CS6.1 High Intensity Care

Purpose

1. To provide a framework for P4 Movement to effectively care for Participants who have especially high intensive needs.

Alignment with Practice Standards

1. Module: High Intensity Daily Personal Activities

Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. National Disability Insurance Scheme (Practice Standards - Worker Screening) Rules 2018
3. Disability Discrimination Act 2014

Key Responsible Executive

General Manager

For More Support

General Manager

Policy Statement

1. P4 Movement is committed to ensuring that workers possess the necessary qualifications, skills and experience to provide supports that are appropriate for Participants who require highly intensive care.

2. Workers assigned to a Participant in need of highly intensive care will receive training relevant to their needs, the type of condition and any relevant high intensity support skills descriptor.

3. Specially made training plans will be in place for the different conditions identified below that fall inside the category of high intensity care.

Procedures

1. Complex Bowel Care:
    a. Workers must adhere to the P4 Movement Complex Bowel Care Management policy and individual care plan when providing supports to a Participant with complex bowel care needs.
    b. Workers must also follow P4 Movement procedures with respect to personal hygiene and infection control.
    c. Workers involved in the observation of a Participant's bowel movements must do so with Participant consent and are educated about bowel care to ensure they understand the

intensely personal nature of the support, can administer laxatives, enemas or suppositories according to procedure and can identify when to seek health practitioner advice.

d. The Participant's care plan must contain information on normal stool appearance for the individual, how to identify symptoms that require action, timing of intervention and the type of action required.
e. Workers involved with Participants with complex bowel care needs must have knowledge across the following areas:
    i. Basic anatomy of the digestive system
    ii. Importance of regular bowel care and understanding of stool characteristics indicating healthy bowel functioning and related signs and symptoms
    iii. Related conditions including automatic dysreflexia
    iv. Symptoms/indications of need of intervention and when to refer to health practitioner (e.g. overflow, impaction, perforation)
    v. Understanding of intervention options and techniques including administering enemas and suppositories, digital stimulation, message etc.
    vi. Nutrition and hydration requirements

2. Enteral Feeding Management:
    a. P4 Movement workers involved in the provision of supports to Participants who require enteral feeding management must adhere to the P4 Movement Enteral Feeding Management policy and Participants individual care plan.
    b. Specifically, workers should follow the below procedures:
        i. Follow the Participants outlined mealtime preparation and delivery plan, which is overseen by one or more relevant health practitioners
        ii. Follow P4 Movement procedures in respect to personal hygiene and infection control
        iii. Confirm the need and consent for enteral feeding from Participants
        iv. Introduce food via tube according to plan
        v. Monitor rate and flow of feeding and take appropriate action to adjust if required
        vi. Keep stoma area clean and monitor and report signs of infection
        vii. Check that the tube is correctly positioned
        viii. Monitor equipment operation
        ix. Follow procedures to respond to malfunction (e.g. blockages)
        x. Follow procedures to document a request to review mealtime plan where required
        xi. Liaise with health practitioners to explain/demonstrate requirements (e.g. hospital staff)
        xii. Recognise and respond to symptoms that require health intervention (e.g. reflux, unexpected weight gain or loss, dehydration, allergic reaction, poor chest health)
        xiii. The replacement of Nasogastric tubes (NG) must be done by a health practitioner, although in some cases support workers may respond when PEG tubes become dislodged. This is only appropriate when the balloon device tube is in position and stable, and there is active oversight by a health practitioner.
    c. P4 Movement workers involved in enteral feeding management also have rigid knowledge requirements, including across the following:
        v. Basic anatomy of the digestive system
        vi. Equipment components, function, cleaning and maintenance procedures
        vii. Stoma care requirements and procedures
        viii. Awareness of risks associated with departing from plan and ability to explain these risks to others including carers
        ix. The impact of associated health conditions and complications that interact with enteral feeding (e.g. related cardiac or respiratory disorders, very complex physical disability)
        x. Severe epilepsy
        xi. Symptoms that indicate the need for intervention (e.g. poor chest health, dehydration, reflux)
        xii. Factors that may require immediate adjustment (e.g. rate, flow and quantity of food).

xiii. Positioning and turning for the purposes of maintaining airway safety and to avoid choking risk and in-pressure care.

3. Tracheostomy Management:
    a. Workers must follow the P4 Movement Tracheostomy Management policy and individual care plan.
    b. Specifically, the following procedures must be followed when providing supports to a Participant requiring tracheostomy care:
        i. Follow personal hygiene and infection control procedures
        ii. Monitor skin condition and keep stoma area clean
        iii. Follow procedures (in plan) to perform routine suctioning to maintain clear airways
        iv. Monitor and report abnormal secretions
        v. Clean and maintain suctioning equipment
        vi. Support routine tube tie changes (as outlined in plan and in support of an appropriate health practitioner)
        vii. Maintain charts/records
        viii. Recognise and respond to signs that airways are obstructed
        ix. Implement emergency procedures deteriorating health or infection
    c. P4 Movement workers involved in tracheostomy care also have rigid knowledge requirements, including:
        i. Basic anatomical knowledge of the eliminatory system
        ii. Skin and stoma care
        iii. Equipment types, components and functions (including speaking valves)
        iv. Common risks and indicators of malfunction
        v. Indications of need for suctioning
        vi. Monitoring and recording requirements
        vii. Common complications and action required, e.g. when to inflate and deflate cuffs, and understanding when to involve a health practitioner
        viii. Signs of infection, both in the respiratory system and the stoma site.

4. Urinary Catheter Management:
    a. Workers must follow the P4 Movement Urinary Catheter Management policy and the Participants individual care plan when providing supports to persons with urinary catheters.
    b. P4 Movement workers are required to follow the following procedures when caring for these Participants, with the company's support:
        i. Follow infection control procedures when replacing and disposing of catheter bags
        ii. Maintain charts/records
        iii. Monitor catheter position
        iv. Monitor skin condition round catheter
        v. Recognise and respond/report blockages, dislodged catheters, signs of deteriorating health or infection.
        vi. Workers in high intensity roles may also be required to carry out additional procedures. For intermittent catheters, insert catheter, drain bladder and remove and dispose of the bag.
    c. P4 Movement workers involved in management of urinary catheters also have rigid knowledge requirements, including:
        i. A basic understanding of urinary system for males and females
        ii. Hydration
        iii. Types of catheters
        iv. Procedures and challenges in inserting catheter sin males and females (intermittent catheters only)
        v. Common complications associated with using different types of catheters
        vi. Indicators of complications that require intervention and understanding when to involve a health practitioner

5. Ventilator Management:

a. Workers must follow the P4 Movement Ventilator Management policy and individual Participant's care plan directions when providing supports to people who require ventilation.
b. Where a person has a tracheostomy and uses a ventilator, they require support with invasive ventilation. P4 Movement workers are required to follow several processes when providing supports to Participants in need of ventilation:
    i. Confirm the need for ventilation
    ii. Follow personal hygiene and infection control procedures
    iii. Identify and connect or assemble components of ventilation equipment according to instructions
    iv. Follow instructions to operate prepare ventilator for operation
    v. Fit the breathing mask
    vi. Start ventilation and monitor that is working effectively
    vii. Follow trouble-shooting procedure to respond to alarms
    viii. Maintain equipment
    ix. Workers involved in the provision of supports to a Participant that requires invasive ventilation must
c. P4 Movement workers involved in ventilator management have rigid knowledge requirements across the following areas:
    i. Basic respiratory system anatomy
    ii. Musculoskeletal problems associated with respiration
    iii. Signs of respiratory distress
    iv. Types of ventilators and main equipment components and functions
    v. Types of breathing masks and techniques for fitting
    vi. Options to avoid discomfort or pressure sores
    vii. Common problems and action required
    viii. Observation parameters and procedures

6. Subcutaneous Injections:
    a. A worker should only administer subcutaneous injections, where the Participant is unable to self administer injections and workers should follow the Subcutaneous Injections Policy and individual Participant's care plan when administering injections.
    b. A medication plan developed by P4 Movement under the guidance of a health practitioner will include detailed instructions on medication requirements, dose calculation, injection procedures and incident and emergency management.
    c. P4 Movement workers are required to follow certain processes when providing supports to Participants in need of ventilation:
        i. Confirm Participant details and need for injection
        ii. Follow personal hygiene and infection control procedures
        iii. Follow safe injecting procedures using pumps and pens
        iv. Monitor for any adverse reactions
        v. Maintain records
    d. P4 Movement workers involved in administering injections are required to have knowledge of the following:
        i. Administration by pens and pumps
        ii. Different injection methods and related equipment
        iii. Medication checking and recording requirements
        iv. Impact of variables that affect take up such as site location and rotation, timing, etc.
        v. Safe needle disposal
        vi. Signs of adverse reactions and action required including common symptoms of overdose and withdrawal
        vii. Common risks of injecting and related control methods
        viii. Quality check protocols when calculating and delivering a variable dose
        ix. An understanding of the purpose of the medication.
    e. Health plans developed for Participants requiring subcutaneous injections will allow for support workers to calculate and draw up the required dose under clinical supervision. The plan will 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.

7. Manage diabetes:
    a. A P4 Movement diabetes management plan developed with guidance by a health practitioner will be used during the provision of supports to relevant Participants. P4 Movement workers are required to follow certain processes when providing supports to individuals impacted by diabetes. Workers must:
        i. Support a person to implement their diabetes management plan and identify and respond to hypoglycaemic episodes
        ii. Monitor and record blood sugar levels
        iii. Follow procedures to calculate dose requirements
        iv. Administer medication
    b. P4 Movement workers providing supports to persons with diabetes must also satisfy certain knowledge requirements across the following areas:
        i. Basic understanding of diabetes types 1 and 2
        ii. Factors that can affect BSLs
        iii. Methods of managing insulin levels including different types of insulin (fast/slow release)
        iv. Variables that affect insulin delivery such as timing
        v. Site selection and rotation
        vi. Common symptoms and risks of low or unstable blood sugar levels and related responses
        vii. Common complications and sources of expertise e.g. podiatrist

8. High risk of seizure:
    a. A P4 Movement management plan developed with the guidance of a health practitioner will assist workers in providing supports to Participants at risk of seizures.
    b. The plan includes a description of types, frequency and patterns of seizures and triggers, signs to check for before and after seizure, monitoring and recording processes, detailed instructions on medication selection and administration procedures and emergency management options and procedures.
    c. Workers must follow strict procedures when providing supports to individuals at risk of seizures. They must:
        i. Identify and minimise exposure to seizure risk factors
        ii. Consult with the Participant to identify and remove or minimise exposure to conditions that expose the person to risk e.g. risk of burns, falls, etc.
        iii. Observe the person to identify early indicators of seizure and take appropriate action
        iv. Monitor and record seizure information
        v. Follow procedures and exercise judgement on when to call on ambulance and whether and how much PRN medication to administer
        vi. Demonstrate application of first aid including positioning and cardiopulmonary resuscitation
    d. There are also strict knowledge requirements across the following areas for workers administering supports to persons vulnerable to seizures.
        i. Types of seizures
        ii. Impact of epilepsy on the person
        iii. Common patterns or clusters of seizures
        iv. Seizure triggers and symptoms
        v. Appropriate seizure management and control procedures
        vi. Risks of related health complications associated with epilepsy
        vii. Factors that increase risk and appropriate methods of control
        viii. Common method of emergency management and potential side effects
        ix. Parameters to guide decisions about when and how much PRN medication to administer
        x. Factors that inform interpretation of advice in plan about when to request an ambulance

9. Pressure care and wound management:
    a. Responsibility for those requiring wound care should generally be undertaken by those with nursing qualifications. Any worker providing wound management should follow the P4 Movement Complex Wound Care Management policy and the individual Participants care plan.
    b. All those responsible must be able to:
        i. Recognise risk and symptoms of pressure
        ii. Identify when to refer to health practitioner
        iii. Follow plan instructions to inspect/replace dressings (under ihealth practitioner supervision and only when indicated in the wound management plan)
    c. There are also certain knowledge requirements for workers involved in the provision of supports to Participants requiring wound management. Workers must demonstrate knowledge across the following areas:
        i. Common skin integrity risks
        ii. Common indications of infection and required response
        iii. Implications of prolonged or worsening infection
        iv. Purpose and methods for positioning and turning to manage pressure and choking risks
        v. Implications of wound management for delivering daily support activities such as showering, toileting, mealtime assistance and mobility.

References to other P4 Movement policies and external sources

1. CS3.8 Mealtime Management
2. CS6.2 Management of Complex Bowel Care
3. CS6.3 Enteral Feeding and Management
4. CS6.4 Tracheostomy and Ventilator Management
5. CS6.5 Urinary Catheter Management
6. CS6.7 Subcutaneous Injections Management
7. CS6.8 Complex Wound Management
8. CS6.9 Severe Dysphagia Management

Summary of attachments

1. Nil

Version Control

1. 1 April 2026 - New Policy Creation