



HIGH INTENSITY DAILY PERSONAL ACTIVITIES POLICY

Wide Bay Respite Services



High Intensity Daily Personal Activities Policy

Policy: Enteral (Nasogastric Tube – Jejunum or Duodenum) Feeding Management

Statement:

Each participant requiring enteral feeding and management receives appropriate nutrition, fluids and medication, relevant and proportionate to their individual needs that has been provided by a qualified Health Practitioner.

Action:

- ❖ Each participant has a plan for their enteral feeding and management. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- ❖ All workers working with a participant who requires enteral feeding have completed training, relating specifically to each participant's needs, type and method of enteral feeding and regime, for enteral feeding, delivered by an appropriately qualified experienced person that meets the high intensity support skills descriptor for enteral feeding.

Policy: Tracheostomy Management

Statement:

Each participant with a tracheostomy receives appropriate suctioning and management of their tracheostomy relevant and proportionate to their individual needs.

Action:

- ❖ Each participant has a plan for their tracheostomy suctioning and management. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- ❖ All workers have completed training, relating specifically to each participant's needs, managing any tracheostomy related incident and high intensity support skills descriptor for providing tracheostomy care (without ventilation) and supporting a person dependent on ventilation, delivered by an appropriately qualified experienced person that meets the high intensity support skills descriptor for tracheostomy suctioning and management.

Wide Bay Respite Services

Supporting the caring roles of families



NDIS Provider No:

4050006528

Ratified by the Board of Management:

Date/...../.....

Circulated to staff:

Date/...../.....

To be reviewed:

Date/...../.....

Signed

Manager

Signed

President