

# Direct Health Support Policy

## 1. Policy Statement:

This policy is used to guide staff on acceptable practices for providing direct health-related supports to people with disability.

This policy outlines how the Y supports the direct health needs of people with disability using the Y's program and services. Direct health supports provided by the Y include but are not limited to community and centre-based programs and in home supports. This policy works in conjunction with various procedures at the Y.

## 2. Scope:

This policy applies to all staff including permanent and casual, contract workers, temporary agency workers, and volunteers. This policy is owned by the Board.

## 3. Policy Principles

- The Y will comply with the NDIS Practice Standards.
- People can access the most appropriate supports that meet their needs, goals and preferences.
- People accessing services have the right to expect that they are safe and the Y is responsive to their needs.
- Medical support needs must be prescribed by a qualified doctor and all processes must be documented and authorised by a doctor.
- All supports are provided in a way that promotes, upholds and respects legal and human rights.
- Direct health supports for people with disability must be provided by trained, skilled and competent staff.
- Training for specific direct health supports must be provided by a suitably qualified person.
- Supports are provided in ways that respect a person's dignity and right to privacy.

### 3.2 Key actions

When a person first uses the Y services, information about any medical supports will be added to the person's service record. This includes information about the type of support, process, frequency, dosage, and any other relevant information.

The service agreement will include instructions on regular and timely reviews by a qualified health practitioner and identify how risks, incidents and emergencies will be managed.

The Y will collaborate with each participant in the development of the service agreement and support the person to understand the agreement and any conditions (using the person's preferred mode of communication).

Any instructions on how to provide the direct health support must also be kept with the medication/equipment and on the person's file.

The coordinator for the relevant service is responsible for ensuring the staff providing the support are trained and competent to provide the relevant health support.

A written record of training is required and will be stored on the staff file. A staff member must not provide health-related supports that they are not trained to provide.

The Y maintains a data-base of trained staff and the direct health supports they are trained to provide.

All workers responsible for administering health supports must understand the effects and side effects of any medications and the steps to take in the event of an incident involving medication.

If a trained staff person is unavailable, the Y will support the person to seek medical services such as a nurse or doctor.

Where the Y provides high intensity daily personal care, the Y will comply with NDIS Practice standards.

Direct health supports provided by the Y includes:

- medication administration
- enteral feeding and management
- subcutaneous injections (adrenaline auto-injectors)
- midazolam administration (for high risk of seizures)

Future supports may include:

- complex wound care
- complex bowel care
- urinary catheter management
- tracheostomy management
- ventilator management

If a person accessing the Y services develops/acquires a new health condition that requires ongoing health support, the person will be required to undertake a health needs assessment by a qualified medical professional before the Y can provide health supports.

If a person uses multiple service providers, the provider undertaking the support coordination role on behalf of the participant is responsible for ensuring all providers work collaboratively in supporting the person. For people with complex needs, a written agreement may be needed to document how, where and when the person will be supported, and this must be signed by all service providers who support the person.

Any mistake or error in providing direct health supports must be reported immediately using Incident Management Policy.

### 3.3 Staff Competencies

The Y will ensure only staff that are trained and competent to provide the relevant health support do so. Training will be completed as per the schedule below and records with expiry date maintained to ensure only qualified staff are able to administer health supports.

Where individual High Intensity Daily Personal Activities (HIDPA) support is provided, training specific to individual's needs may be required annually, in line with establishment or in line with the review of a plan developed by an appropriately qualified health professional (AQHP). Training updates may form part of staff meetings to update staff on any changes to the plan (which is not accredited external training).

### 4. Definitions:

**Staff** - any person employed by the Y by either paid employment or contract.

**Client/Participant/ Service User** - any person accessing Y program

**Health Supports** - supports performed, provided, or arranged to promote, improve, conserve, or restore the mental or physical well-being of person.

**Complex needs** - a combination of health needs and social needs

**Enteral feeding** - nutrition taken through the mouth or through a tube that goes directly to the stomach or small intestine.

**Subcutaneous injections** - injection that is given in the fatty tissue, just under the skin

### 5. Related Policies,

- Connection and assessment Policy
- Administration of Medications Policy
- Critical Incident Policy
- Code of Conduct
- Privacy Policy
- Transport Policy
- Diabetes Policy
- Enteral (PEG) Feeding Policy
- Management of Waste Policy

### 6. Procedures and Supporting Documents

- RITEQ
- YMAC
- YMAC- Policy and Procedure folder
- Administration of Medications Procedure
- Diabetes Procedure
- Enteral (PEG) Feeding Procedure
- Management of Waste Procedure
- Y Incident Report

## 7. Legislative and Industry Requirements

- Disability Act 2006
- Victorian Charter of Human Rights and Responsibilities Act 2006 Carers Recognition Act 2004 (WA)
- Disability Discrimination Act 1992
- Disability Services Act 1993 (WA)
- Equal Opportunity Act 1984 (WA)
- Occupational Health and Safety Act 1984 (WA)
- United Nations Convention on The Rights of Persons with Disabilities
- National Standards for Disability Services
- National Disability Insurance Scheme Act 2013
- NDIS Quality and Safeguarding Practice Standards 2018

## 8. Consequences of breaching this policy

All elements of this procedure must be adhered to, and any breach will be dealt with in accordance with the [YMCA Whittlesea Disciplinary and Termination Policy](#).

## 9. Procedure Owner

The General Manager is responsible for keeping this procedure current, including making amendments as required and regular reviews as scheduled.

## 10. Document Control

Review of this procedure will be undertaken every two years, or prior as required by law, in consultation with appropriate YMCA personnel.

Procedure available on Y-MAC>Communication>Manuals and Files>Policies and Procedures  
This document is due for review on 30/01/2024.

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