



**NDIS Quality
and Safeguards
Commission**

NDIS Practice Standards: skills descriptors

Information for auditors and
providers

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What are skills descriptors?

The high intensity support skills descriptors (the skills descriptors) set out the skills and knowledge that NDIS providers should have access to when delivering complex supports, safely, to NDIS participants.

These complex supports represent some of the highest risks for participants, workers and others, and are areas where NDIS providers must take particular care to source the relevant skills and knowledge to deliver high quality and safe supports.

Auditors and NDIS providers will use this document to determine whether the skills and capabilities used in the delivery of the related NDIS supports and services provide a safe environment for NDIS Participants.

Which supports do the skills descriptors apply to?

The [*National Disability Insurance Scheme \(Quality Indicators\) Guidelines 2018*](#) detail the indicators that providers are required to meet to comply with the NDIS Practice Standards. Some of these indicators set minimum competency requirements for support workers. The module of the Quality Indicators that the skills descriptors apply to is:

- Module 1: High Intensity Daily Personal Activities

The skills descriptors for Module 1 are outlined in Annexure A. There are also some skills that apply to other support activities. These skills descriptors are also set out in Annexure A. They may form a co-requisite with the high intensity support descriptors above, depending on the person's support needs.

Who developed the skills descriptors?

The skills descriptors were developed by the Department of Social Services in consultation with experts from the disability and health sectors to cover the breadth of high intensity support activities. Advisory panels on specific health-related support activities were convened. The NDIS Commission will review and refine these skill descriptors over time.

High intensity support skills descriptors

Complex Bowel Care

High intensity support activity – Complex Bowel Care	Description
<p>Bowel care is a routine part of personal support. It requires a specialist level of support where the participant is at risk of severe constipation or faecal incontinence, for example, CP GMFCS¹ levels 3,4,5; spinal injuries; some ABI and where the bowel care plan involves non-routine treatment such as use of non-routine PRNs.</p>	<p>Context: A bowel care plan has been developed and is overseen by a health practitioner. Minimum plan requirements include information on normal stool appearance for the individual; how to identify symptoms that require action, timing of intervention (how long before action is taken) and the action required.</p> <p>Providers will support their workers and others involved in providing supports to: Follow personal hygiene and infection control procedures; recognise the intensely personal nature of this type of support and make sure of the participant’s consent for the approach; observe and record change bowel habits; administer laxatives, enemas or suppositories according to procedure and identify when to seek health practitioner advice. High intensity support work includes administration of non-routine medication as required.</p> <p>Providers will deploy staff with knowledge of: basic anatomy of the digestive system, importance of regular bowel care and understanding of stool characteristics indicating healthy bowel functioning and related signs and symptoms, basic understanding of related conditions including autonomic dysreflexia; symptoms/indications of need for intervention and when to refer to health practitioner e.g. overflow, impaction, perforation; infection, understanding of intervention options and techniques including</p>

¹ Cerebral Palsy (CP) Gross Motor Function Classification System (GMFCS)

High intensity support activity – Complex Bowel Care	Description
	administering enemas and suppositories, digital stimulation, massage etc. and related guidelines and procedures, nutrition and hydration requirements.

Enteral Feeding and Management

High intensity support activity – Enteral Feeding and Management	Description
<p>Supporting a person who is reliant on Percutaneous endoscopic gastrostomy (PEG) feeding can be part of a general support worker role. A person reliant on NG feeding typically has more complex health issues requiring high intensity support.</p> <p>The need for high intensity support is also indicated when other factors are present. For example, where behaviour means a person frequently dislodges the feed tube; the person is at high risk of choking</p>	<p>Context: A mealtime preparation and delivery plan has been developed and is overseen by a health practitioner (may include more than one health practitioner e.g. dietician, speech therapist, occupational therapist).</p> <p>Providers will support their workers and others involved in providing supports to: Follow personal hygiene and infection control procedures; confirm need and consent for enteral feeding, introduce food via tube according to plan; monitor rate and flow of feeding and take appropriate action to adjust if required; keep stoma area clean and monitor and report signs of infection; check that the tube is correctly positioned, monitor equipment operation; follow procedures to respond to malfunction e.g. blockages, follow procedures to document a request to review mealtime plan where required; liaise with health practitioners to explain/demonstrate requirements (e.g. hospital staff), recognise and respond to symptoms that could require health intervention e.g. reflux, unexpected weight gain or loss, dehydration, allergic reaction, poor chest health.</p>

High intensity support activity – Enteral Feeding and Management	Description
<p>and aspiration - this can include people with severe epilepsy, severe dysphagia, complex physical disability; people who are unable to feed themselves; people with complex communication.</p> <p>The length of time allocated to mealtime assistance can provide an indication of the intensity of support required.</p> <p>This activity overlaps with mealtime assistance.</p>	<p>Replacement of Nasogastric (NG) tubes is high risk and should be done by a health practitioner. 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 (after the initial tube has been replaced by balloon device), and there is active oversight by a health practitioner.</p> <p>Providers will ensure that all workers deployed to support enteral feeding has knowledge of: basic anatomy of the digestive system; equipment components, function, cleaning and maintenance procedures; stoma care requirements and procedures; awareness of risks associated with departing from plan and ability to explain these risks to others including carers.</p> <p>Providers will ensure that all workers deployed to provide high intensity support has knowledge of : the impact of associated health conditions and complications that interact with enteral feeding e.g. related cardiac or respiratory disorders; very complex physical disability; severe epilepsy; symptoms that indicate the need for intervention e.g. poor chest health, dehydration, reflux; factors that may require immediate adjustment e.g. rate, flow and quantity of food. When working with people who have very complex physical disability, workers also need training in positioning and turning to maintain airway safety and avoid choking risk and in pressure care.</p>

Tracheostomy care

High intensity support activity – Tracheostomy care	Description
<p>When providing support to a person who is also reliant on ventilation, the worker also needs to be competent in the support descriptor: <i>support a person dependent on ventilation</i>.</p> <p>Replacing tracheostomy dressing/ties requires 2 workers to be present due to risk of accidental decannulation.</p> <p>Workers providing this support also need basic first aid skills and knowledge required to administer CPR and place a person in a recovery position.</p>	<p>Context: A care plan has been developed and is overseen by a health practitioner.</p> <p>Providers will support their workers and others involved in providing supports to: Follow personal hygiene and infection control procedures; monitor skin condition and keep stoma area clean; follow procedures (in plan) to perform routine suctioning to maintain clear airways; monitor report abnormal secretions; clean and maintain suctioning equipment; support routine tube tie changes (as outlined in plan and in support of an appropriate health practitioner); maintain charts/records; recognise and respond to signs that airways are obstructed; implement emergency procedures deteriorating health or infection.</p> <p>Providers will deploy staff with knowledge of: Basic anatomical knowledge of the eliminatory system; skin and stoma care; equipment types, components and functions, this includes speaking valves; common risks and indicators of malfunction; indications of need for suctioning; monitoring and recording requirements; common complications and action required e.g. when to inflate and deflate cuffs, and understanding when to involve a health practitioner; signs of infection, both in respiratory system and the stoma site.</p>

Urinary catheters

High intensity support activity – urinary catheters	Description
<p>Replacing and disposing of bags and monitoring health of people using indwelling and suprapubic catheters can be part of a general support worker role. In these cases, insertion of the catheter is done by a health practitioner.</p> <p>In some cases, a support worker may insert an intermittent catheter. This requires high intensity support and oversight by a health practitioner. Insertion of indwelling and suprapubic catheters should be done by a health practitioner.</p>	<p>Context: Care plan has been developed and is overseen by a health practitioner.</p> <p>Providers will support their workers and others involved in providing supports to: Follow infection control procedures; replace and dispose of catheter bags; maintain charts/records; monitor catheter position; monitor skin condition around catheter; recognise and respond/report blockages, dislodged catheters, signs of deteriorating health or infection.</p> <p>High intensity role: For intermittent catheters, insert catheter, drain bladder and remove and dispose of bag.</p> <p>Providers will deploy staff with knowledge of: Basic understanding of urinary system for males and females; hydration; types of catheters; procedures and challenges in inserting catheters in males and females (intermittent catheters only); common complications associated with using different types of catheters, indicators of complications that require intervention and understanding when to involve a health practitioner.</p>

Ventilation

High intensity support activity – ventilation	Description
<p>Where a person has a tracheostomy and uses a ventilator, they require support with invasive ventilation.</p> <p>Where a person requires ventilation but does not have a tracheostomy, they may require either invasive or non-invasive ventilation.</p> <p>Where a person has a tracheostomy but does not use a ventilator, the worker needs to be competent in basic stoma care. This is not a high intensity level of work but requires specific training.</p>	<p>Context: A health care plan is in place and is overseen by a health practitioner.</p> <p>Providers will support their workers and others involved in providing supports to: Confirm the need for ventilation, follow personal hygiene and infection control procedures; identify and connect or assemble components of ventilation equipment according to instructions, follow instructions to operate prepare ventilator for operation, fit the breathing mask, start ventilation and monitor that it is working effectively, follow trouble-shooting procedures to respond to alarms and maintain equipment.</p> <p>Additional requirements for invasive ventilation: recognise the need for suctioning and follow procedures to clear airways as required.</p> <p>Providers will deploy staff with knowledge of: basic respiratory system anatomy; musculoskeletal problems associated with respiration; signs of respiratory distress; types of ventilators and main equipment components and functions; types of breathing masks and techniques for fitting; options to avoid discomfort or pressure sores; common problems and action required, observation parameters and procedures.</p>

Subcutaneous injection

High intensity support activity – subcutaneous injection	Description
<p>Required where a person is unable to self administer injections.</p> <p>There are two levels of responsibility:</p> <ol style="list-style-type: none"> 1. Use of pens and pumps to administer a predosed medication. 2. Calculating and measuring the required dose. Where this is done by a support worker, additional training and clinical reporting and oversight arrangements are required so that the calculation and measurement of the dose is checked by a health practitioner prior to being administered. <p>Where this requirement relates to supporting a health condition, the worker needs a basic understanding of the condition. The following example has been developed for diabetes management support.</p>	<p>Context: A medication plan has been developed and is overseen by a health practitioner that includes detailed instructions on medication requirements, dose calculation (where required), injecting procedure and incident and emergency management.</p> <p>Providers will support their workers and others involved in providing supports to: confirm client details and need for injection, follow personal hygiene and infection control procedures; follow safe injecting procedures using pumps and pens (containing pre-measured dose), monitor for any adverse reactions, maintain records.</p> <p>Providers will deploy staff with knowledge of: administration by pens and pumps. Understand different injection methods and related equipment; medication checking and recording requirements; impact of variables that affect take up such as site location and rotation (related to specific medication), timing etc.; safe needle disposal; signs of adverse reactions and action required including common symptoms of overdose and withdrawal; common risks of injecting and related control methods; quality check protocols when calculating and delivering a variable dose.</p> <p>Variable dose context: The health plan allows for support workers to calculate and draw up the required dose under clinical supervision. The plan must 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.</p> <p>Support workers responsible for administering high risk medications need an understanding of the purpose of the medication. For example, workers who give insulin injections require diabetes awareness and management training.</p>

Manage diabetes

High intensity support activity – manage diabetes	Description
<p>This is an example of knowledge and role related to diabetes. This is a co-requisite with injecting where a person with diabetes requires support to implement their diabetes management plan and need regular injections that they cannot administer themselves.</p>	<p>Context: A diabetes management plan has been developed and is overseen by a health practitioner and the support worker has also received training to administer medication by injection.</p> <p>Providers will support their workers and others involved in providing supports to: Support a person to implement their diabetes management plan and identify and respond to hypoglycaemic episodes, monitor and record blood sugar levels (BSLs); follow procedures to calculate dose requirements, administer medication.</p> <p>Providers will deploy staff with knowledge of: Basic understanding of diabetes types 1 and 2; factors that can affect BSLs; methods of managing insulin levels including different types of insulin (fast/slow release); variables that affect insulin delivery such as timing, site selection and rotation; common symptoms and risks of low or unstable blood sugar levels and related responses; common complications and sources of expertise e.g. podiatrist.</p>

Additional support activities – general advice to providers

The following tables outline other support activities that require training but can be undertaken as part of a general support role. They may form a co-requisite with the high intensity support descriptors above, depending on the person’s support needs.

High risk of seizure

High intensity support activity – high risk of seizure	Description
<p>Support workers often work with people who have seizures and this does not typically require specialist skills provided the support worker has an understanding about the procedures to follow. Where a support worker administers epilepsy medication such as Midazolam, they also need training in medication-specific emergency management procedures.</p> <p>High intensity support is relevant for people who also require emergency post-seizure medication (PRN). Correct administration of this medication is critical and is considered a high intensity support</p>	<p>Context: An epilepsy management plan has been developed and is overseen by a health practitioner that includes a description of types, frequency and patterns seizures, triggers; signs to check for before and after seizure; monitoring and recording; detailed instructions on medication selection and administration procedures; emergency management options and procedures.</p> <p>Providers will support their workers and others involved in providing supports to: Identify and minimise exposure to seizure risk factors; 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.; observe the person to identify early indicators of seizure and take appropriate action; monitor and record seizure information; follow procedures and exercise judgement on when to call an ambulance and whether and how much PRN medication to administer; demonstrate application of first aid including positioning and cardiopulmonary resuscitation.</p> <p>Providers will deploy staff with knowledge of: Types of seizures; impact of epilepsy on the person; common patterns or clusters of seizures; seizure triggers and symptoms; appropriate seizure management and control procedures; risks of related health complications associated with epilepsy; factors that increase risk and appropriate methods of control; common methods of emergency management and potential side</p>

High intensity support activity – high risk of seizure	Description
<p>activity that requires intensive training. The support worker also needs basic first aid skills and knowledge required to administer CPR and place a person in a recovery position. This is covered in the following vocational training units:</p> <ul style="list-style-type: none"> • HLTAID001 Provide cardiopulmonary resuscitation • HLTAID002 Provide basic emergency life support • HLTAID003 Provide first aid 	<p>effects; parameters to guide decisions about when and how much PRN medication to administer; factors that inform interpretation of advice in plan about when to request an ambulance.</p>

Pressure care and wound management

High intensity support activity – pressure care and wound management	Description
<p>Support workers may work with people who require assistance with pressure care and wound management. Responsibility for wound care would normally be undertaken by a person with nursing qualifications. Support workers who are responsible for limited care work under direction of a health worker. They require relevant training although this work does not typically require specialist skills.</p>	<p>Context: Pressure and wound care plan has been developed by a health practitioner and provides specific instructions to be implemented by a support worker.</p> <p>Providers will support their workers and others involved in providing supports to: Recognise risk and symptoms of pressure, identify when to refer to health practitioner; follow plan instructions to inspect/replace dressings (under health practitioner supervision and only when indicated in wound management plan)</p> <p>Providers will deploy staff with knowledge of: Common skin integrity risks; common indications of infection and required response; implications of prolonged or worsening infection; purpose and methods for positioning and turning to manage pressure and choking risks; implications of wound management for delivering daily support activities such as showering, toileting, mealtime assistance and mobility.</p>

Mealtime preparation and delivery

High intensity support activity – mealtime preparation and delivery	Description
<p>Support workers may work with people who require mealtime assistance and follow written meal preparation and delivery instructions. They require relevant training although this work does not typically require specialist skills.</p>	<p>Providers will support their workers and others involved in providing supports to: Read, interpret and implement mealtime management plans; follow food preparation procedures; deliver food and monitor eating to identify and respond to risks; arranging/supporting postural requirements.</p> <p>Providers will deploy staff with knowledge of: signs and symptoms of swallowing and feeding difficulties; risks associated with eating and swallowing; risks associated with not following the mealtime plan; food preparation requirements and methods for common conditions e.g. people with dysphagia; awareness of procedures and methods for including medication in food where this is required by the plan including an understanding of crushable/non-crushable medication; common terminology related to mealtime preparation and modified meals.</p>

Stoma care

High intensity support activity – stoma care	Description
<p>This can apply to care for different types of stomas such as colostomy and ileostomy care or tracheostomy care (where no other requirements apply relating to ventilation).</p>	<p>Providers will support their workers and others involved in providing supports to: Follow personal hygiene and infection control procedures; replace and dispose of bags as required; maintain charts/records; monitor skin condition and keep stoma area clean; recognise and respond/report problems such as blockages, signs of deteriorating health or infection.</p> <p>Providers will deploy staff with knowledge of: Basic anatomical knowledge of the eliminatory system; skin and stoma care; equipment and related functions; procedures for safe positioning and monitoring; common risks and indicators of malfunction and understanding when to involve a health practitioner.</p>