

Comprehensive Health Assessment Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported to maintain their overall health and wellbeing through regular, person-centred health assessments. These assessments are designed to identify and address health needs early, reduce risk of illness, and support participants to access the services and resources they need.

SilaCa Tasmania Pty Ltd is committed to supporting participants to make informed decisions about their health while respecting their choices, preferences, and right to live with dignity. Comprehensive health assessments form a key part of our approach to proactive, preventative support planning.

2.0 Scope

The policy applies to all staff involved in coordinating, supporting, or facilitating comprehensive health assessments for participants.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants to access timely, competent and appropriate healthcare in line with the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#), the NDIS Practice Standards, the NDIS Code of Conduct, and the UNCRPD.

Participants will be included in all decisions related to their health. Comprehensive health assessments will be undertaken collaboratively and respectfully, with participants, their carers, and support networks involved throughout the process. Where needed, participants will be supported to access advocacy to help them understand options and express their preferences.

All assessments will be based on informed consent, and information will be shared only with the participant's permission. Staff will respect participants' right to refuse assessments or treatment, and discussions around dignity of risk and safety will be held with care.

Information collected as part of any health assessment will be managed in accordance with the Privacy Act 1988 (Commonwealth), ensuring confidentiality and appropriate access for participants and support workers.

This policy aligns with the following NDIS Practice Standards:

- **Support Planning:** Support plans reflect participant needs and health-related goals and are regularly reviewed in line with health status.
- **Access to Supports:** Participants are connected to appropriate health services and resources that align with their individual goals and needs.
- **Responsive Support Provision:** Participants are provided with support that is timely and tailored to changes in their health.
- **Incident Management:** Health-related incidents are identified, responded to appropriately, and contribute to continuous quality improvement.
- **Information Management:** Health information is accurate, current, and stored securely, with appropriate access provided to participants and staff.

4.0 Procedure

4.1 Risks of health problems for people with disability

Participants are at risk of poor health and conditions that are not yet diagnosed and are at an increased risk of potentially avoidable deaths. Many people were experiencing multiple health problems at the time of death, including epilepsy and poor nutritional, oral and mental health.

Risks are more likely for participants due to a combination of the following:

- Some participants may be unable to communicate when they feel unwell or experience pain and may communicate in ways that are specific to them and not well understood by others
- A person's symptoms or behaviours are attributed to their disability, and as a result, they do not receive appropriate health assessments or treatments
- A mix of individual, medical, communication and social problems due to disability, health conditions that run in the family, poor nutrition, inappropriate accommodation, harm, abuse and neglect, homelessness, inadequate preventative health care or treatment
- Lifestyle factors include obesity, physical inactivity, isolation, smoking, and alcohol intake

Where health risks are identified that may present immediate or ongoing harm, staff must report these through the NDIS Incident Management system, in line with our Reportable Incident, Accident and Emergency Policy and Procedure. Participants will be offered support, and safeguarding measures will be developed collaboratively.

4.2 Addressing health risks

Health risks can be addressed through the following interventions. Before arranging health assessments or interventions, informed consent will be obtained, and participants will be offered independent advocacy where they require support to make healthcare decisions.

If a participant refuses a recommended health intervention, staff will document the decision and assess associated risks, ensuring the participant's wishes are respected while addressing safeguarding responsibilities.

4.2.1 Identify symptoms early

Staff must be informed of and know how to communicate with each participant to develop trust, informing staff when unwell. Early identification of changes in a participant's health and well-being means that the participant can access medical services earlier and prevent illness from progressing. It is important to know the participant's usual health to observe changes. Obvious changes would include:

- unexpected weight loss or gain,
- a sudden change in eating habits,
- sudden breathlessness,
- a drop in activity due to fatigue,
- expressions of pain and apparent sudden changes in behaviour

4.2.2 Promptly visit a general practitioner (GP)

Staff must promptly inform Manager of any changes in their usual health so the participant can access a GP when unwell.

4.2.3 Undertake a regular comprehensive health assessment resulting in a healthcare plan

A comprehensive health assessment involves the participant and GP discussing and reviewing the participant's medical history, current health problems, medications and lifestyle risks. Regular comprehensive health assessments have been shown to prevent illness and maintain the health and well-being of participants. These outcomes result from identifying unmet health needs, preventing disease, engaging in regular health care and improving communication with the GP.

The GP will recommend what the participant requires for good health and well-being based on health information and physical examination. The GP will also recommend and refer the participant for appropriate preventative health care, such as regular screening for serious conditions. For example:

- skin cancer checks.
- breast or bowel cancer screening.

The participant, GP and SilaCa Tasmania Pty Ltd can then develop a healthcare plan based on the recommendations from the comprehensive health assessment.

4.2.4 Be proactive with chronic illness

Both the medical practitioner and the participant can proactively manage chronic illness by:

- monitoring symptoms that might indicate a change in health status,
- making changes to lifestyle if needed, attending regular medical appointments, and
- managing chronic illness and disease, for example, regular blood tests for diabetes, blood pressure monitoring and medication reviews

SilaCa Tasmania Pty Ltd will work with all parties to assist the participant in attending medical appointments and support them in any processes required to be proactive.

4.3 Supporting participants

SilaCa Tasmania Pty Ltd will monitor participants' health, safety and well-being, support participants in maintaining their health and accessing appropriate health services and support the participant in accessing annual comprehensive health assessments.

4.3.1 Support participants in understanding their own health needs and making informed health decisions

Organisation will:

- talk to participants about their health and develop a healthcare plan
- support participant's understanding of health through the provision of accessible health information; see the resource section below for ideas and tools
- facilitate informed decision-making regarding health care using the participant's preferred communication methods. Where appropriate, involve the participant's family, independent support person or guardian in the decision-making process

Participants will be supported to make informed choices about their healthcare using accessible information and preferred communication methods. Advocacy will be offered to support decision-making as needed. Staff will ensure participants consent to each step of their healthcare planning.

4.3.2. Support participants in communicating with healthcare providers

- If required, work with a speech pathologist to create or expand a personal communication system for the participant to have a way of saying when they are unwell, including:
 - words/signs/symbols that describe pain, nausea and fever, anxiety, and emotional distress.
- Determine the level of support the participant requires to make and attend a medical appointment with the GP or have blood tests, scans or other procedures.
- Support participants to build a relationship with their GP through regular contact.

- Assist the participant in using their preferred communication method with the GP or healthcare provider during appointments.

Participants will have the right to choose who attends medical appointments. Staff will ensure confidentiality and consent regarding information sharing. Supported decision-making will be facilitated when needed.

4.3.3 Support participants to access healthcare

SilaCa Tasmania Pty Ltd will:

- encourage the participant to let you know if they do not feel well using their preferred communication methods
- have a good understanding of the participant's health and potential symptoms to watch out for; this includes when there are changed behaviours or function
- support the participant to attend the GP if they are unwell
- support participants with chronic illness to understand their symptoms, treatment plans, recommended lifestyle changes, and regularly visit their GP
- Refer to Practice Alert: Transitions of care between disability services and hospitals to assist hospitalisation

4.3.4 Support participants to access preventative healthcare

SilaCa Tasmania Pty Ltd will:

- support the participant to follow their healthcare plan
- undertake preventative healthcare such as regular medical and dental check-ups in between annual comprehensive health assessments
- Refer to The Practice Alert: Lifestyle Risk Factors to improve health outcomes

Preventative care discussions will be guided by participants' choices, and consent will be required before implementing strategies. Where participants decline preventative care, this will be documented, and a dignity of risk discussion held. Advocacy support will be offered to assist in decision-making.

4.3.5 Plan and support participant's health appointments

SilaCa Tasmania Pty Ltd will

- support the participant to make a GP appointment or, with consent, make the appointment on their behalf and
- arrange transport, telehealth facilities, and parking if required. Workers should familiarise themselves with the health facility/GP office to support the participant's access to appointments,

- consider if it will be a difficult day for the participant, if there are likely to be long waiting times, they will experience fatigue, and how is that best managed?
- communicate with the GP about the participant's triggers for distress, communication aids or physical access requirements
- Time the health assessment on a day when it is likely less busy in the general practice. Talk to the general practice and make a time that works for both the participant and the GP

4.3.6 Maintain participant health and medical information

SilaCa Tasmania Pty Ltd will:

- ensure relevant support staff have access to important health information, including current health problems, medications, allergies, adverse effects from medications, and reports from medical specialists and allied health professionals
- ensure that a record of each visit to a health professional is kept in the participant's file, and this is made available each time the participant sees a health professional
- ensure that any healthcare recommendations are documented and actioned following appointments with healthcare professionals
- implement regular and timely reviews undertaken on participant medical and health records and in time for comprehensive health assessments (at least annually or more regularly due to changes in health)
- before a comprehensive health assessment (at least annually), a full review of participant records should be undertaken to identify concerns, risks, or any information about potentially undiagnosed symptoms that may not have been followed up
- maintain participants' health records in line with privacy and confidentiality requirements

Health information will be maintained in line with the Privacy Act 1988 (Commonwealth). Access and updates to health information will be shared only with the participant's consent. Participants can review their health information upon request.

5.0 Related Documents

- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Plan
- Easy Read - Planning With You
- Individual Risk Profile Assessment
- Medication Plan and Consent Form
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Advocacy Support Policy and Procedure
- Participant Safeguarding Policy
- Consent Policy and Procedure
- Complaints and Feedback Policy and Procedure

6.0 References

- NDIS Practice Alert Comprehensive health assessment (July 2021)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Complaints Management and Resolution) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018
- Privacy Act 1988 (Commonwealth)

Cardiovascular Policy and Procedure

1.0 Purpose

The purpose of this policy is to support participants in maintaining and improving their cardiovascular health through informed decision-making, respectful collaboration, and person-centred planning. SilaCa Tasmania Pty Ltd is dedicated to helping participants make healthy lifestyle choices while upholding their autonomy, rights, and dignity of risk.

This policy provides guidance for recognising cardiovascular risk factors, encouraging preventative care, and promoting participant engagement in monitoring and maintaining their health. It ensures participants are supported to access appropriate health services and information, with input from their families, carers, or advocates when required.

2.0 Scope

The policy applies to all staff involved in supporting participants with their health and wellbeing at SilaCa Tasmania Pty Ltd. It includes staff responsible for developing support plans and providing services that relate to cardiovascular health.

3.0 Definition

Cardiovascular Disease	Symptoms
- Coronary heart disease (e.g. heart attack) - Cerebrovascular disease (e.g. strokes) - Peripheral arterial disease (blood clots in the arms or legs) - Rheumatic heart disease (damaged heart valves due to rheumatic infection) - Congenital heart disease - Deep vein thrombosis - Pulmonary embolism (clots blocking the blood vessels leading to the lungs)	- pain or tightness in the arms, neck, jaw, shoulders or back - pain, tightness or fluttering feeling in the chest - shortness of breath - nausea or vomiting - fatigue - sweating - dizziness - unusual heartbeat (either too fast or too slow) - fainting - palpitations - indigestion or heartburn - trouble speaking and understanding or confusion - paralysis or numbness of the face, arm or leg - trouble with seeing in one or both eyes - headache, which is sudden and severe - trouble walking

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to improving cardiovascular health outcomes for participants by supporting preventative strategies, timely access to health services, and person-centred planning. This commitment aligns with the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#), NDIS Practice Standards, the NDIS Code of Conduct, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

All cardiovascular health supports must be tailored to the participant's goals, preferences, and informed choices. Where risks are identified, appropriate safeguards and risk management strategies will be implemented while upholding dignity of risk and choice.

Staff will:

- Encourage annual health assessments
- Promote healthy eating, regular exercise, and reduced smoking and alcohol intake
- Provide information in accessible formats and involve advocates where needed
- Respect participant decisions, documenting all refusals or deviations from medical guidance
- Uphold confidentiality and data privacy under the Privacy Act 1988 (Commonwealth)

Training will be provided to ensure staff understand cardiovascular health risks and can deliver competent, appropriate support in this area.

This policy supports compliance with the following NDIS Practice Standards:

- **Access to supports** – participants receive supports that are timely, appropriate, and aligned with their needs and preferences.
- **Support planning** – support plans reflect participant health goals, strengths, risks, and are regularly reviewed.
- **Responsive support provision** – supports respond to changing needs and are informed by participant input.
- **Independence and informed choice** – participants are supported to make decisions about their health and lifestyle.
- **Risk management** – health-related risks are identified, assessed, and mitigated where possible.
- **Incident management** – any health-related incident is managed in line with incident reporting obligations.
- **Safe environment** – supports are delivered in an environment that promotes wellbeing and safety.
- **Human resource management** – staff are qualified, trained, and understand cardiovascular risk management.

- **Information management** – participant health information is accurate, secure, current, and accessible only to authorised personnel.

5.0 Procedure

5.1 Reducing lifestyle and health risk

Staff should be informed of lifestyle risks to allow them to support the participant.

- smoking
- unhealthy diet
- being inactive (very low to no exercise)
- unhealthy weight (overweight or obese)
- high alcohol consumption.

Other co-morbidities can exacerbate the likelihood of cardiovascular diseases, such as:

- high blood pressure
- high cholesterol
- diabetes
- mental health issues
- obesity.

Lifestyle risk discussions will occur only with informed consent, and participants will be offered advocacy where necessary. Where significant health risks are identified and participants choose not to engage in preventive strategies, staff must document these risks, offer further support, and escalate through incident management procedures if there are safeguarding concerns.

People with disability are more likely to be at a higher risk of cardiovascular disease than the general population, particularly at an earlier age, so it is important to address lifestyle risk factors to minimise the likelihood of morbidity or mortality. Several lifestyle modifications can decrease a participant's risk factors for developing cardiovascular disease, including:

- **Smoking cessation through a clear action plan developed with the person.** Support in making a clear action plan in consultation with the person.
- **Developing a heart-healthy diet** low in unhealthy fats, salt and added sugar, and rich in whole grains, fibre, vitamins, antioxidants and healthy fats, may include following a nutrition or meal plan and updating it if necessary.
- **Maintaining good exercise.** If ambulant, 30 minutes a day is recommended. If not ambulant, modified physical therapy.

- **Maintaining a healthy weight.** Being within a healthy weight range can drastically reduce the risk of cardiovascular disease compared to overweight people. Encourage healthy eating and exercise to gain and keep a healthy weight.
- **Reducing alcohol consumption** to no more than two standard alcoholic drinks a day and no more than four on any occasion.

5.2 Supporting participants

Participants will be supported to make informed choices about accessing cardiovascular healthcare. Advocacy will be offered when participants require help to understand and make decisions.

It is important that participants regularly see health professionals such as a GP and that any risk factors are managed or followed up by a specialist. We will support participants in maintaining good cardiovascular health through the following activities:

- Address additional barriers participants might face to accessing treatment, including
 - communication difficulties
 - ask the participant if they require their advocate or relevant stakeholder to support them
 - offer a worker to support them (refer to Advocacy Support Policy and Procedure)
 - fears around certain medical tests such as blood tests or ECGs
 - explain the process for the test
 - ask the participant if they require their advocate or relevant stakeholder to support them
 - offer a worker to support them (refer to Advocacy Support Policy and Procedure)
- Annual monitoring for cardiovascular risks through Comprehensive Health Assessments. Participants with one or more cardiovascular disease risk factors may require frequent monitoring.

Where a participant refuses essential cardiovascular care and this refusal presents a risk to health and safety, staff must follow the NDIS Incident Management and Safeguarding processes, ensuring the participant is protected while respecting their rights.

If staff identify unmanaged cardiovascular risks or refusals of critical healthcare that may endanger life or well-being, these issues must be reported via the Incident Management System. Staff will work with the participant, healthcare providers, and advocates to develop an appropriate risk management plan and ensure participant safety while respecting autonomy.

5.2.1 Healthy Lifestyle

- Support participants to maintain physical activity. If participants are ambulant, a minimum of 30 minutes a day is recommended. Participants with mobility limitations should be referred to a physiotherapist or occupational therapist to develop a suitable exercise routine.
- Good nutrition and weight control. Assist in following a nutrition or meal plan and updating it as necessary. Participants can be supported to access a dietician to develop a mealtime plan that supports good nutrition and healthy weight.
- Participants can also be supported to maintain consistent sleep routines. Sleep apnea can aggravate blood pressure and cardiovascular disease. Further advice can be sought from a GP or NDIS behaviour support practitioner about setting up healthy sleep routines.

Refer to Lifestyle Risk Factor Policy and Procedure for more information.

5.3. Comprehensive health assessments

Participants often have a higher risk of cardiovascular disease because early symptoms of poor cardiovascular health can be missed. Completing a regular comprehensive health assessment for people with disability improves the detection of health needs, enables active management, and significantly reduces health risks and poor health outcomes. Refer to Comprehensive Health Assessment Policy and Procedure.

Comprehensive cardiovascular health assessments will only be undertaken with informed consent. If a participant declines an assessment, staff will document this, discuss alternative ways to monitor health, and complete a risk assessment if refusal poses a significant health risk. Advocacy support will be offered.

5.4 Training

Manager will provide staff training. Staff will be trained to promote awareness of:

- why and how people with disability are vulnerable to cardiovascular disease.
- signs and symptoms of cardiovascular disease and the need to seek immediate medical assistance when they occur (irrespective of whether the person has seen a doctor recently or not).

Training for staff will include recognising cardiovascular risks, supporting informed decision-making, upholding dignity of risk, engaging advocates, and managing health-related incidents or safeguarding issues.

6.0 Related Documents

- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support Plan
- Easy Read - Planning With You
- Medication Plan and Consent Form
- Access to Supports Policy and Procedure
- Support planning Policy and Procedure.
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Lifestyle Factor Policy and Procedures
- Comprehensive Health Assessment Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS Practice Alert Comprehensive health assessment (July 2021)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2020
- Australian Government Department of Health 2020
- <https://www.heartfoundation.org.au/>
- The Heart Foundation
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- NDIS Code of Conduct
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- NDIS (Provider Registration and Practice Standards) Rules 2018
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Privacy Act 1988 (Commonwealth)

Prevention of Respiratory Infections Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that all participants are supported to reduce the risks associated with respiratory infections. SilaCa Tasmania Pty Ltd aims to deliver high-quality, safe, and person-centred support that protects participant wellbeing, promotes informed decision-making, and enables individuals to make choices that reflect their rights and dignity.

This policy guides staff in supporting participants to maintain respiratory health and reduce preventable illness through proactive planning, health promotion, early intervention, and collaboration with healthcare professionals and support networks.

2.0 Scope

The policy applies to all staff delivering services on behalf of SilaCa Tasmania Pty Ltd. It includes any team members involved in providing direct support, managing incidents, or planning participant care where respiratory health risks may be present.

3.0 Definition

Term	Definition
Respiratory infections	- usually short-term (acute). They are caused by infectious agents such as bacteria or viruses. Common types of respiratory infections can include: - the common cold, - influenza (the flu), - bronchitis, - sinusitis and - pneumonia
Respiratory diseases	- usually long-lasting (chronic), non-infectious, and include conditions such as: - asthma. - chronic obstructive pulmonary disease (COPD). - bronchiectasis or - lung cancer
Aspiration pneumonia	The scoping review of deaths of Australians using disability services found that aspiration pneumonia is the most common cause of respiratory death for people with disability, accounting for just under half of all respiratory deaths.

Term	Definition
	Aspiration means inhaling things other than air into the lungs, and this can include things like saliva, food or stomach contents. Difficulties with swallowing (dysphagia) are a common cause of aspiration. People at higher risk include epilepsy, other respiratory diseases, medicines that impact swallowing, and those with intellectual disabilities. (See Medication Management (Swallowing Difficulty) Policy and Procedure, Mealtime Management Policy and Procedure)
Influenza (the flu)	People with disability, especially those living in shared accommodation settings, are at greater risk of experiencing serious complications such as hospitalisation associated with influenza. Influenza is a common seasonal respiratory virus with transmission typically peaking during mid to late winter each year. The influenza virus spreads through human-to-human contact or droplets (sneezing, coughing or talking). Symptoms include fever, cough, sore throat, aching muscles and joints, and runny nose.

4.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants in maintaining respiratory health and reducing preventable illness. This includes compliance with the NDIS Practice Standards, the [NDIS Code of Conduct](#), the Privacy Act 1988 (Commonwealth), and the [NDIS \(Incident Management and Reportable Incidents\) Rules 2018](#).

All supports relating to respiratory health will respect the participant's right to dignity of risk. Informed consent will be obtained for any health-related intervention, and participants will be offered access to independent advocacy and supported decision-making where needed.

Preventative measures include:

- Encouraging regular physical activity
- Supporting correct posture or positioning
- Promoting access to vaccinations, medication reviews, and general health checks

Staff must monitor and record changes in physical or behavioural signs that may indicate respiratory issues. Any concerns must be escalated to a supervisor without delay. Supervisors must notify the Manager, who will coordinate an appropriate medical response.

All workers must follow the NDIS Code of Conduct and:

- Deliver supports safely, skilfully, and competently
- Respond promptly to any issue that may impact participant health or safety

SilaCa Tasmania Pty Ltd will implement risk management plans and ensure all incidents are documented and responded to through internal incident reporting systems.

This policy is aligned with the following NDIS Practice Standards:

- **Access to supports** – Participants can access timely and appropriate respiratory-related supports.
- **Support planning** – Support plans reflect health needs and include respiratory care strategies where relevant.
- **Responsive support provision** – Supports adapt as needed based on the participant's health status and changing needs.
- **Human resource management** – Staff delivering supports are trained, screened, and competent in their roles.
- **Incident management** – Any respiratory-related incidents are reported, addressed, and used to inform future improvements.
- **Risk management** – Respiratory risks are identified and managed using appropriate safeguards and planning.
- **Safe environment** – Supports are delivered in environments that reduce infection risk and meet participant needs.
- **Independence and informed choice** – Participants are empowered to make health decisions while being protected by clear safeguards.
- **Information management** – Participant records are kept confidential, current, and accessible to relevant staff and the participant.

Where relevant, this policy also supports compliance with High-intensity Daily Personal Activities standards including:

- Tracheostomy management
- Ventilator use
- Severe dysphagia and enteral feeding

5.0 Procedure

5.1 Respiratory infection risk

Respiratory infections affect the quality of life and result in severe illness and preventable death. Staff are trained and understand that participants' respiratory infections, such as:

- influenza
- pneumonia
- bronchopneumonia

Participants are also more likely to have respiratory diseases exacerbated by respiratory infections and increase the risk of respiratory infection. These include:

- asthma
- chronic obstructive pulmonary disease
- pneumonitis (non-infectious inflammation of the lung tissue)

When the support plan is devised, the plan must include any medical treatments, diseases and risks. Participants with a predisposition to respiratory infection must be identified in the plan shared with all workers. This process will allow staff to quickly respond if they see any health changes.

Where participants are identified as being at heightened risk, a collaborative risk management plan will be developed with the participant and their representative. Where participants decline interventions, this will be documented, if needed, escalated as per the Incident Management Policy. Advocacy will be offered to support decision-making.

5.1.1 Identified physical risk factors

These factors include:

- Participants with a physical disability (including people with mobility limitations)
- People with dysphagia or anyone requiring support for eating, drinking, and swallowing
- People with epilepsy

Some of these risks are associated with physical factors that affect a person's ability to breathe, swallow or cough. When these functions are affected, there is an increased risk of respiratory issues.

5.1.2 Multiple health conditions

Participants are more likely to have other health conditions that increase the risk of respiratory infections, such as:

- Dysphagia
- Dental problems
- Gastro-oesophageal reflux disease (GORD)
- Epilepsy
- Obstructive sleep apnoea
- Asthma
- COPD

5.1.3 Other factors

- Psychotropic medication and polypharmacy can increase the risk of swallowing difficulties
- Communication challenges that impact the person's ability to articulate symptoms when unwell
- Smoking
- Residing in shared accommodation where there is an increased risk of infection transmission

5.2 Supporting Participants

Participants will be supported to make informed decisions regarding respiratory infection prevention and management. Where a participant declines health interventions, staff will document the decision, complete a risk assessment, and escalate concerns via incident management processes if needed to safeguard the participant. Staff will also offer advocacy or supported decision-making support when complex choices are involved.

Participants are also less likely to have accessed preventative health assessments and treatments that reduce the risk of respiratory infections, such as regular oral health care, nutrition and exercise, influenza and pneumococcal vaccinations and proactive management of chronic diseases.

5.2.1 Prevention strategies

Standard precautions for preventing infection and disease are through procedures such as:

- consistent hand and respiratory hygiene (e.g. covering mouth and nose with a tissue when coughing or sneezing), and
- encouraging healthy cough etiquette with workers and participants.

The risk of respiratory infections can be reduced by:

- ensuring that staff and volunteers comply with current COVID-19 vaccination requirements [Coronavirus \(COVID-19\) – Vaccine information | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndiscommission.gov.au/coronavirus-covid-19-vaccine-information)
- considering ways to increase vaccination among workers, such as information and education programs or arranging workplace vaccinations
- reinforcing staff hygiene practices, especially hand hygiene and respiratory/cough etiquette, in addition to vaccination
- implementing and reinforcing policies addressing good hygiene practices and infection control to reduce disease transmission (See Infection Management Policy and Procedure)

5.2.2 Comprehensive health assessments

Regular comprehensive health assessment improves the detection of health needs, enables active management, and significantly reduces health risks and poor health outcomes. The annual review of the support plan will ensure a comprehensive health assessment, as required.

Comprehensive health assessments of participants include reviewing factors that may increase the risk of respiratory infections. (see Comprehensive Health Assessment Policy and Procedure). Comprehensive health assessments will only be conducted with participant consent, and results will be shared following privacy principles. Participants who decline assessments will have their decision respected, with risk management strategies documented and reviewed, including consideration of advocacy involvement.

SilaCa Tasmania Pty Ltd and our staff can support participants in proactively talking to their doctor about developing healthcare plans to manage respiratory infection risks.

5.3 Training

Our staff will be provided with additional education and training to promote awareness of respiratory infection.

Training will include:

- Signs and symptoms of respiratory infection
- Trauma-informed and culturally safe communication
- Supported decision-making and advocacy processes
- Incident and safeguarding procedures when participants are identified at risk
- Upholding dignity of risk and participant choice in health management

5.3.1 Signs and symptoms of respiratory infections

Staff are trained in the following information. When there are signs that a participant may have a respiratory infection, they must be supported to access medical assessment and advice to ensure that they receive timely treatment and that severe illness can be prevented.

Symptoms that may be a sign of respiratory infection include:

- difficulty breathing, noisy breathing or wheezing
- persistent cough
- coughing while eating or drinking
- lingering chest pain
- coughing up mucus or blood
- runny nose
- fever
- unexplained weight loss
- sleep difficulties

Changes in behaviour may also indicate a respiratory issue, such as:

- becoming more quiet and withdrawn (mood changes)
- being more active and aggressive
- in children, not gaining weight, developmental milestones plateauing or relapsing
- unexplained weight loss in adults
- changes in eating or drinking patterns as a result of feeling unwell (for example, loss of appetite or a sore throat)
- sleep difficulties (e.g. breathing problems or sounding 'gurgly' while lying flat, or suddenly waking up in the middle of the night)

5.3.2 Response

- Dysphagia: the importance of safe feeding techniques and precisely following all mealtime recommendations regarding feeding, food consistency and supervision while eating. (More detailed information about dysphagia is available in [Practice Alert: Dysphagia, safe swallowing and mealtime management](#)).
- Participant emergency plan. Staff must:
 - o know, understand and respond as per the participant's plan
 - o inform supervisor or Manager immediately, if there is any risk of harm to the participant
- Staff must be trained in the importance of a quick response given that there is a short window between the infection developing and severe illness.
- If respiratory infection risks present imminent danger and are refused treatment, staff must escalate the issue to incident management and safeguarding teams immediately. Participants

will be offered advocacy to assist with healthcare decisions, and this will be documented in alignment with participant rights.

6.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure.
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Lifestyle Risk Factors Policy and Procedure
- Comprehensive Health Assessment Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure

7.0 References

- [NDIS Practice Alert](#)
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Privacy Act 1988 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

Participants

[Viruses and staying healthy | Council for Intellectual Disability \(cid.org.au\)](http://cid.org.au)

[My Health Matters folder | Council for Intellectual Disability \(cid.org.au\)](http://cid.org.au)

Respiratory infections

[Respiratory system | healthdirect](http://healthdirect)

[Respiratory tract infections \(RTIs\) – nose, throat & lungs \(nps.org.au\)](http://nps.org.au)

[Flu \(influenza\) | healthdirect](http://healthdirect)

[10 tips to fight the flu | healthdirect](http://healthdirect)

Respiratory Diseases

[Asthma action plans - National Asthma Council Australia](http://nationalasthma.org.au)

[Lung Foundation Australia](http://lungfoundation.org.au) - Includes information, resources and support services about respiratory diseases (COPD, Bronchiectasis, asthma, lung cancer) and support services.

Vaccinations

[Influenza \(flu\) immunisation service | Australian Government Department of Health](http://immunisation.gov.au)

[Vaccines & immunisation \(nps.org.au\)](http://nps.org.au)

[The flu jab, explained - NPS MedicineWise](http://nps.org.au)

[How to get an immunisation history statement - Services Australia](http://servicesaustralia.gov.au)

Pain Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure participants experiencing pain are supported with sensitivity, respect, and responsiveness. Pain can significantly impact a person's health and quality of life, and this policy guides staff to identify, respond to, and support the management of pain in a way that upholds the participant's dignity, rights, and preferences.

SilaCa Tasmania Pty Ltd aims to deliver pain management that is person-centred, timely, and collaborative. All staff must understand their responsibilities in identifying signs of pain and ensuring participants receive appropriate support through clinical or behavioural pathways, as required.

2.0 Scope

The policy applies to all staff involved in participant support at SilaCa Tasmania Pty Ltd. It includes anyone responsible for monitoring participant wellbeing, developing support plans, or responding to changes in a participant's condition.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to ensuring that all participants experiencing pain are supported in a manner that is respectful, safe, and aligned with the NDIS Practice Standards, the [NDIS Code of Conduct](#), and the [National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#).

Staff must actively observe, record, and report signs of pain, whether physical, behavioural, or verbal. If a participant expresses discomfort or displays signs of pain, the staff member must notify their supervisor, and the Manager will arrange medical review or further assessment. Pain may result from various sources including injury, illness, oral health issues, or psychological factors. Staff should refer to the Oral Health Policy and Procedure where relevant.

Pain management plans will be developed collaboratively with the participant, their health professionals, and advocates. Plans may include non-pharmacological and pharmacological strategies, and all decisions must be guided by informed consent. Participants retain the right to decline treatment, and if this results in unmanaged pain or risk to wellbeing, it must be escalated using the organisation's Incident Management and Safeguarding system.

All information related to pain management will be stored securely and treated in accordance with the Privacy Act 1988 (Commonwealth).

Staff must comply with the NDIS Code of Conduct by:

- Providing supports safely and competently
- Responding promptly to concerns affecting participant health or safety
- Respecting participant autonomy and upholding their rights

This policy is linked to the following NDIS Practice Standards:

- **Access to supports** – Ensures participants receive timely and appropriate pain-related supports
- **Human resource management** – Requires competent, qualified staff to deliver person-centred care
- **Incident management** – Provides systems for responding to unmanaged pain or health deterioration
- **Independence and informed choice** – Respects participant decisions regarding pain treatment
- **Information management** – Maintains accurate, confidential health records
- **Responsive support provision** – Delivers timely, competent interventions
- **Risk management** – Identifies and mitigates health-related risks
- **Safe environment** – Promotes settings that reduce pain triggers or discomfort
- **Support planning** – Incorporates pain management into regular planning and review processes

4.0 Procedure

At intake, the participant's current pain management plan is recorded. Strategies will be designed using this pain management plan to allow staff to implement the requirements.

Staff will observe and record the participant's pain. When the pain increases or the pain management is not working, or upon the participant's request, the worker will inform their supervisor, so Manager can contact the participant and their relevant people to seek additional support.

If a participant chooses to decline a recommended pain management approach, this will be documented, and a risk assessment will be developed. Where necessary, an incident report will be lodged if unmanaged pain leads to safety, health, or behavioural risks. Participants will be offered advocacy or supported decision-making support when developing or reviewing pain management plans.

4.1 Supporting Participants

Participants are also less likely to have accessed preventative health assessments and treatments that reduce pain, such as regular oral health care and pain management assessments.

Participants will be actively involved in making decisions about their pain management and supports will respect their individual preferences and rights to dignity of risk. Where pain is unmanaged or refused and leads to risk, staff will follow incident management and safeguarding procedures to ensure participant safety. Advocacy support will be offered to assist participants in understanding and directing their pain management.

4.1.1 Comprehensive health assessments

Regular comprehensive health assessment improves the detection of health needs, enables active management, and significantly reduces health risks and poor health outcomes. The annual review of the support plan will ensure a comprehensive health assessment, as required.

Comprehensive health assessments of participants include reviewing factors that may increase the risk of increased pain. (see Comprehensive Health Assessment Policy and Procedure).

Comprehensive health assessments, including pain assessments, will only be undertaken with informed consent. If a participant declines an assessment, their choice will be respected and documented, and a risk management plan will be collaboratively developed to ensure ongoing monitoring and safety.

SilaCa Tasmania Pty Ltd and our staff can support participants in proactively talking to their doctor about developing pain management plans.

5.0 Staff Training

All staff will receive training on:

- Recognising and responding to signs of pain, including for non-verbal participants.
- Safeguarding and incident management where unmanaged pain may result in harm.
- Supporting informed choice and dignity of risk in pain management.
- Advocacy and supported decision-making to assist participants in directing their care.
- Privacy and confidentiality when managing sensitive health and pain data.

6.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Access to Supports Policy and Procedure
- Support Planning Policy and Procedure.
- Responsive Support Provision and Support Management Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Lifestyle Risk Factors Policy and Procedure
- Comprehensive Health Assessment Policy and Procedure
- Oral Health Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure

7.0 References

- NDIS Practice Alert <https://www.ndiscommission.gov.au/document/3311> Pain Management
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Privacy Act 1988 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018

Oral Health Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants are supported to maintain good oral health as part of their overall wellbeing. Oral health is essential to quality of life, comfort, communication, and nutrition. Participants may face barriers to maintaining oral hygiene, including lack of access to dental care, physical or cognitive challenges, or past experiences.

This policy guides staff to assist participants in preventing oral health issues and addressing concerns early. It ensures support is delivered in a person-centred and respectful manner, where participants' preferences, rights, and dignity are upheld.

2.0 Scope

The policy applies to all staff who support participants at SilaCa Tasmania Pty Ltd, including those involved in direct care, planning, and monitoring of oral health and hygiene. It applies across all service settings and participant groups.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants in maintaining optimal oral health through safe, person-centred, and responsive supports, in line with the [NDIS Practice Standards](#), NDIS Code of Conduct, and safeguarding principles. All staff must monitor oral health risks and ensure timely intervention when concerns arise.

Oral care plans will be developed collaboratively with participants, incorporating informed consent and respecting each person's right to choice and control. Where oral health conditions pose a significant risk to health or wellbeing, concerns must be escalated using the organisation's Incident Management and Safeguarding systems. All personal health information will be handled in accordance with the Privacy Act 1988 (Commonwealth).

Oral health practices may include:

- Daily brushing with fluoride toothpaste and flossing
- Encouraging regular dental visits
- Supporting hydration and good nutrition
- Reducing intake of sugar, alcohol, and tobacco
- Monitoring for signs of gum inflammation, pain, or dental decay

Staff are required to observe and document any indicators of oral discomfort or deterioration. Concerns must be reported to a supervisor and forwarded to the Manager for assessment and possible referral.

Participants will be provided with accessible resources, including Easy Read materials, and supported to access dental care services. Advocacy and supported decision-making will be offered where required to ensure informed health choices.

All staff must follow the NDIS Code of Conduct by:

- Acting with respect for individual rights, including decision-making and autonomy
- Delivering safe and competent services
- Raising and responding to any matters affecting participant health and safety

This policy aligns with the NDIS Practice Standards, including:

- **Support planning** – Ensuring oral health is reflected in personalised plans, regularly reviewed
- **Access to supports** – Facilitating timely and appropriate dental care
- **Independence and informed choice** – Empowering participants to make oral health decisions
- **Incident management** – Reporting and responding to risks linked to oral health conditions
- **Information management** – Maintaining accurate and confidential health records
- **Human resource management** – Ensuring staff have the skills to support oral health needs

4.0 Procedure

4.1 Supporting participants

Participants will be supported to make informed choices about their oral health care. If a participant declines oral health interventions, this will be documented. Where refusal or barriers to oral care may cause harm (e.g., untreated pain or infections), an incident report must be lodged. Advocacy will be offered to support participants in understanding and making choices about their care.

Relevant staff must monitor participants' health, safety and well-being, support participants to maintain their health and access appropriate health services, including oral health services. Participants are supported to take care of their oral health, improve their oral health care knowledge, and access dental services.

4.1.1 Plan access to oral health care

Staff are required to:

- talk with the participant about their mouth and ask if they have any worries or pain

- ensure that the participant's support planning includes caring for their oral health, for instance, brushing their teeth twice daily and having regular dental checkups
- assist the participant in forming a partnership with their dentist and participating in a person-centred planning process with the dentist
- develop a knowledge base about the participant and work with a NDIS behaviour support practitioner to determine if adaptive sensory processes are needed to facilitate a successful dental visit
- be aware that a change or increase in a participant's behaviours of concern may result from dental pain
- use accessible tools and resources, such as social stories, to prepare and plan a visit to the dentist

Staff will ensure that participants' consent is obtained prior to any dental appointment or treatment, and participants will be offered choice of dental provider, including culturally safe and disability-aware practitioners. Where a participant declines essential dental care, a risk management plan will be developed with their involvement and documented in their support plan.

4.1.2 Visit, the dentist supports

- the participant in accessing dental care for regular (at least 12 monthly) checkups.
- to facilitate informed decision-making regarding oral health care and treatment using the participant's preferred communication methods. Involve the participant's family, independent support person or guardian in the decision-making process where appropriate.
- involve the participant's family and informal support to assist the participant in attending a visit to the dentist; where appropriate,
- support the participant before, during and after a visit to the dentist, including assisting them to communicate with the dentist and following up on the dentist's recommendations after the visit
- use available tools and resources to understand more about good oral health care, how to assist someone brushes their teeth, eligibility for public dental health care, what information the dentist needs and what happens at the dentist visit.
- ensure that any information is provided to the participant in accessible formats, including Easy English and Easy Read, where required.

4.1.2 Follow up on oral health care

- after a dentist visit, support the participant to follow up with the following:
 - recommended care or changes to daily brushing routines
 - referrals to specialist dental, medical or allied health professionals
- Ensure participants access regular (at least 12-monthly) dental checkups and that records include any changes or need for dental health assessments. Recommendations are communicated to all relevant staff, and follow-up actions are undertaken.

- Ensure the dentist's recommendations are documented in the participant's oral health care plan, support plans and other relevant documents.

Participants will be supported to understand and consent to any dental care, using communication methods appropriate to their needs. Where necessary, advocacy will be offered to support access to care and decision-making. If oral health issues result in pain, infections, or refusal of care presents risks, staff must escalate these via the Incident Management system to ensure appropriate safeguarding.

4.1.3 Assist daily oral care

- encourage, educate and motivate participants to look after their teeth and gums.
- ensure participants have the items they need to care for their teeth, such as a toothbrush; dental flossing aids; fluoride toothpaste; and any other items recommended by the dentist
- ask the participant what help they need to brush their teeth and rinse after eating a meal
- ensure arrangements are in place to support person-centred participation and decision-making in oral health care activities for the regular care of teeth, including the type of food eaten, twice-daily brushing with fluoride toothpaste, flossing and rinsing.

Daily oral care will be delivered in a person-centred, respectful manner, with adjustments for participants' sensory, physical, and emotional needs. If participants decline care, their right to refuse will be respected and this will be documented.

4.1.4 Referrals to other professionals

Consider and act on whether the participant needs any of the following referrals:

- a **speech pathology** when gagging when brushing teeth, unable to clear food after eating and chewing, difficulty eating certain foods, swallowing problems, weak or absent cough or drooling.
- an **occupational therapist** to assist participants with handling a toothbrush, flossing, using dental cleaning aids recommended by the dentist, and supporting learning oral hygiene skills.
- a **NDIS behaviour support practitioner** may assist the participant with strategies to manage anxiety and plan reasonable adjustments for a successful dental visit.

Referrals may also include mental health practitioners if oral health impacts eating, social interaction, or quality of life. Where unresolved oral health issues pose risks, incidents must be reported under the Incident Management system, and a safeguarding response will be activated.

4.1.5 Training and development

SilaCa Tasmania Pty Ltd will review our training program to increase staff training and skills in areas such as:

- knowing where and how to access dental services provided through local health districts and how to access emergency dental services in the local area.

- knowing whether there are specialist dentists who are skilled in working with people with disability.
- training in oral health care and development of oral health literacy
- how to support tooth brushing, flossing and rinsing food from the mouth after eating, especially for participants on soft foods. For instance, encouraging regular drinks of water throughout the day.
- working with a dental practitioner to develop an oral health plan for a participant that includes risks or problems; dental work they have had before; support needed to brush teeth; the participant's dentist, whether they need a specialist dentist.
- training on ways to support reluctant participants to engage in oral health care and services, including training in positive behaviour support, supported decision-making or motivational interviewing techniques.

Training will include supported decision-making, advocacy referral processes, consent, dignity of risk in oral care, and privacy of participant health records. Staff will be trained to respect participant autonomy and to respond appropriately when care is declined.

5.0 Resources

5.1 Preparing and supporting participants to visit the dentist

- The Australian Dental Association and Designlab Inclusion Melbourne have developed a [series of videos about going to the dentist, teeth brushing and oral care](#) for people with intellectual disabilities. There are also oral health planning forms for the dentist and participant.
- [Your Dental Health Guide for people with disability](#) was developed by the Australian Dental Association Western Australia and Inclusion Melbourne. This resource includes practical information for dentists, participants, their families, guardians and NDIS providers.
- [Maggie goes to the dentist](#) is an example of a social story that can be customised to assist a participant prepare for a dental visit.
- [Going to the dentist](#) is a guide for families and carers of people with Autism, WA Health.
- IDEAS [Dentists and Disability](#) website have oral health information and resources for people with disability.
- The [Australian Dental Association](#) also has a range of oral health resources available to the general community.

5.2 General Information

- [VicHealth Every smile](#) has tools, resources and ideas to improve the oral health of people in supported accommodation services.
- [Dental Practice Education Research Unit, Adelaide University](#), has information sheets for Dentists and Carers.
- [Health Direct](#) has a guide to accessing oral health services in Australia.

- (Resources above are from the NDIS Oral health practice alert)

6.0 Related Documents

- Easy Read – Oral Health
- Participant Information in Easy English
- Support Plan
- Easy Read - Planning With You
- Staff Training Plan
- Staff Training Record
- Training Attendance Register – In-house
- Annual Organisational Training Register and Review
- Support planning Policy and Procedure.
- Independence and Informed Choice Decision-Making Policy and Procedure
- Access to Supports Policy and Procedure
- Reportable Incident, Accident and Emergency Policy and Procedure
- Information Management Policy and Procedure
- Human Resource Management Policy and Procedure
- Advocacy Support Policy and Procedure
- Consent Policy and Procedure
- Participant Safeguarding Policy
- Complaints and Feedback Policy and Procedure
- Dignity of Risk and Choice Policy

7.0 References

- NDIS Practice alert: Oral Health
- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Privacy Act 1988 (Commonwealth)
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS (Provider Registration and Practice Standards) Rules 2018