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Lifetime Support Authority of South Australia

High Intensity Support Skill Descriptors

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1 Introduction

1.1 Purpose

The skills descriptors outline the skills, knowledge and capabilities that attendant care providers should ensure their workers have when supporting Lifetime Support Scheme (LSS) Participants who require high intensity daily support.

This document supplements the Panel Agreement for the Provision of Attendant Care Services.

The Lifetime Support Authority (LSA) acknowledges the National Disability Insurance Agency (NDIA)'s work in defining the industry requirements for the delivery of high intensity support.

Section 2 sets out the common context, training, and generic skills and knowledge that apply to all high intensity supports. Section 3 contains each individual skills descriptor, listing only the support-specific skills and knowledge. Both sections should be read together. Where the descriptors refer to "the participant", this includes participants who are children and nominated representatives of the participant.

1.2 Scope

The skills descriptors apply to the following supports:

- Complex bowel care
- Enteral feeding support
- Dysphagia support
- Ventilator support
- Tracheostomy support
- Urinary catheter support
- Subcutaneous injections
- Complex wound care support
- Positive behaviour support
- Epilepsy and seizure support

These supports carry significant risks to participants and are intensely personal in nature. Workers must communicate and work closely with the participant or guardian, and therapy team, to deliver supports safely, in line with preferences, needs and daily routines.

The skills descriptors apply to the following:

- **Providers and support workers** – to understand expectations, select appropriate training and health professional input.
- **Participants and families** – to understand the quality of support they can expect.
- **LSA employees** - to monitor and manage the quality, safety and compliance in the delivery of high intensity Supports.
- **Trainers and health professionals** – to design training that meets the expected skills and knowledge.
- **Care Needs Assessors** – to identify high intensity skill and support requirements and inform recommendations.

1.3 LSA Provider Obligations

Consistent with clause 31.2.1(a) of the Panel Agreement for the Provision of Attendant Care Services, to provide high intensity services, attendant care providers must hold:

- Registration as a NDIS Provider for High Intensity Daily Personal Activities (registration group 00104) or Community Nursing Care (registration group 0114) to the extent any nursing services are being provided by the Service Provider;
- Compliance with NDIS Practice Standards and Quality Indicators

The LSA will only fund high intensity support rates for services identified in this document and detailed within the participant's Service Contract.

Consistent with clause 12 of the Panel Agreement for the Provision of Attendant Care Services, these descriptors may form part of quality audit programs.

1.4 Worker Training

Providers are responsible for ensuring workers have current skills and knowledge to meet NDIS registration requirements including training, consistent with the **NDIS Practice Standards: High intensity support skills descriptors**.

It is recommended that worker competency be reviewed annually. Where a worker has not delivered a particular support for more than three months, or a participant's support needs or plan have changed, it is recommended that the worker be reassessed and complete refresher training if required.

The LSA may fund additional allied health professional services for participant-specific training and may direct providers to complete specific training modules.

2 Common Requirements for All High Intensity Supports

The following requirements apply across every high intensity skills descriptor. Providers must ensure that all workers delivering high intensity support demonstrate these skills and hold this knowledge before providing any of the specific supports in Section 3.

2.1 LSA Context

- A current support plan, developed with the participant and overseen by a relevant health practitioner, is in place for each participant.
- The support plan is up-to-date, readily available, clear and concise, and describes the participant's support needs and preferences.
- Participants are supported to seek regular, timely reviews of their health status and support plan.
- Each participant's support plan is shared (with consent) with their support network, other providers and relevant agencies.
- Workers understand the support needs outlined in the support plan for each high intensity skill descriptor.
- Workers have access to relevant policies and procedures, timely supervision, support, equipment and consumables.

2.2 Training

- Workers should be trained in the general knowledge for high intensity support and in the specific needs of each participant they support, including equipment use.

- Training should be delivered by an appropriately qualified health practitioner or a person meeting descriptor expectations.
- Worker training should be documented and regularly audited; annual competency review is recommended.
- Refresher training and reassessment is recommended if a worker has not delivered the support for more than three months, or if the participant's support plan has changed.

2.3 Generic Skills and Knowledge

The following apply every time a worker delivers any high intensity support. They are not repeated within the individual skills descriptors in Section 3.

- Understand and confirm the support plan is correct and current; check timing, frequency and type of support.
- Understand the role of care in supporting participants to lead the life they choose.
- Check the participant's expectations, capacity and preferences for involvement in their care.
- Communicate using participant-specific supports and strategies, including assistive technology, alternative and augmented communication, aids, devices or resources (including preferred language).
- Understand and follow infection control and standard precautions (hand hygiene, disinfecting, PPE, equipment and waste management).
- Understand the scope of worker responsibilities, including supervision and delegation arrangements.
- Understand the roles of others involved (carers, health practitioners, other workers).
- Ensure a safe environment for working and delivering support.
- Check that required equipment and consumables are available and ready for use.
- Recognise the personal nature of support; confirm the participant is ready to receive it.
- Check and discuss with the participant any changes needed to their support.
- Deliver support in ways that are least intrusive or restrictive, fitting the participant's daily routines and preferences.
- Identify, document and report where a support plan is not meeting needs; support the participant to provide feedback and request changes.
- Monitor and record information required by the support plan.
- Work collaboratively with others to ensure continuity and effective delivery of support.
- Actively involve the participant in their support as outlined in their plan and to the extent they choose.

3 High Intensity Support Skills Descriptors

Each descriptor below lists only the skills and knowledge specific to that support type. The common requirements in Section 2 apply to all descriptors and must also be met.

3.1 Complex Bowel Care

Scope: Participants at risk of severe constipation or faecal incontinence requiring a support plan, including participants with conditions causing muscle or nerve damage (e.g. spinal cord injury, brain injury). Workers must understand normal stool appearance for the participant, specific bowel support requirements, and how to identify and respond to risks, incidents and emergencies.

Skills	Knowledge
Implement the Support Plan	
■ Support the participant to position themselves for bowel care. ■ Use reference guides (e.g. Bristol Stool Form Scale) to observe and record bowel motions as per care plan requirements and identify changes requiring action. ■ Check the participant is clean, comfortable and has no perianal skin irritation. ■ Identify and immediately inform a health practitioner of signs of poor bowel function.	■ Basic anatomy of the digestive system. ■ Relationship between nutrition, hydration, dietary fibre, probiotics, bowel motions and stoma management. ■ Common causes of bowel care problems (constipation, faecal incontinence). ■ Symptoms of bowel-related conditions associated with specific disability types. ■ Common bowel care support methods (laxatives, enemas, suppositories, abdominal massage). ■ Requirements for handling, storing and administering bowel care medication. ■ Signs/symptoms of common problems (reflux, vomiting, stomach pain, changes in bowel habits). ■ Signs, symptoms and actions for autonomic dysreflexia. ■ When and how to involve a health practitioner. ■ Reporting responsibilities including handover, observations and incident reporting.
Additional: Stoma Support	
■ Support the participant to clean and maintain the stoma site. ■ Replace and dispose of ileostomy/colostomy bags as required. ■ Monitor and record outputs, hydration and stoma appearance. ■ Identify and respond to problems (e.g. blockages); immediately inform a health practitioner of deteriorating health.	■ Purpose of ileostomy/colostomy stomas and related equipment (bags, skin sealants, barriers, powders). ■ Common methods to clean and protect skin around the stoma. ■ Characteristics of a healthy stoma and how these change over time. ■ Indicators and actions for common stoma site problems (wetness, infection, inflammation).

3.2 Enteral Feeding Support

Scope: Participants who depend on enteral feeding tubes (NGT, PEG, jejunostomy / Home Enteral Nutrition). Where a participant also has dysphagia, workers must also understand and meet the expectations of the Dysphagia Support descriptor. Workers must understand the type of feeds, feeding delivery mechanism, mealtime assistance, stoma care, and risk/emergency responses. Stoma care can also include tube management and cleaning stoma site, preparing and administering formulas (food), water flushes and approved medications.

Skills	Knowledge
Prepare to Deliver Support	
■ Support the participant to explore enjoyable mealtime approaches (preferences, timing, environment, social company). ■ Modify own positioning to support a positive mealtime experience.	■ Types of feeding equipment, components and function (tubes, pump, gravity drip, syringe feed). ■ Types and safe handling of formulas, including storage and preparation. ■ Types and purpose of enteral feeding stomas (gastrostomy, jejunostomy) and related equipment/consumables. ■ Awareness and ability to complete appropriate monitoring (e.g. food/fluid intake, signs of aspiration) and respond to safety concerns (e.g. choking).
Implement the Support Plan	
■ Confirm participant is ready; check for adjustments needed. ■ Set up water flush, assemble feed, position tube and introduce food. ■ Observe and regulate feeding (rate, flow, volume). ■ Respond to feeding equipment alarms or malfunctions. ■ Identify and immediately inform a health practitioner of broken/displaced tubes or health-related complications. ■ Support the participant to maintain oral health. ■ Support the participant to clean and maintain the stoma.	■ Strategies to improve mealtime experience for tube-fed participants. ■ Basic anatomy of the digestive system. ■ Purpose and methods for correct participant positioning. ■ Impact of associated health conditions (reflux, constipation, breathing difficulties, dysphagia, diarrhoea, vomiting, bloating). ■ Common alarms and action to resolve them (e.g. kinked/blocked tube, dislodged tube). ■ High-risk indicators (coughing, vomiting, changes in bowel habits). ■ Health indicators (unexpected weight change, dehydration, allergic reaction, wet cough). ■ Risks of poor oral health for people reliant on enteral feeding. ■ When and how to involve a health practitioner. ■ Reporting responsibilities including handover, observations and incident reporting.
Additional: Gastrostomy Support	
■ Clean and maintain stoma site integrity. ■ Take immediate action for dislodged PEG tubes (balloon device in position, after initial tube replaced).	■ Basic stoma maintenance procedures (cleaning, skin protection, checking/refilling balloon). ■ Signs of a healthy stoma and changes over time. ■ Indicators and actions for common stoma site problems.

Additional: Medication via Enteral Tube	
■ Understand and check medication requirements (type, dosage, delivery, timing). ■ Follow support plan to prepare and administer medication and flush the tube. ■ Identify and inform a health practitioner of adverse reactions or overdose risk. ■ Safely handle and dispose of sharps and consumables.	■ Basic understanding of medication purpose and storage. ■ Methods and equipment for enteral tube medication delivery. ■ Factors affecting medication delivery through feeding tubes. ■ Common signs of medication adverse reactions and dosage errors.

3.3 Dysphagia Support

Scope: Participants assessed as having swallowing, biting or chewing difficulties presenting risk of choking, aspiration, malnutrition and/or dehydration. Where a participant also relies on enteral feeding, workers must also understand and meet the expectations of the Enteral Feeding descriptor.

Skills	Knowledge
Prepare to Deliver Support	
■ Understand support plan requirements (food/fluid needs, preparation techniques, safe feeding strategies, equipment). ■ Support the participant to explore enjoyable mealtime approaches.	■ The role of food and meals in supporting good health, culture and social connection. ■ Features of a safe environment for dysphagia support.
Implement the Support Plan	
■ Support menu and meal planning. ■ Support participant positioning for feeding and readiness. ■ Prepare and provide food/fluids of required texture; test prepared texture. ■ Support safe eating using feeding equipment, assistive technologies or other documented strategies; provide reminders about safe rate/amount. ■ Identify and immediately inform a health practitioner of swallowing or breathing difficulties. ■ Support oral hygiene consistent with the support plan. ■ Check with participant post-meal about satisfaction.	■ Basic anatomy of swallowing and respiratory system. ■ Relationship between swallowing, the digestive system, nutrition and dysphagia. ■ Factors that make eating difficult (mouth/dental problems, reflux, breathing difficulties, poor appetite, food intolerance, tiredness, poor health, PRN medication). ■ Signs and symptoms of dysphagia (coughing while eating/drinking, regurgitation). ■ Purpose and methods for positioning to assist swallowing. ■ Common aids and adaptive equipment (eating/drinking utensils). ■ Current first aid knowledge for suspected choking (identification, airway clearance). ■ IDDSI food and fluid preparation requirements. ■ Risks of taking medication at inappropriate consistency. ■ Risks of poor oral health (aspiration, pneumonia). ■ Australian Dietary Guidelines for Healthy Eating and menu planning. ■ When and how to involve a health practitioner.

3.4 Ventilator Support

Scope: Participants who use a ventilator, including accessory equipment such as BiPAP, CPAP, humidifiers, airway clearance devices, suctioning, manual ventilation devices and oxygen. Where a participant also has a tracheostomy, workers must also understand and meet the expectations of the Tracheostomy descriptor.

Skills	Knowledge
Prepare to Deliver Support	
■ Read the advanced care directive where in place. ■ Record and document equipment checks on respiratory equipment in a logbook (back-up ventilators, oxygen, suction equipment).	■ Participant's wishes for emergency supports (advanced care directive). ■ Features of a safe environment for ventilation support. ■ Types of ventilators, main components including batteries, and their function. ■ Types of breathing masks and related equipment for non-invasive ventilation.
Implement the Support Plan	
■ Support the participant to position themselves for ventilation. ■ Support mask placement and fitting as documented. ■ Follow procedures to start, operate and monitor the ventilator. ■ Respond to ventilator alarms. ■ Identify and inform a health practitioner of risk indicators (fatigue, anxiety, breathing difficulties). ■ Identify and act immediately on blocked/occluded airways, choking, or difficulty swallowing (including suctioning). ■ Commence and maintain manual ventilation as required. ■ Follow troubleshooting procedures (maintenance, tube replacement, battery replacement). ■ Follow emergency procedures (back-up ventilator, resuscitation bags, oxygen, suctioning). ■ Apply basic first aid, CPR and basic life support if required. ■ Monitor supply and condition of consumables and emergency equipment.	■ Basic anatomy of the respiratory system. ■ Musculoskeletal problems associated with respiration; common conditions causing respiratory failure, including participant-specific conditions. ■ Infection control principles relevant to ventilator equipment (e.g. mask cleaning). ■ Signs and symptoms of respiratory distress (drowsiness, reduced alertness, breathing rate changes, nose flaring, colour changes, wheezing, bracing, large chest movements). ■ Indicators of deteriorating skin condition; techniques for mask fitting to minimise pressure sores. ■ Signs of a healthy stoma and changes over time (where applicable). ■ Indicators and actions for common stoma site problems. ■ Indicators to initiate emergency procedures (e.g. power loss, battery failure). ■ Causes of common alarms and resolution actions (e.g. high airway pressure alarm). ■ When and how to involve a health practitioner. ■ Reporting responsibilities including handover and incident reporting. Handover may cover positioning, time on ventilator, communication methods.
Additional: Non-invasive Ventilation	
■ Assist the participant to fit and adjust their breathing mask.	
Additional: Invasive Ventilation via Tracheostomy	
■ Actively manage invasive ventilation including monitoring circuits and cuff inflation/deflation. ■ Support the participant to clean/maintain healthy condition of the stoma.	

3.5 Tracheostomy Support

Scope: Participants requiring support with fenestrated or non-fenestrated tracheostomy and related equipment (stoma appliances, heat moisture exchange machines, humidifiers, nebulisers, suctioning equipment, dressings). Where a participant also requires ventilation, workers must also understand and meet the expectations of the Ventilator Support descriptor.

Skills	Knowledge
Prepare to Deliver Support	
	■ Basic anatomy of the respiratory system. ■ Common conditions requiring tracheostomy (e.g. spinal injury, paralysis, chronic pulmonary disease, neuromuscular diseases, neck/mouth difficulties). ■ Common tracheostomy and stoma care equipment and participant-specific equipment (cuffs, heat moisture exchange machines, humidifiers, nebulisers, suctioning equipment, speaking valves).
Implement the Support Plan	
■ Clean and maintain stoma site integrity; monitor skin condition. ■ Monitor participant to identify when suctioning is required. ■ Identify and immediately inform a health practitioner of abnormal secretions or breathing problems. ■ Apply basic first aid, CPR and basic life support if required. ■ Clean and maintain suctioning equipment. ■ Assist the health practitioner with routine tube tie and dressing changes (tracheostomy tie/strap changes are done by a qualified health practitioner and require a second person).	■ Indicators of common problems including infection at the tracheostomy stoma site and in the respiratory system. ■ Indicators of equipment malfunction associated risks and required actions. ■ Warning signs of a blocked tube (blood/phlegm in tube, breathing difficulties, inability to pass catheter). ■ Techniques to respond to tube blockages (suctioning, humidification management, when to escalate). ■ First aid: check and clear airways, CPR, recovery position. ■ Basic stoma care knowledge and common risks (sore skin, leakage, ballooning, pancaking, bleeding, hernia, prolapse). ■ When and how to involve a health practitioner. ■ Reporting responsibilities including handover, observations and incident reporting.

3.6 Urinary Catheter Support

Scope: Participants with in-dwelling, in-out or suprapubic catheters. May include insertion and removal of an intermittent catheter with health practitioner oversight. Insertion of in-dwelling and suprapubic catheters must be done by a health practitioner.

Skills	Knowledge
Implement the Support Plan	
■ Support participant positioning for catheter insertion and/or drainage. ■ Support the participant to clean and maintain the stoma site. ■ Follow intermittent catheterisation insertion procedures (male/female or participant-specific). ■ Check catheter functioning (bag placement, urine levels); drain/replace bags as required. ■ Identify and immediately inform a health practitioner of signs/symptoms of complications or infection. ■ Measure and record urine output amount, consistency and related information.	■ Basic anatomy of the male and female urinary system. ■ Types of catheters, components and function (bags, balloons, tubing). ■ Risks and health problems associated with catheter use (urinary tract infections, skin integrity). ■ Purpose and methods of hygiene and infection control. ■ Catheter insertion techniques appropriate to males/females to minimise infection risk and discomfort. ■ Requirements for catheter functioning (bag positioning, tube positioning). ■ Indicators and actions for common complications (dislodged tubes, changes in urine, suspected blood, confusion). ■ Indicators and actions for stoma site problems (wetness, infection, inflammation). ■ When and how to involve a health practitioner. ■ Reporting responsibilities including handover, observations and incident reporting.

3.7 Subcutaneous Injections

Scope: Participants requiring subcutaneous injections for a range of medications. Where workers support dose calculation for diabetes medication, arrangements must be overseen by a health practitioner and the dose double-checked before injecting.

Skills	Knowledge
Prepare to Deliver Support	
■ Check injecting equipment, medication and consumables are available and ready.	■ Features of a safe environment for subcutaneous injection support and disposal. ■ Equipment and consumables (medication order, injectable device, syringes, needles, swabs, gloves, sharps container). ■ Medication to be administered and related storage expectations. ■ Participant-specific strategies to minimise anxiety or discomfort.
Implement the Support Plan	
■ Ensure the participant is ready and positioned so the injection site is accessible. ■ Observe the participant before, during and after the injection; immediately inform a health practitioner of adverse reactions or infection. ■ Safely handle and dispose of sharps and consumables.	■ Basic understanding of medication purpose and storage. ■ Impact of variables affecting medication uptake (injection site location, rotation, timing). ■ Indicators and actions for common problems (skin changes, swelling, itchiness, pain, withdrawal signs, medication side effects, incorrect dose reactions). ■ When and how to involve a health practitioner. ■ Reporting and documentation responsibilities.
Additional: Pre-filled Injection	
■ Set up pre-filled pens, pumps and related equipment.	

Additional: Diabetes Management	
■ Understand participant's specific diabetes support requirements (medication type, method, procedures, timing). ■ Check participant has access to glucose monitoring equipment. ■ Monitor and document blood glucose levels routinely. ■ Follow procedures to identify and respond to low/high glucose levels (hypoglycaemia/hyperglycaemia). ■ Support participant to administer insulin as described in the support plan. ■ Recognise and respond immediately to signs of illness, infection, adverse medication reaction or incorrect dose. ■ Follow health practitioner's procedure for calculating, drawing up and double-checking required dose. ■ Document medication administered.	■ Basic understanding of diabetes relevant to the participant (type 1 or 2). ■ Types and purpose of diabetes medication. ■ Relationship between glucose levels, nutrition, physical activity, weight, stress and diabetes. ■ Risks associated with different medication delivery methods. ■ Factors affecting blood glucose (food/drink type and amount, stress, illness, infection, physical activity, other medications). ■ Common health risks and complications of diabetes (reduced healing, behaviour changes, weight fluctuation, deteriorating eyesight). ■ Short- and long-term impact of low/high blood glucose and required action. ■ Impact of variables such as food intake, timing and medication type (slow/fast acting insulin). ■ Risks of incorrect dosage. ■ How to use sliding scale charts to calculate dose where required. ■ Methods and equipment for diabetes medication (injectable devices, syringes, pens, pumps). ■ Procedure for adjusting and double-checking dose. ■ Common glucose monitoring equipment and devices.

3.8 Complex Wound Care Support

Scope: Participants at high risk of pressure injuries, covering both prevention and management of wounds and pressure injuries. Includes support to use lymphoedema machines and assistive circulatory devices. May be relevant for participants with diabetes (refer also to the Subcutaneous Injections descriptor).

Skills	Knowledge
Prepare to Deliver Support	
	■ Features of a safe environment for wound management. ■ Common consumables and their function (e.g. types of dressings). ■ Basic understanding of wound types/classifications and care requirements. ■ Function of common equipment for wound and pressure injury management and basic troubleshooting.
Implement the Support Plan	
■ Follow hygiene and infection control procedures (hand washing, sterile gloves, disinfecting). ■ Carry out positioning and turning methods to prevent pressure injuries. ■ Check skin integrity; identify initial or worsening infection and involve a health practitioner. ■ Support the use of lymphoedema machines or assistive circulatory devices.	■ Basic understanding of pressure injury risk and symptoms (blistering, swelling, dry patches, colour change, shiny or warm areas). ■ Risk factors for pressure injuries (inability to reposition independently, diabetes, other health conditions). ■ Prevention strategies (frequent repositioning, appropriate diet, assistive equipment). ■ Process and stages of wound healing (identifying improving or deteriorating conditions). ■ When and how to involve a health practitioner. ■ Reporting responsibilities including handover, observations and incident reporting.

3.9 Positive Behaviour Support

Scope: Participants who display frequent behaviours of concern related to the impact of their brain injury that significantly affect their or others' wellbeing and safety and require positive behaviour support strategies and response strategies (which may include restrictive practices). Behaviours of concern include those described in the Overt Behaviour Scale (OBS). Participants should be displaying behaviours of concern with moderate to extreme impact at least once per shift, evidenced by the OBS and/or ABC chart monitoring and analysis completed by the positive behaviour support practitioner and/or treating team.

Skills	Knowledge
Prepare to Deliver Support	
■ Understand the behaviour support plan; confirm it is correct and current; check participant's specific requirements. ■ Communicate with and respond to the participant using the behaviour support strategies in the plan.	■ Common and participant-specific behaviours of concern following brain injury. ■ Principles of positive behaviour support (functions of behaviour, observing and charting behaviours, management strategies for different presentations). ■ Common and participant-specific restrictive practice strategies. ■ Roles and responsibilities of others involved in delivering the positive behaviour support plan. ■ Features of a safe environment for delivering positive behaviour support.
Implement the Support Plan	
■ Follow behaviour support strategies prescribed in the plan. ■ Support the participant to engage in wellbeing and skill development activities (structured daily schedules, meaningful engagement, goal pursuit). ■ Measure and record frequency and impact of behaviours of concern, antecedents and strategies implemented. ■ Record and report incidents to the appropriate delegate. ■ Identify and immediately inform a delegate or health practitioner of escalating behaviour or increased risk. ■ Provide feedback and request changes to the plan as required.	■ Basic understanding of positive behaviour support strategies. ■ Purpose and methods of implementing the positive behaviour support plan. ■ Indicators and actions for incident management. ■ Actions to respond to behaviour escalations and increased risk to participant/staff; when and how to involve the appropriate delegate and/or health practitioner. ■ Reporting responsibilities including handover, recording behaviour frequency/impact, strategies implemented, and incident reporting.

4 Additional Support Activities – General Advice for Providers

4.1 Epilepsy and Seizure Support

Scope: Participants at high risk of seizures. This descriptor is not formally linked to the high intensity daily personal activities (HIDPA) practice standards but provides additional guidance and may form a co-requisite with other high intensity supports. Includes skills and knowledge for seizure monitors and wearable technology (smartwatches, sleep activity monitors, above-mattress sensors).

Providers will ensure workers delivering epilepsy supports have the following skills and knowledge.

Skills	Knowledge
Prepare to Deliver Support	
■ Understand the support plan including trigger management, characteristics of the participant's seizure patterns and required response. ■ Check required devices and medications are available and ready.	■ Potential impact of epilepsy and seizures. ■ Roles and responsibilities of others involved in seizure/epilepsy-related support (schoolteachers, carers, health practitioners, other workers). ■ Features of a safe environment for epilepsy and seizure support. ■ Types and function of common seizure monitors and wearable technology.
Implement the Support Plan	
■ Follow procedures to use and monitor seizure-related devices or equipment. ■ Support the participant to identify, remove or minimise seizure triggers. ■ Recognise and take immediate action on early indicators of a seizure (including device alarms). ■ Identify and record the nature and frequency of seizures; position participant in recovery position. ■ Follow instructions to assess need and administer post-seizure medication. ■ Monitor the participant post-seizure and/or post-medication. ■ Identify and immediately inform a health practitioner of respiratory distress or unresponsiveness; initiate CPR/basic life support if required. ■ Record and update seizure record charts or documents including medication administered.	■ Common types, symptoms and patterns of seizures. ■ Common triggers or conditions increasing seizure risk (constipation, dehydration, high temperature, aspiration) and related control methods. ■ Common risks associated with seizures. ■ Impact of associated health conditions on epilepsy. ■ Common seizure medication, contraindications and side effects. ■ Observation parameters for seizure onset, monitoring and post-seizure observation. ■ Expectations for handling, storing, administering and recording post-seizure medication. ■ First aid: check and clear airways, CPR, recovery position. ■ •When and how to involve a health practitioner or emergency services. ■ • Reporting responsibilities including handover, observations and incident reporting.