

Purpose and Scope

Cahoots is committed to providing safe and effective services to all participants and recognises that some participants may require specialised care or additional supports related to their health or other personal factors.

This policy outlines the supports Cahoots is able to provide, and the information required to ensure our team can effectively support and maintain the well-being of the participants with complex care needs during Cahoots services.

This policy applies to all Cahoots board members, staff and volunteers and all service planning processes.

Policy Statement

Cahoots recognises that there are multiple health conditions and personal factors that can impact negatively on a participant's wellbeing and safety if the appropriate supports are not known, documented and implemented.

Cahoots staff are trained and able to support participants with a range of specialised care needs, including;

- Seizure management
- Asthma management
- Allergy/Anaphylaxis
- Mealtime Management
- Medication Administration
- Behaviour Support

Cahoots is **not** currently registered with NDIS to provide High Intensity Daily Personal Activities and therefore unable to provide:

- Complex Bowel Care
- Enteral (NGT & PEG) Feeding and Management
- Severe Dysphagia Management
- Tracheostomy Management
- Urinary Catheter Management
- Ventilator Management
- Subcutaneous Injections
- Complex Wound Management

Other Complex Care Needs will be assessed on a case-by-case basis, to establish if support can be provided safely and effectively by Cahoots staff, within the Cahoots service environment.

Definitions

Complex Care

Complex care is person-centred specialist support for someone who requires extra assistance to manage chronic or long-term health conditions or other personal factors, including medical conditions that may require an emergency response.

Health Care, Management or Action Plan

A specialised plan developed by the persons medical and/or allied health team, that gives specific instruction and direction on the support strategies required to ensure the wellbeing

of a person with complex care needs. The plan may include life-saving, emergency responses to medical conditions.

Asthma

A condition in which a person's airways become inflamed, narrow, and swell, producing extra mucus, which may cause coughing, wheezing and difficulty breathing. Asthma can be minor, or it can lead to a life-threatening attack and is usually connected to allergic reaction or other forms of hypersensitivity.

Allergy

An immune response by the body to a substance i.e., a particular food, pollen, fur, or dust, to which the body has become hypersensitive, often manifested by itchy eyes, runny nose, wheezing, skin rash, or diarrhea.

Anaphylaxis

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Not all people with allergies are at risk of anaphylaxis

Dysphagia

Dysphagia is the medical term for difficulty in swallowing. This includes problems with sucking, swallowing, drinking, chewing, eating, dribbling saliva, closing lips, or when food or drink goes down the wrong way. A range of disabilities and medical conditions are associated with dysphagia, such as congenital syndromes, cerebral palsy, and neurological disorders. People with dysphagia have an increased risk of choking, poor nutrition, and respiratory problems.

Mealtime Management

The assessment and interventions recommended by a speech pathologist and other allied health professionals to ensure that people with disability who have swallowing difficulties (dysphagia) or other conditions, receive appropriate mealtime supports. Mealtime management strategies may include recommendations for:

- seating and positioning during meals
- modifying food texture to make the food easier to chew and swallow
- modifying fluid thickness to make fluids easier to swallow
- other specific mealtime assistance techniques i.e. safe rate of eating, or a safe amount of food in each mouthful
- responding to coughing or choking
- use of specific feeding equipment such as spoons, plates, cups, and straws

Seizure

A seizure is a sudden and temporary change in the electrical and chemical activity in the brain which leads to a change in a person's movement, behaviour, level of awareness, and/or feelings. Seizures can vary from brief lapses of attention or muscle jerks to severe and prolonged convulsions. Seizures can vary in frequency, from less than one per year to several per day.

Procedure

Planning and Information Gathering

Cahoots will collaborate with participants and their support networks, including Allied Health Professionals, where required, gather information, and determine if the participants complex care needs can be safely met before any service bookings are confirmed.

Information on complex care needs will be included in the Participants Profile and supported by specific Health Care, Management or Action Plans, where required.

Health Care, Management or Action Plans on another service providers letterhead i.e., school, Therapy Focus, or other disability service provider is acceptable within Cahoots **only** if it is less than 12 months old and details;

- the participants name;
- date of development/authorisation
- the strategies and interventions required, including medications to be administered;
- details of emergency response protocols, if applicable, and;
- is authorised by the persons Medical Specialist, GP or where applicable, the Perth Children's Hospital.

Seizure Management

Any participants with seizure disorders must be identified and relevant information gathered prior to attending any Cahoots services. Cahoots requires comprehensive knowledge of the participants seizures i.e., type/s of seizures, description of seizure activity, triggers, potential triggers, and emergency response strategies.

A Seizure Management or Epilepsy Action Plan authorised by the participants Neurologist, GP or Perth Children's Hospital and less than 12 months old is required for any participant that:

- requires emergency response medication i.e., Midazolam, Diazepam etc
- has regular or frequent seizures but does not utilise emergency response medication

A Seizure Management Plan is **not** required when the participant has a "history" of seizures and has not had a seizure for more than 12 months and does not or no longer requires emergency response medication i.e., Midazolam, Diazepam. In the event this participant has a seizure first aid protocols will be followed, an ambulance called, and their support network will be advised.

Asthma management

Any participants with Asthma must be identified and relevant information gathered prior to attending any Cahoots services. Cahoots requires comprehensive knowledge of the participants asthma i.e., signs and symptoms of asthma, triggers, frequency, if on regular medications and emergency response strategies.

An Asthma Action Plan authorised by the participants GP, Respiratory Physician, Paediatrician or Perth Children's Hospital and less than 12 months old is required for any participant that requires emergency response medication i.e., asthma reliever puffer, antihistamines etc.

An Asthma Action Plan is not required for participants that infrequently become wheezy and do not require emergency response medication. In the event this participant presents with Asthma symptoms, first aid protocols will be followed, their support network will be advised, and an ambulance called, if required.

Allergy/Anaphylaxis

Any participants with allergies and at risk of anaphylaxis must be identified and relevant information gathered prior to attending any Cahoots services. Cahoots requires comprehensive knowledge of the participants known allergens, signs and symptoms of allergic response and emergency response strategies.

An Allergy/Anaphylaxis Action Plan authorised by the participants Allergist, GP or Perth Children's Hospital and less than 12 months old is required for any participant that requires emergency response medication i.e., EpiPen, antihistamines and/or asthma reliever puffer.

An Allergy/Anaphylaxis Action Plan is not required for participants that have mild allergies or food intolerances that are routinely managed through avoidance of the allergen and do not require intervention with an emergency response medication should contact with the allergen occur. The information on these allergies or intolerances is to be included in the Participants Profile. In the event this participant presents with allergy symptoms, first aid protocols will be followed, their support network will be advised, and an ambulance called, if required.

Mealtime Management

Any participants with dysphagia or who require modification of their food and fluids must be identified and the relevant supporting information gathered prior to attending any Cahoots services.

A Mealtime Management Plan developed by the participants Allied Health team and less than 12 months old is required for any participants that;

- Have dysphagia;
- Are at risk of choking when eating or drinking;
- Require a texture modified diet or thickened fluids to safely eat and/or drink;
- Require specific mealtime supports such as positioning, rate of feeding etc, or
- Are at risk of malnutrition/dehydration due to very restrictive personal preferences.

A Mealtime Management Plan is not required where a participants can safely consume regular food and fluids but has a personal preference for how their food is prepared and presented i.e., only eats soft foods, doesn't like foods "touching" on a plate, only eats foods of a specific colour etc. and usually consumes adequate food and fluids. The information on food preferences is to be included in the Participants Profile.

Medication Administration

Where a participant requires assistance with medication administration, consent for Cahoots staff to administer the medication must be obtained from the participant or their guardian.

Adult participants that manage and self-administer their own medication require a confirmation letter from their GP prior to attending Cahoots services.

Medications, including prescription, PRN, non-prescription and over the counter medications, complementary and alternative health care products, will only be administered by Cahoots staff if appropriately packaged, labelled, and accompanied by a pharmacy generated signing sheet.

Medication requiring invasive administration such as suppositories or injections (other than EpiPen's) are not able to be administered by Cahoots staff.

Refer to Medication Management Policy for further information.

Behaviour Support

Cahoots works with participants and their support network to understand participant specific behavioural support needs. Where a participant is known to experience behaviours of concern Cahoots require a copy of the participants Behaviour Support Plan (less than 12 months old) and other documents that may inform the support required i.e., functional assessments, allied health reports, school based behavioural support plans etc.

Refer to the Behaviour Support Policy and Procedure and Restrictive Practices Policy for further information.

High Intensity Daily Personal Activities

Cahoots staff are unable to provide High Intensity Daily Personal Activities, as detailed above. However, a participant or their support network may request that an external formal support person attend Cahoots services to provide the care required. These request will be assessed on a case-by-case basis to ensure the support needs of the participant can be safely and effectively met in the Cahoots service environment.

Refer to the Formal and Informal Relationships Policy for further information.

Service Delivery

Information on the supports required by the participant with complex care needs will be provided to the Service Delivery Team once it has been determined that Cahoots can safely deliver the supports.

Copies of the participants profile, Health Care, Management or Action Plans and other supporting documentation will be made available to Coordinators and Facilitators prior to the planned Cahoots Service, allowing for clarification, education, and training of staff, if required.

Support staff ratios 1:1 or 1:2 is determined by Coordinators and Facilitators taking into consideration the participants support needs including but not limited to; complexity of supports required, frequency and/or risk associated with behaviours of concern, health conditions or other personal factors including emergency response strategies.

- Participants with Seizure Management Plans will require 1:1 support when swimming but may require a less intense level of support at other times.
- Participants with Mealtime Management Plans will require 1:1 support when eating and drinking but may require a less intense level of support at other times.

All support workers and volunteer leaders will be given information about the participant's complex care needs during the pre-camp/program meeting/s with copies of the participants profile, Health Care, Management or Action Plans and other supporting documentation available for review.

During the pre-camp/program meeting support workers and leaders are assigned to participants taking into consideration the team members skill set and the participants support needs. Once assigned the Facilitators discusses the participants complex care needs and support strategies with the team to ensure they understand each participant's specific support requirements, when and how to implement support strategies and, when to initiate emergency response strategies.

Throughout the service Facilitators guide and supervise staff and volunteer leaders to ensure participants complex care needs are being met and take the lead in the event emergency protocols need to be actioned.

The implementation of any emergency protocols or first aid must be documented and reported in accordance with the Incident and Hazard Management, Reporting and Recording Procedure and Risk Matrix.

Reference and Related Documents

- Australasian Society of Clinical Immunology and Allergy
- Epilepsy Action Australia
- NDIS Quality and Safeguards Commission Practice Standards
- NDIS Practice Alert: Dysphagia, safe swallowing and mealtime management
- The National Asthma Council Australia
- Behaviour Support Policy and Procedure
- Support Plan Policy and Procedure
- Mealtime Management Policy and Procedure
- Medication Management Policy
- Restrictive Practices Policy
- Safeguarding Children and Adults at Risk
- Incident and Hazard Management, Reporting and Recording Procedure
- Risk Matrix
- Formal and Informal Relationships Policy

Versions

Version Number	Date	Description of Amendment
1.0	10/03/2022	Policy Created

Owner	Approver	Next Review
Community Engagement Manager	CEO	Dec 2024