up such as site location and rotation (related to specific medication), timing etc.
* Safe needle disposal
* Signs of adverse reactions and action required including common symptoms of overdose and withdrawal
* Common risks of injecting and related control methods
* Quality check protocols when calculating and delivering a variable dose.

The health plan allows for support workers to calculate and draw up the required dose under clinical supervision. The plan must identify the health practitioner responsible for overseeing the injecting process and describe the checking procedure to be followed so that the worker confirms calculations and dose measurement prior to administering injection.

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Medication Management Policy and Procedure
* Medication Chart.

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers and worker.

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participant and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the Subcutaneous Injection Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# M1.7 TRACHEOSTOMY MANAGEMENT POLICY AND PROCEDURE

## Policy and Procedure

The Tracheostomy Management Policy and Procedure has been developed to ensure workers understand the equipment, their functions, care, cleaning methods, failure management, participant assessment, seeking additional support and restorative care.

A tracheostomy is a medical procedure designed to assist those who are struggling to breathe efficiently. A tracheostomy can be either temporary or permanent depending on individual requirements. The procedure itself involves creating a small artificial opening of the neck to place a tube into the windpipe. This tube allows people to breathe more effectively, as well as create an alternate airway depending on their situation.

People who may require a tracheostomy are people in ICU, people who require ventilator support or people with an upper airway obstruction such as cancer of the larynx. If the participant is unable to remove respiratory secretions, this could be because they are in a coma, respiratory muscle paralysis. Or possibly respiratory insufficiency such as chronic lung diseases etc.

Caring for the tracheostomy tube is vital as it helps limits trachea trauma, damages, seclusion, secretion reduction and infection.

Hope Disability Support Pty Ltd understands the importance of implementing a strong policy and procedure to maintain safe practices and care when caring for a participant’s tracheostomy tube.

This extends to all employees and meets relevant laws and regulations and standards.

## Definitions

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| Tracheostomy | Tracheotomy, or tracheostomy, is a surgical procedure which consists of making an incision on the anterior aspect of the neck and opening a direct airway through an incision in the trachea. |
| Tracheostomy Tube | a breathing tube inserted into a tracheotomy. |
| ICU | An intensive care unit, also known as an intensive therapy unit or intensive treatment unit or critical care unit, is a special department of a hospital or health care facility that provides intensive treatment medicine. |
| Ventilator | A ventilator is a type of equipment that is used to assist people in breathing when they are unable to do so themselves. |
| Cannula | A cannula is a tube that can be inserted into the body, often for the delivery or removal of fluid or for the gathering of samples. |
| Trachea | a large membranous tube reinforced by rings of cartilage, extending from the larynx to the bronchial tubes and conveying air to and from the lungs; the windpipe. |
| Larynx | the hollow muscular organ forming an air passage to the lungs and holding the vocal cords in humans and other mammals; the voice box. |
| Aspiration | the action or process of drawing breath. |
| Heat Moisture Exchanger | Heat and Moisture Exchangers are devices used in mechanically ventilated participants intended to help prevent complications due to drying of the respiratory mucosa, such as mucus plugging and endotracheal tube occlusion. |
| Pneumonia | Infection that inflames air sacs in one or both lungs, which may fill with fluid. |

## Policy

The Tracheostomy Management Policy sets out Hope Disability Support Pty Ltd’s responsibilities in the process of assisting and managing participants with tracheostomy care and functionality.

Hope Disability Support Pty Ltd fundamentally understands the importance of implementing responsibilities and ensuring they are utilised. Hope Disability Support Pty Ltd certifies the requirement for all workers to practice best and safe care for participants with a tracheostomy tube in place. Participants who endure a tracheostomy tube are at further risk for lung infections, trachea infections, trachea trauma and conditions such as bronchitis and pneumonia due to open exposure.

Both workers and management partake in responsibility roles of tracheostomy care and management.

Worker Responsibilities –

Hope Disability Support Pty Ltd’s workers are responsible for ensuring tracheostomy is completed safely and accurately. Hope Disability Support Pty Ltd recognises the importance of guaranteeing tracheostomy care is completed by a trained and qualified health care professional, such as a Registered Nurse.

* Any worker at Hope Disability Support Pty Ltd will be responsible for:
* Ensuring all care and maintenance delivered is conducted within their scope of practice.
* Ensuring consent is given from any participant requiring tracheostomy care or maintenance.
* Prioritising participant comport and safety.
* Verbalising the procedure to the participant.
* Ensuring cleanliness of tubes and other materials involved in tracheostomy care.
* Ask for support where possible or if the worker feels incompetent.
* Understand the risks and complications of tracheostomy procedures.
* Understand the signs and symptoms of pneumonia and other infections or respiratory issues.
* Following correct procedures for documenting situations and outcomes.
* Correct procedures are followed to minimise risks and complications.
* Good cleanliness and hygiene practices are followed for both self and the workplace such as the appropriate disposal of wastes, sanitising workbenches and washing hands correctly etc.
* The participant's Tracheostomy Management Support Plan is followed along with the procedures of this Policy and Procedure.
* Correct PPE is worn.
* Ensuring they have read and implemented the Tracheostomy Management Policy and Procedure.
* Ensuring the participant's privacy and dignity is upheld.
* Ensuring the participant feels safe and comfortable.
* Competent in practising infection control.
* Competent in suctioning airway if required,
* Identifying hazards, incidents and providing the correct interventions.
* Report any incidents to management should they arise.

A vital responsibility of workers at Hope Disability Support Pty Ltd is to be aware and be able to manage any tracheostomy issues or malfunctions. Therefore, works must continuously observe the participants tubing for patency, as well as note any malfunctions, secretions, or infections. It is the workers due diligence to ensure the continuous monitoring of any participant with tracheostomy tubing. Workers should adopt a thorough understanding of any potential issues that could arise due to the input of a tracheostomy. Workers should be aware of the signs and symptoms of pneumonia, and the reasoning behind the issue as participants with tracheostomy tubing are more susceptible to various infections and conditions.

Management Responsibilities –

Hope Disability Support Pty Ltd’s management is responsible for the oversight and implementation of accurate tracheostomy care provided to participants. Management will ensure that all workers and personnel receive the appropriate training in accordance with set out standards. Management will provide correct and accurate training to workers and ensure they adopt practice with up to date and current knowledge.

* Management of Hope Disability Support Pty Ltd will be responsible for:
* Ensuring workers are competent, educated and qualified for the provision of tracheostomy care and management.
* Ensuring workers have participated in the reading, understanding and implementation of the Tracheostomy Management Policy and Procedure.
* Ensuring supervisors have the correct training, knowledge and certification in Tracheostomy Management and Basic Life Support (if required).
* Ensuring that workers are confident in their scope of practice.
* Ensuring ongoing training is in place and implemented for workers.
* Ensuring ongoing regular auditing is implemented.
* Ensuring workers are competent in assessments, documenting and the response to emergencies.
* Ensuring the correct emergency response equipment is readily available at all times and correctly maintained.
* Documentation of interventions, observations, and assessments correctly and taking the correct steps for further intervention.

## Procedures

The Tracheostomy Management Procedure is designed to have a step by step process of what is involved throughout the tracheostomy management process to ensure the utmost safety to the participant and the worker along with ensuring the competency of the worker performing the procedure. This Policy and Procedure must be read in conjunction with the Ventilator Management Policy and Procedure if the participant requires ventilator management.

**Participants Assessment**

An assessment process takes place upon a participant's initial entry of Hope Disability Support Pty Ltd’s service as discussed within the Assessment, Planning and Review Policy and Procedure. A participant who requires tracheostomy management is required to go through a thorough assessment phase to ensure all relevant information has been collected. As per the Assessment, Planning and Review Policy and Procedure, Hope Disability Support Pty Ltd must collect a range of information and documents from each participant, but in the case, a participant requires ventilator management, further information must be collected using the Tracheostomy Management Assessment Form. This includes:

* Their mode of communication.
* If they require a ventilator [Refer to the Ventilator Management Policy and Procedure if provided].
* Type of tracheostomy and tube size.
* How often secretions build up and if they can easily be cleared by coughing.
* If they have a larynx.
* Feeding specifics.
* Valves used.
* Physiology alterations.
* Tracheostomy and cuff placement.
* Respiratory function.
* When the tube is required to be changed.
* Observations and special observations required.
* If they can change their tube on their own or with assistance.
* When suction is required.
* If they require any special ventilator requirements [Refer to the Ventilator Management Policy and Procedure if provided].
* If they can swallow.
* Their connection between the oral passage and airway.

Hope Disability Support Pty Ltd will ensure family members or delegated carers of the participant are present during the assessment process if the participant wishes.

**Tracheostomy Daily Care Routine**

Hope Disability Support Pty Ltd will ensure all workers form a therapeutic relationship with all participants and guarantee that all workers create a positive and reassuring relationship where the participant feels safe and comfortable. Hope Disability Support Pty Ltd recognises that participants with a tracheostomy are more likely to possess a poor self-image or feel self-conscious. Hope Disability Support Pty Ltd will ensure all workers thoroughly explain all procedures to the participant and their family, guardians, carers, etc., if they are present. Hope Disability Support Pty Ltd will guarantee all workers obtain participant consent when explaining any procedure. Workers will continuously follow all hand hygiene protocols before completing any medical procedures such as cleaning of the tracheostomy tube. Workers are also required to don personal protective equipment where required. Every day when providing care to participants with a tracheostomy, workers will:

* Ensure the tracheostomy tube is clean and free of foreign objects.
* Ensure the tracheostomy tube is secure.
* Ensure the tracheostomy strapping is clean and in place and are not too tight and obstructing the airway (change if soiled).
* Observe the inner tracheostomy cannula is clean and clear (change if obstructed).
* Ensure the stoma dressing is clean, and the stoma is free from scarring.
* Ensure the skin around the stoma is clean with no injured skin around the area (should the area need cleaning, wash with normal saline, an alcohol wipe and moisturise with barrier ointment, use gauze if necessary).
* Ensure participant’s airway is patent (if not, consider suctioning or ventilation if required).
* Observe for signs of blood or hematoma in the trachea or neck area.
* Observe for any abnormal secretions or tissue formation.
* Complete routine suctioning as part of the participants daily routine.
* Complete regular protective humidification to ensure the participant's trachea doesn’t become strained, painful or inflamed.
* Continuously document any observations, procedures, removals, insertions, or abnormalities.
* Report any hazards or incidents to the participant's health care professional if required or seek further assistance abiding by the below mentioned Seeking Medical Attention section.

If the participant is on a mechanical ventilator, workers will refer to the Ventilator Management Policy and Procedure and ensure daily, and routine checks are completed to ensure participant care and safety.

Hope Disability Support Pty Ltd understands that it is vital to provide good care and hygiene to the tracheostomy tube as secretions and obstructions can reduce airway patency.

**Understanding and Implementing Suctioning**

What:

Suctioning is the procedure to remove thick mucus and secretions from the trachea and lower airway that is not able to be cleared by coughing typically, it is also usually done after any respiratory treatments to keep the trachea and lower airway clear.

When:

Suctioning is done when a participant is unable to cough up the thick mucus in their airway. There are multiple signs to understand when it is important to suction:

As regularly as their plan mentions as it varies person-to-person (usually every 6 hours, when needed, before bed, when the participant wakes up and when you change the tracheostomy ties or tube).

Visual secretions.

Sounds of secretions and build-up of mucus (can be known as a ‘gurgling’ sound).

The participant requests suctioning or make it known that secretions are built up.

Respiratory difficulties.

Unable to clear the tracheostomy tube by coughing.

Changes in a conscious state.

A complete or partial blockage in the tube.

Nausea and vomiting.

Ventilator pressure has changed.

Drop-in SaO2.

How:

An appropriately qualified worker must perform the suctioning preparation and procedure and follow the correct process to ensure the safety of the participant.

Preparation -

* Ensure suctioning is required.
* Gain participants consent (this may change if the participant is completely non-verbal in any way or if it is an emergency, and the participant is unable to consent).
* Ensure that participants have complete privacy and dignity.
* Gather correct PPE (gloves, mask, protective glasses, and apron).
* Gather the correct equipment:
* Suction apparatus (wall attachment or portable unit).
* Tubing.
* Suction catheter (appropriate size).
* Suction canister.
* Sterile water (Distilled water).
* Tape measure with the depth required for tracheostomy tube suctioning.
* Appropriate suction pressure.

Procedure –

* Explain to the participant (and their family if present) that you are going to suction the tracheostomy tube.
* Perform hand hygiene.
* Apply a mask, eye protection, apron, and non-sterile gloves.
* Provide oxygen if the participant needs it.
* Remove the Heat Moisture Exchanger (HME), circuit or mask.
* Peel open suction catheter end and attach to suction tubing.
* Turn on the suction apparatus; check and adjust the suction pressure gauge between 80 – 120 mmHg.
* Suction a small amount of water to test and lubricate.
* Reassure the participant as it is an uncomfortable procedure.
* Implement a non-touch technique while gentle and slowly inserting the catheter tip into the tracheostomy tube.
* Using the pre-measured depth and the shallow suctioning technique, insert the catheter to match the depth to allow for suction.
* Using your finger, apply finger gently to the hole on the suction catheter and gently rotate the catheter while withdrawing. Suctions should only last **5-10 seconds** each time.
* Assess the respiratory rate, skin colour, pulse oximetry saturation and the participant's visuals to ensure the participant has not been compromised during the procedure.
* Repeat based on the participant's plan or current condition (one suction may be enough).
* Assess the secretions in the suction tubing and collection canister (the secretions should usually be white or clear).
* Document the findings, including any changes in colour or consistency. Notify the participants medical professional if changes occur.
* Rinse the suction catheter with sterile water decanted into container (not directly from the bottle).
* Replace the suction catheter and dispose of waste.

Considerations -

* Suction catheters should be replaced every 24 hours, or at any time it is contaminated and/or blocked.
* Suction water and the container to be replaced every 24 hours or less (depending on the number of secretions).
* Suctioning should only be done to the depth required.
* A catheter with pre-measurements is the best to use.
* Do not suction again if the participant is struggling to breathe, in physical distress or if the pulse oximeter is de-saturated.
* Ensure the correct suction pressure is set correctly.

**Fixing Tracheostomy Tubing**

Hope Disability Support Pty Ltd ensures all workers providing care to participants understand how to manage potential issues with the tracheostomy tubing in particular. A common malfunction of a tracheostomy is the tubing falling out from the opening in the participant's neck. Should this occur Hope Disability Support Pty Ltd’s workers will follow a step by step procedure to ensure the best possible care and outcome for participants.

When the incident is noticed, rest and reassure the participant.

Inform them to continue to breathe as calmly as possible through their nasal cavity if possible if this is not possible inform them to close their mouth and block their nostrils and breathe slowly through the incision in their neck.

Collect the fallen-out tube and attempt to replace the tubing back into the stoma. (Note: do not attempt this if the tubing has come into contact with any bacterial filled surface such as the floor, use new tubing).

If the tubing is failing to be replaced successfully, attempt to replace the tubing with a smaller size into the stoma (this will depend on each individual participant’s requirements).

If this is still unsuccessful, dial Triple Zero (000) immediately whilst using the participant's tracheal dilators to hold the hole open until an ambulance arrives or provides you with the next steps.

Hope Disability Support Pty Ltd ensures all workers providing care to participants understand how to manage a participant’s tracheostomy tube should it become blocked. Tracheostomy tubing can become blocked with mucous, food substances, thick secretions, blood clots, foreign bodies etc. Should this situation occur, workers of Hope Disability Support Pty Ltd are competent and trained to remove the inner tubing and replace with a new one.

Procedure –

1. Explain to the participant (and their family if present) that you are going to change the tracheostomy tube inner cannula.
2. Perform hand hygiene.
3. Apply a mask, eye protection, apron, and non-sterile gloves.
4. If the participant is on oxygen, temporarily disconnect the oxygen delivery device.
5. Unlock the tracheostomy inner tube following the instruction guide particular to the type of tubing (manufacturer’s instructions).
6. Remove the new replacement tube from the wrapper and insert the new tube into the outer tube following the line of the tracheostomy.
7. Insert to the hilt of the adaptor on the outer tube and lock the inner tube in place according to the manufacturer’s instructions.
8. Reapply oxygen therapy if required.
9. Assess the participants breathing and observe the patency of the airway. (Note: changing the tube may stimulate a cough and suction may be required – follow the suction procedure above).
10. Remove gloves and dispose of equipment according to the Waste Management Policy and Procedure.
11. Perform hand hygrine.
12. Document the procedure on the participant's Tracheostomy Management Support Plan and closely monitor participant outcome.

Should replacement of tubing be unsuccessful, Hope Disability Support Pty Ltd’s workers will follow the above-mentioned Suctioning Procedure in attempts to relieve the issue. They then will utilise a nebuliser and immediately arrange for transport to the participants preferred hospital. If there is still no further success, workers will immediately dial Triple Zero (000) and request an ambulance.

Hope Disability Support Pty Ltd ensures that all workers are prepared and equipped to manage any ventilator malfunctions or issues should they arise. Refer to the Ventilator Management Policy and Procedure under the Ventilator Complications section.

**Emergencies and Medical Advice**

Hope Disability Support Pty Ltd ensures all workers providing care to a participant recognise when to seek further medical advice. All workers will be trained in observing signs and symptoms in correlation to potential underlying infections, malfunctions, and issues. Participants with tracheostomy tubing are more prone to developing pneumonia. Workers will immediately contact a medical practitioner if their participant demonstrates symptoms of pneumonia. Workers will be competent in recognising vital signs and symptoms of pneumonia such as painful or increased coughing, trouble breathing, high fever or temperature, increased mucus production and mucus that is of a concerning colour.

Workers will immediately seek medical advice if one of the following issues arises:

* An obstruction in the tracheostomy tube that cannot be fixed.
* Cuff leak.
* Clear signs of an infection.
* If the participant is suffering from dehydration.
* If the participant’s neck area has visible scar formation.
* If the participant’s tracheostomy tube is dislodged or falls out.
* If the tracheostomy tube is causing damage or bleeding to the trachea.
* If the participant has ineffective humidification causing pain, dryness, swelling or infection in the trachea.
* If the participant's tracheostomy tube is filled with secretions which causes problems with aspiration.
* If the participant's oxygen delivery or ventilation device becomes damaged, faulty or malfunctions.
* If the participant is demonstrating clear signs of respiratory distress such as gurgling breath sounds (with or without auscultation), stridor heard (with or without auscultation), cyanosis to their lips, evident tachypnoea, severe hypoxia, and oxygen desaturation.
* In the worst case, if the participant demonstrated cardiac or respiratory arrest (e.g. if the participant has no pulse, stops breathing, seizing, etc.) immediately call triple 000, and begin High-Performance CPR.

**Skill Descriptors**

As per the NDIS High Intensity Support Skills Descriptors July 2018 Version 1, Hope Disability Support Pty Ltd will ensure that staff will provide support to their workers and others involved in providing support to do the following:

* Follow personal hygiene and infection control procedures
* monitor skin condition and keep stoma area clean
* follow procedures (in plan) to perform routine suctioning to maintain clear airways
* monitor report abnormal secretions; clean and maintain suctioning equipment
* support routine tube tie changes (as outlined in plan and in support of an appropriate health practitioner)
* maintain charts/records; recognise and respond to signs that airways are obstructed
* implement emergency procedures deteriorating health or infection.

When following the interviewing process as stipulated in the Human Resource Policy and Procedure, Hope Disability Support Pty Ltd will ensure that staff that are being employed will have knowledge and qualifications in the following areas:

* Basic anatomical knowledge of the eliminatory system
* skin and stoma care
* equipment types, components and functions, this includes speaking valves
* common risks and indicators of malfunction
* indications of need for suctioning; monitoring and recording requirements
* common complications and action required e.g. when to inflate and deflate cuffs, and understanding when to involve a health practitioner
* signs of infection, both in respiratory system and the stoma site.

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Support Plan
* Tracheostomy Management Support Plan
* Ventilator Management Policy and Procedure
* Tracheostomy Management Assessment Form
* Assessment, Planning and Review Policy and Procedure.

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers and workers.

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participants and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the Tracheostomy Management Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Version | Endorsed | Endorsee | Reason/Section Update | Next Review |
| 1.0 |  | Erfan Ranjbar | Initial Release | 27/04/2023 |

# M1.8 VENTILATOR MANAGEMENT FEEDING POLICY AND PROCEDURE

## Policy and Procedure

The Ventilator Management Policy and Procedure has been developed to ensure workers understand the equipment, how they work, how they should be managed, how to assess participants, how to implement quality checks, ongoing management, failure management, transport management and alarm management.

A ventilator machine is designed for one purpose, which is to assist those to breathe that are struggling to breathe or not able to do so with their own lungs. A ventilator machine will ultimately allow oxygen-rich air to enter the lungs and carbon dioxide to exit via the lungs.

Hope Disability Support Pty Ltd understands the importance of implementing a strong policy and procedure in order to maintain safe practices when preparing, implementing and documenting ventilator management.

This extends to all employees and meets relevant laws and regulations and standards.

## Definitions

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| Ventilator Management | Ventilation management involves providing optimal mechanical ventilation to promote the participant's recovery and to re-establish spontaneous breathing. |
| PPE | Personal protective equipment. |
| Clinician | a doctor having direct contact with participants rather than being involved with theoretical or laboratory studies. |
| Mechanical Ventilator | A mechanical ventilator is a machine that helps a participant breathe (ventilate) when they are having surgery or cannot breathe on their own due to a critical illness. They remain on the ventilator until they improve enough to breathe on their own. |

## Policy

The Ventilator Management Policy sets out Hope Disability Support Pty Ltd’s responsibilities in the process of managing participants during ventilating with the implementation of a ventilator.

Hope Disability Support Pty Ltd understands the importance of ensuring interventions are in place, responsibilities are implemented, incident management protocols are followed, and assessments/reporting measures are applied. This is to ensure the best and safest possible outcome for participants who require ventilator management. Participants who require a ventilator are at further risk of developing lung infections and conditions such as bronchitis and pneumonia.

Worker Responsibilities –

* Both workers and management play a key role in the responsibilities of ventilator management. As a worker of Hope Disability Support Pty Ltd, workers are responsible for:
* Wearing the correct PPE.
* Holding the correct qualifications.
* Having the correct certifications and ensuring training have been completed for ventilation management.
* Feeling competent in the role of ventilator management.
* Reading and implementing the Ventilator Management Policy and Procedure.
* Ensuring the device has been set up, managed, and responded to correctly and safely.
* Ensuring participant is comfortable.
* Ensuring the participant's privacy and dignity is upheld.
* Ensuring competency in setting alarms and triggers.
* Ensuring competency and quick to action when responding to failure or alarm triggers.
* Ensuring competency in assessing and responding to the participant once the alarm has been triggered in order to conduct the correct actions such as Reconnecting ventilator, calling emergency services, or assessing respiratory distress.
* Understanding all settings of the ventilator machine.
* Ensuring competency in collecting blood gases when asked.
* Assessing the participant regularly as directed by the participant's health care professional/clinician, e.g. GP.
* Discussing with the participant's health care professional and clinicians (e.g. GP) directions and plans with any other workers or health care professionals who deliver care to the participant.
* Following the participant's health care professional and clinicians (e.g. GP) directions and plans for the participant's ventilator requirements, settings, parameters and times.
* Ensuring competency in documentation.
* Ensuring competency in suction techniques using the artificial airway.
* Ensuring competency in suction via oral passage.

Management Responsibilities –

* Ensure workers are competent, educated and qualified for the provision of ventilator management.
* Ensure workers have participated in the reading, understanding and implementation of the Ventilator Management Policy and Procedure.
* Ensure supervisors have the correct training, knowledge and certification in ventilation management and Basic Life Support.
* Assessing the likelihood and implementation of restraints to protect the participant and the ventilator machine/equipment.
* Ensure workers are confident in their scope of practice.
* Ensure ongoing training is in place and implemented for workers.
* Ensure ongoing regular auditing is implemented.
* Ensure workers are competent in assessments, documenting and the response to emergency situations.
* Ensuring the correct emergency response equipment is always readily available and correctly maintained.
* Documentation of interventions, observations and assessments correctly and taking the correct steps for further intervention.

## Procedure

The Ventilator Management Procedure is designed to have a step by step process of what is involved throughout the ventilator management process to ensure the utmost safety to the participant and the worker along with ensuring the competency of the worker performing the procedure.

**Participants Assessment**

An assessment process takes place upon a participant's initial entry of Hope Disability Support Pty Ltd’s service as discussed within the Assessment, Planning and Review Policy and Procedure. A participant who requires ventilator management is required to go through a thorough assessment phase to ensure all relevant information has been collected. As per the Assessment, Planning and Review Policy and Procedure, Hope Disability Support Pty Ltd must collect a range of information and documents from each participant, but in the case a participant requires ventilator management, further information must be collected using the Ventilator Management Assessment Form. This includes:

* Their mode of communication.
* Their ventilator parameters and settings.
* If they have a tracheostomy and the type of tube/size.
* Alarm settings.
* How often secretions build up and if they can easily be cleared by coughing.
* What general triggers an alarm.
* If they have a larynx.
* Oxygen levels and settings.
* When the tube is required to be changed.
* Observations and special observations required.
* If they can change their tube on their own or with assistance.
* When suction is required.
* If they require any special ventilator requirements.
* If they can swallow.
* Their connection between the oral passage and airway.
* Recommended alarm pre-set.

Hope Disability Support Pty Ltd will ensure family members or delegated carers of the participant are present during the assessment process if the participant.

**Understanding Equipment**

Workers must understand and be competent in the equipment used for ventilator management. Below is a range of equipment used along with their settings:

Mechanical Ventilator: This machine allows automated control of the participant's ventilation (O2 intake and expel of CO2); this is used when a participant needs respiratory support.

Alarm and Trigger Settings – It is important to learn and understand the alarm settings and how to set triggers/identify when it has been triggered.

Pressure and volume settings – Ensure workers understand these settings and how they work.

Further understandings and modes for a mechanical ventilator:

A screenshot of a cell phone

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A screenshot of a social media post

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A screenshot of a cell phone

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SpO2 Monitor (Pulse Oximetry) – This is a device that can either connect to the ventilator or be separate, this device monitors the amount of oxygenated haemoglobin compared to the total amount of haemoglobin in the blood. Workers must learn and understand this piece of equipment; this can be found at <https://www.hamilton-medical.com/en_AU/Products.html>

CO2 Monitor (Capnography) – This device can either connect to the ventilator machine depending on the type or be a stand-alone piece of equipment. The use of this equipment is to monitor the concentration or partial pressure of CO2 in the respiratory gases. Workers must learn and understand this piece of equipment; this can be found at https://www.hamilton-medical.com/en\_AU/Products.html

* Breathing Circuit Sets – Workers must learn and understand this piece of equipment; this can be found at <https://www.hamilton-medical.com/en_AU/Products.html>
* Flow Sensors - Workers must learn and understand this piece of equipment; this can be found at https://www.hamilton-medical.com/en\_AU/Products.html
* Expiratory Valve Sets - Workers must learn and understand this piece of equipment; this can be found at https://www.hamilton-medical.com/en\_AU/Products.html
* Oxygen Monitor - Workers must learn and understand this piece of equipment; this can be found at https://www.hamilton-medical.com/en\_AU/Products.html
* Nebulizer - Workers must learn and understand this piece of equipment; this can be found at https://www.hamilton-medical.com/en\_AU/Products.html
* nCPAP Interfaces - Workers must learn and understand this piece of equipment; this can be found at <https://www.hamilton-medical.com/en_AU/Products.html>
* NIV Mask - Workers must learn and understand this piece of equipment; this can be found at <https://www.hamilton-medical.com/en_AU/Products.html>
* High Flow Interfaces - Workers must learn and understand this piece of equipment; this can be found at <https://www.hamilton-medical.com/en_AU/Products.html>

**Before Use Check**

It is important to participate in a complete before use check of the mechanical ventilator to avoid any failures, malfunctions and to ensure settings work correctly. The before use check consists of two types of checks:

* Manual – Workers check upon turning on.
* Automatic – This is done by the automatic testing capability installed into the ventilator.

Manual – The manual check must cover the current condition and function of the equipment. This includes the ventilation machine (components, switches, valves, tubes, cords and circuits), monitoring equipment (cords and readings) and masking equipment (airflow, tubes and valves).

Automatic – Run the option to do a self-analysing test of the ventilator machine, which then allows the machine to detect any faults further.

If any faults or worries arise, Hope Disability Support Pty Ltd must not use the machine, instead, try another or seek help from other health care professional personnel if that is the only machine.

**Initial Setup**

Hope Disability Support Pty Ltd must gain consent where possible before continuing, workers must provide complete privacy and dignity and must guide the participant through every step, even if the participant is not verbal. Hope Disability Support Pty Ltd must setup the ventilation machine after the before use checks. This includes selecting the modes and settings which best suit the participant. To select the correct modes and settings, the worker must gather the correct documents in order to identify the parameters; this includes the participants most current order from their medical professional in their management plan.

Hope Disability Support Pty Ltd will input the settings which will cover the main areas of ventilation rate, FiO2, pressure and volume. Once complete, Hope Disability Support Pty Ltd will select the correct mode, which fits the participant's plan.

Ventilators may have a setting to ‘save as default’ to keep the details in the system for the next use.

If any faults or worries arise, Hope Disability Support Pty Ltd must not use the machine, a back-up must be available on-site and will be used instead.

Connect the ventilator to the participant in the correct way as described in their plan.

Hope Disability Support Pty Ltd must document any settings, modes and connections made along with any troubleshooting or concerns which may occur.

**Continuous Management**

Ventilators must be monitored continuously to avoid any failures, injuries and further problems. A key factor to continuous management is having a strong form of communication between workers and other health professionals, along with maintaining quality documenting standards.

Workers are required to monitor and document current information for ventilator managed participants regularly throughout the day, especially if a participant is completely ventilator dependent. During the regular daily monitoring, workers will monitor for any changes to settings or modes (including alarm settings) on the ventilator, disruptions, failures, displacement of equipment, or changes which affect the participant. These include distress, pain, decrease in respiratory output, reduced respiratory movement/effort, decrease in SaO2, increase in CO2, symptoms of hypoxia, respiratory resistance and hypercapnia. If symptoms occur, workers must get assistance and call emergency services immediately to reduce the chance of major adverse effects on the participant.

Settings or modes on a ventilator must not be changed without written consent and order from the participants medical professional. If the settings or modes are to be changed on the mechanical ventilator, an assessment will be made to view the effects made on the participant from the changes and the worker making the change must have a health care professional witness.

Whenever a participant is moved, workers must make a visual assessment ensuring the settings are correct, and everything is in order before exiting the room. Where a participant has an invasive ventilator, a health care profession MUST perform an auscultation of bilateral breath sounds to ensure the tube has not been displaced.

**Ventilator Complications**

Complications can occur at any given time; it is important to have alarms set to alert any potential problems and to consistently be monitoring the participants for occurrences that may not trigger an alarm.

**Alarm Trigger:**

* Where an alarm is triggered, it is important that workers carefully follow these steps to ensure the participant is as safe as possible and to avoid catastrophic events ultimately.
* Immediately attend to the ventilator.
* View the trigger mentioned on the ventilator.
* Immediately assess the participant [View the Emergency Ventilator Assessment below].
* If it is an emergency or you are in doubt, seek assistance and call emergency services.
* Assess the equipment [View the Emergency Equipment Assessment below].
* If the participant is okay, and it was a false alarm, assess the participant's ventilation plan and ensure the ventilator is meeting the requirements. If not or you are in doubt, seek help by a health care professional or emergency services.
* Correct the alarm to suit the alarm settings required by the participant’s ventilator plan.
* Document triggered alarm and the response taken along with the current condition of the participant and the participant’s stats; If it has become serious enough to be an incident, and the Participant Incident Management Policy and Procedure must be followed.
* Monitor the alarm settings continually throughout the shift to ensure it is active and correct
* If you are in any doubt, seek help by a health care professional or emergency services.

Emergency Ventilator Assessment:

* Where an alarm has been triggered, it is important to do an immediate assessment of the participant:
* How severe is the participant?
* Is immediate CPR required?
* Is the chest moving, and is it moving symmetrically?
* Is there decreased respiratory system compliance?
* Is there increased airway resistance?
* Is the participant cyanosed?
* What is the arterial saturation?
* Is the participant hemodynamically (including CO2 and SpO2) stable?
* Is there high airway pressure?
* Does the participant have hypotension?
* Call emergency services if one of the above is worrisome or if you are in doubt.

Emergency Equipment Assessment:

* Assess current settings and modes to ensure they match participants requirements if not, contact a medical professional immediately and change settings back to match the participant's plan.
* Assess circuit problems (e.g. fluid pooling in circuit, filter or kinking of circuit), if there is a possibility of a malfunction which cannot be resolved immediately, resort to the Ventilation Failure section.
* Endotracheal tube may be obstructed due to sputum, kinking or biting. Seek medical attention immediately.
* Inspect ‘wear-and-tear’ on equipment; if equipment seems broken, replace if possible, immediately without disrupting the flow of oxygen, if the equipment must be fixed but will disrupt airflow, it is important to follow the Ventilation Failure section.
* Seek a second opinion from a health care professional.
* Ventilator failure; follow the Ventilator Failure section below.
* If the participant and equipment are stable, please refer back to the Alarm Trigger section.

Ventilator Failure:

* Ventilators can fail at any given moment, Hope Disability Support Pty Ltd will try everything in its power to best support participants who are suffering from a ventilator failure by ensuring:
* A back-up plan is developed.
* A spare working mechanical ventilator is available on-site.
* Equipment is available to assist the participant between ventilators.

If a failure occurs, workers must:

* Get assistance immediately
* Ensure the participant is getting the correct amount of O2 (participants may require hand-bagging and oxygen supply if the participant is either unconscious or has an invasive ventilator).
* Connect the spare mechanical ventilator.
* Complete the before use checks.
* Complete the initial setup.
* If not successful, begin CPR and call emergency services (have someone call their family immediately after if held is not deemed necessary from that person).
* If successful, report immediately to the required medical professional or call emergency services (have someone call their family immediately after if held is not deemed necessary from that person)
* Monitor the participant continuously.
* Record and document all current stats.
* Implement the back-up plan.
* Report the incident by following the Participant Incident Management Policy and Procedure.

**Transport of Participant Requiring Ventilator Management**

Hope Disability Support Pty Ltd has implemented set requirements to transport participants who require ventilator management as described:

* A qualified worker must be with the participant at all times.
* Hope Disability Support Pty Ltd must have oxygen available in the vehicle which has a supply which matches the participant’s requirements for the trip, including a 60-minute reserve.
* Participants who are highly dependent on a mechanical ventilator will require a second worker for support.
* Participants SaO2 and CO2 parameters must be monitored throughout the trip.
* A spare oxygen tank must be available if the participant is partaking in activities, including medical tests, shopping, group activities, etc.
* Medical supplies must be readily available, including supplies that assist a participant to breathe, such as an Ambu Bag for hand-bagging. If a participant has a tracheostomy/endotracheal tube, Hope Disability Support Pty Ltd must have readily available supplies for the instances of re-intubation.
* A manual ventilator must accompany the participant.
* Transport ventilators must be completely charged and have spare power sources to access, such as batteries.

## Supporting Documents

Relevant documents relating to this policy and procedure:

* Support Plan.
* Enteral Feeding Support Plan.
* Ventilator Management Assessment Form.
* Participant Incident Management Policy and Procedure.
* Assessment, Planning and Review Policy and Procedure.

Hope Disability Support Pty Ltd can occasionally adjust these policies and procedures to enhance the efficiency of its operation. Typically speaking, this entire policy should be checked every year in conjunction with participants who use the service, their families, caregivers and workers.

## Policy Review

Hope Disability Support Pty Ltd may make changes to this policy and procedures from time to time to improve the effectiveness of its operation. Generally, this entire policy will be reviewed in consultation with people using the service, their families and carers and workers every year.

All service planning, delivery and evaluation activities will include workers, participants and other stakeholders and their feedback.

All activities related to service planning, delivery, and evaluation will include workers, participants, and other stakeholders, and their feedback.

By signing this document, I acknowledge that I have read and understood the Ventilator Management Policy and Procedure. I need to comply with this policy and procedure, and that Hope Disability Support Pty Ltd can change or update the policy at any time.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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