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Family &
Community
Services

Health Promotion Guidelines

Summary: The Health Promotion Guidelines provide information on healthy living and disease prevention strategies to support the person and improve health outcomes.





Health Promotion Guidelines

Document name	Health Promotion Guidelines
Version number	1.0
Approval date	January 2016
Policy manual	Health and Wellbeing Policy and Practice Manual Volume 2
Approved by	Deputy Secretary, ADHC
Summary	The Health Promotion Guidelines provide information on healthy living and disease prevention strategies which aim to support the person to improve health outcomes.
Replaces document	Health Care Policy and Procedures, 2012, Appendix C
Authoring unit	Contemporary Residential Options Directorate
Applies to	People with disability, their families and others who are part of the person's support network. All support workers who support the health and wellbeing of people with a disability.
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Version control

The first and final version of a document is version 1.0.

The subsequent final version of the first revision of a document becomes version 1.1.

Each subsequent revision of the final document increases by 0.1, for example version 1.2, version 1.3 etc.

Revision history

Version	Amendment date	Amendment notes
V1.0	January 2016	Guidelines replace the health promotion information outlined in the Health Care Policy and Procedures, Appendix C

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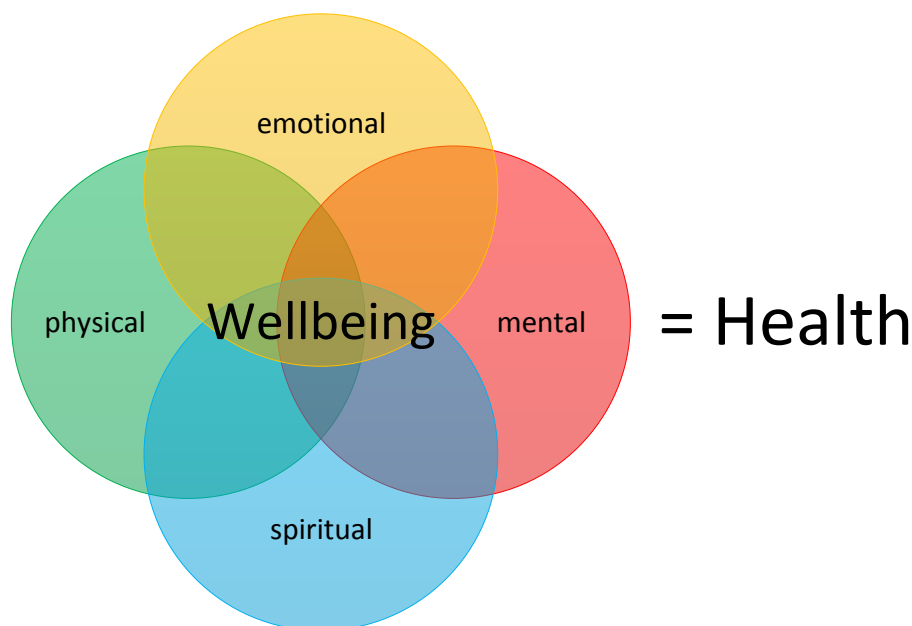
1 Health and wellbeing

The ADHC Health Promotion Guidelines (the Guidelines) embody the principles of legal and human rights found in the New South Wales Disability Service Standards (the Standards), the commitment to deliver culturally responsive services to Aboriginal and Torres Strait Islander people under the Aboriginal Policy Statement (the Statement) and the person centred guiding principles of the ADHC Health and Wellbeing Policy.

The Guidelines support people to exercise their rights and entitlements under the Standards and the Statement. The Guidelines provide information on healthy living, and strategies to prevent disease and improve health outcomes under the guidance of the person's 'usual' General Practitioner (GP)¹ and other health specialists.

The Health Promotion Guidelines are applicable to ADHC operated and funded non-government accommodation support services including group homes, large residential centres, specialist supported living and other types of accommodation where people are being supported with their health and wellbeing

Health is the inter-relation of a person's physical, mental, emotional and spiritual wellbeing as outlined in the diagram below. This means that if one aspect of wellbeing changes, other aspects will also be influenced.



¹ [Medicare](#) defines the person's 'usual' GP as: 'The GP (or a GP in the same practice) who has provided the majority of services to the patient in the past 12 months, and/or is likely to provide the majority of services in the following 12 months'

How people feel about themselves and their life will have a significant influence on their ability to move towards and maintain good health².

Good health is a resource that a person uses every day. Without good health, a person struggles to engage fully in every day life. This is the case for many people with disability who often have poor health³.

People with disability have poor health for various reasons including:

- the prevalence of disability-related chronic health conditions,
- poor access to health care and health promotion initiatives,
- poor health education and opportunities for education,
- lack of understanding of disability and health-related conditions⁴ by health professionals.

Aboriginal and Torres Strait Islander people with poor health may also struggle to participate fully in every day life. When providing health promotion support to Aboriginal and Torres Strait Islander people, that is culturally appropriate and empowering, the following impacts are to be considered:

- communicate with the person and family in a way that is understood; if the person has a communication profile use it to learn the best way of communicating,
- acknowledge the history of trauma and loss that Aboriginal and Torres Strait Islander people have experienced since settlement,
- understand their experiences and difficult relationships with government services, especially hospitals,
- enquire about the proper contact person for discussing issues of health promotion in general,
- ask who the Aboriginal and Torres Strait Islander person would prefer to have as a contact or support person,
- determine how the issue of health promotion is viewed in the person's community,
- confirm whether the person or family would prefer to work through an Aboriginal Liaison Officer,
- ensure that the person and family understand the support options that are available in the areas of health promotion, and how they can access them.

² [Better Health Channel](#)

³ [Health of Australians with disability: health status and risk factors](#)

⁴ National Disability Strategy:

http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf

1.1 Health promotion


Health promotion activities enable the person to move towards their full health potential by empowering the person to take control of their health⁵.

Early prevention through health promotion activities is vital to increasing the person's wellbeing and health outcomes and to preventing certain conditions from emerging.

1.2 Health promotion guidelines

The Health Promotion Guidelines provide information on activities which promote good health. Information is presented in two sections:

1. **Healthy living** activities. This section provides health literacy information aimed at empowering the person to modify their behaviour and make informed lifestyle decisions which promote good health. For instance, understanding how smoking damages health and where to seek help to stop smoking.
2. **Screening activities** aimed at preventing disease, disability and premature death from occurring. For instance, undergoing bowel cancer screening from 60 years of age, or earlier if there is a family history of bowel cancer.

The hand symbol  refers to further information found in other sections of these guidelines and / or other Procedures and Guidelines covered under the Health and Wellbeing Policy.

1.2.1 Health Planning and Health Promotion

Health promotion activities are part of the person's health planning. The **My History** section of the person's **My Health and Wellbeing Plan** is completed as far as possible to include all health and disability diagnoses and family medical histories where appropriate. This will help the General Practitioner (GP) and other health professionals to identify, plan and manage health issues which are existing and / or which may emerge at a later stage.

During the person's annual health assessment, health promotion activities are discussed with the GP and a plan of action is developed which:

- provides advice and recommendations
- outlines a plan of healthy living activities (e.g. completing a Physical Activity Checklist and Physical Activity Plan located in the Tools and templates section of the Health Planning Procedures.

⁵ http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf

- contains referrals for health screening if applicable to the person.

Health promotion activities are recorded in the person's **Health Promotion Register** in **Part B** of the **My Health and Wellbeing Plan**. Support plans developed by a health professional are kept in **Part C** of the My Health and Wellbeing Plan.

2 Healthy living

2.1 Physical activity^{6 7 8}

Physical activity is 'any bodily movement produced by the muscles attached to the skeleton that requires energy expenditure and produces progressive health benefits'. It includes everyday activities like walking to the shop, gardening, and organised activities, such as weight training and exercise classes.

Compared to the general population, many people with disability do not get enough exercise.

Physical activity can improve a person's health and wellbeing and is an important part of a healthy lifestyle. Activities such as walking, swimming, dancing and cycling are all good forms of exercise and promote social interaction.

2.1.1 Benefits

The benefits of regular physical activity include:

- Prevention of heart disease, stroke and high blood pressure
- Reduction in the risk of developing Type 2 Diabetes
- Management of digestive function including constipation
- Reduction of pressure sores and muscle contracture
- Improved respiratory function
- Prevention of some cancers
- Increased energy levels and decreased body fat
- Building and maintaining healthy bones, muscles and joints
- Reduced risk of injury
- Promotion of psychological wellbeing
- Improved mood and concentration
- Increased participation and inclusion
- Improved sleep.

⁶ <http://www.health.gov.au/internet/main/publishing.nsf/Content/phy-activity>

⁷ <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>

⁸ AIHW 2010, *Health of Australians with disability: health status and risk factors*. AIHW bulletin no. 83. Cat. no. AUS 132. Canberra: AIHW.

2.1.2 Good practice guidelines

When to seek medical attention:

Check with the person's GP before any exercise program is implemented, as some types of physical activities may not be appropriate, or may be detrimental, to the person's health.



This is essential if the person has an existing health condition or is older.

Annual health promotion activities

Annual health assessment	<ul style="list-style-type: none"> Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1. Discuss the person's physical activity with the GP at the time of the health assessment.
Make a plan	<ul style="list-style-type: none"> Complete a Physical Activity Checklist and Physical Activity Plan (see Health Planning Procedures, Tools and templates) with the person as part of the annual health review or simply structure daily physical activity with the person in their weekly routine. Record a visual reminder of when physical activity has been scheduled for the person and support workers.

Daily health promotion activities

Identify enjoyable activities	<ul style="list-style-type: none"> Make it fun. Try to find something the person enjoys and then build it into their weekly routine. The more enjoyable the activity, the more likely the person will do it again. NSW children aged 7 to 13 years of age and above a health weight, can enrol in the free Go4Fun healthy lifestyle program that focuses on eating habits, confidence and fitness⁹. The activity does not have to involve a formal exercise program such as going to the gym or an aerobics class. It can be walking to the local shops or to work, going dancing or working in the garden. Explore with the person what activities they have tried in the past and whether they would like to try them again.
Encourage the person to be	<ul style="list-style-type: none"> Support the person to engage in domestic chores such as hanging out the washing; putting out the garbage bins; doing

⁹ <https://go4fun.com.au/>

Daily health promotion activities	
as active as possible throughout the day	<p>their own washing; gardening; walking to the corner store for groceries.</p> <ul style="list-style-type: none"> • Think of physical activity as an opportunity not an inconvenience. For instance, assist the person to make a habit of walking instead of using the shared vehicle. Also park away from a destination and walk with the person the rest of the way. • People with limited or no active muscular control can benefit from support with passive movement.
Set a goal and track progress	<ul style="list-style-type: none"> • Encourage the person to choose something they like doing to build up their fitness. • If the person is doing more physical activity as part of a plan to lose weight, schedule a monthly weigh-in and celebrate weight loss as a win. • For adults, aim for at least 30 minutes of moderate intensity physical activity¹⁰ every day if possible. • If 30 minutes of physical activity is too much at first, break it up into three 10 minutes sessions per day. • The national recommendation¹¹ for children and young people is at least 60 minutes of moderate to vigorous intensity physical exercise every day.
Factor in costs	<ul style="list-style-type: none"> • The person's budget will determine the activities they do. If the person does not have much money to spare, help them to pick something within their budget. • Look for cost effective alternatives by hiring an exercise video from the local library or purchasing a video gaming device that has games requiring physical activity.
Make it social	<ul style="list-style-type: none"> • Combine physical activity with a social activity. For instance, the person could meet a friend at a park to go for a walk followed by a picnic. • Joining a club or sport event is also a great way to meet new people and engage with the general community¹². For example, sports clubs, council recreation centres; ten-pin bowling clubs; local gyms; swimming pools, community centres and neighbourhood houses. • Support staff should take the time to check community notice boards at libraries, local shopping centres, and social

¹⁰ *Moderate intensity physical activity* will cause a slight, but noticeable, increase in breathing and heart rate and may cause light sweating in some people.

¹¹ <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#apa512>

¹² Office of Sport (Sport and Recreation) <https://sportandrecreation.nsw.gov.au/findaclub/disability>

Daily health promotion activities	
	<p>networking sites as they can offer a range of opportunities.</p> <ul style="list-style-type: none"> • Enquire whether there are any recreational groups which cater for people with disability in the local area, for example, Riding for the Disabled and Sail Ability. The person's preferences and availability of opportunities will determine the choices made.
Get help from others	<ul style="list-style-type: none"> • If the person has complex health issues or has mobility issues, consult and refer to other health professionals for advice. • Access to exercise physiologists and physiotherapists is available to a person who has ongoing health conditions. Costs associated with accessing allied health professionals can be subsidised through Medicare's Chronic Disease Management Program¹³. Talk to the person's GP about these options.

¹³ <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement>

2.2 Oral health and hygiene¹⁴

Good oral and dental health is not just about having an attractive smile. A clean, comfortable mouth is essential for good physical health and quality of life.

Poor oral health and hygiene can lead to dental and gum disease. Oral health issues can also have a significant impact on the person's self-esteem and sense of wellbeing as it can affect the way a person looks and feels and their ability to undertake activities of every day life.

People with disability are more likely to have substantial oral health problems than the general population.

2.2.1 Good practice guidelines

When to seek medical attention:

If there is a change in the person's oral health needs, speak to the person's GP and / or book an appointment with the dentist.



The person should also visit a dentist if they have any of the following:

- A toothache
- Bleeding gums
- Facial swelling
- Bad breath
- Dental trauma such as a loose or dislodged tooth.



For information on oral and dental disease, refer to the **Chronic Disease Guidelines** in the Health and Wellbeing Policy and Practice Manual Volume 2


Annual health promotion activities

Annual oral health check

- Every person is required to have an annual oral health check performed by a GP or dentist.
- Planning for an annual oral health check is outlined in the **Health Planning Procedures** in Health and Wellbeing Policy and Practice Manual Volume 1.
- If the person does not have teeth, the person's GP is to

¹⁴ Oral health and Victorians with an intellectual disability 2013
<https://www2.health.vic.gov.au/about/publications/researchandreports/oral-health-and-victorians-with-an-intellectual-disability-2013>

Annual health promotion activities	
	check the condition of the person's mouth and gums at the annual health assessment.
Oral Health Plan	<ul style="list-style-type: none"> • Every person is required to have an updated Oral Health Plan which is endorsed by a GP or dentist. • An Oral Health Plan outlines what support the person needs to maintain good oral health care and hygiene.

Daily health promotion activities	
Oral health and hygiene	 For information on oral and dental hygiene and care, refer to the Nutrition and Swallowing Guidelines .

2.3 Sleeping well¹⁵

2.3.1 Why is sleep important?

Sleep is essential for good health. It refreshes the mind and repairs the body. Lack of sleep causes fatigue, poor concentration and memory, moodiness, impaired judgement and reaction time, and poor physical coordination.

The concept of 'a good sleep' differs widely from person to person. While many adults need around eight hours, some people only need five to function well. Other people like to sleep for 10 hours or more. What seems like insomnia to one person might be considered a good sleep by another. While there is no one ideal amount of sleep, adults typically require approximately eight hours per day.

2.3.2 Causes and risks factors for sleep disorders

- Respiratory conditions which inhibit breathing
- Snoring and obstructive sleep apnoea (temporary cessation of breathing, especially during sleep)¹⁶
- A person with Down Syndrome can be susceptible to obstructive sleep apnoea
- Dysphagia
- Stress, anxiety or depression
- Obesity
- Untreated pain
- Pre-bedtime distractions such as TV and the internet
- Age and dementia
- Drinks containing caffeine
- Some medications
- Alcohol
- Smoking

¹⁵ <https://www.sleepoz.org.au/sleep-disorder-fact-sheets>

¹⁶ <http://www.oxforddictionaries.com/definition/english/apnoea>

2.3.3 Good practice guidelines

When to seek medical attention:



- If the person has tried the tips in the daily activities section below and still has trouble sleeping.
- If the person can't get to sleep regularly, wakes in the middle of the night unusually.
- If the person snores or stops breathing during sleep
- If the person feels excessively tired often during the day despite getting a reasonable night's sleep.

Annual health promotion activities

Annual health assessment

- Planning for an annual health assessment is outlined in the **Health Planning Procedures** in Health and Wellbeing Policy and Practice Manual Volume 1.
- If the person has poor sleeping habits, support the person to discuss this with their GP at the time of the health assessment. The GP may refer the person to a specialist sleep centre if they think there is a problem.



Daily health promotion activities

Sleep routine

- Discourage the person from taking naps during the day, or try to limit the nap to 15 minutes.
- When it is time for bed, darken the room by drawing blinds and switching off bright lights.
- Before going to bed, encourage the person not to engage in activities that excite or mentally stimulate them such as exercise, TV or the internet.
- Encourage the person to go to bed at the same time each night and wake up at the same time each morning.
- Encourage the person to practice relaxation techniques before going to bed such as listening to relaxing music or reading a book.
- Remember that it is not the role of support workers to force the person to go to bed to sleep if the person is resistant. Be flexible to the person's needs and lifestyle.
- Ensure the person takes medications as prescribed and at the time outlined by the treating GP.

Continence of the person

- If the person wakes up to go to the toilet, consider encouraging them to restrict fluid intake after their evening meal.
- If the person is incontinent at night, consult the person's GP about a referral to a Continence Nurse.
- A Continence Nurse can provide advice on times for good toileting practice and what aids to use to keep the person dry and comfortable during the night.

Daily health promotion activities	
Physical activity	<ul style="list-style-type: none"> • Physical activity is important for good physical health and mental wellbeing. • Establish a regular exercise program, preferably early in the day. <p> Refer to the Physical Activity section (2.1) for more information.</p>
A healthy diet	<ul style="list-style-type: none"> • Encourage the person to avoid drinks that contain caffeine such as energy drinks, chocolate, tea or coffee, especially close to bedtime. • Avoid a heavy meal or spicy food late at night. • Obesity, allergies and hay fever can cause or aggravate snoring which disturbs sleep.
Avoid smoking	<ul style="list-style-type: none"> • Smoking can aggravate snoring. • Quitting smoking eliminates the stimulant effects of nicotine which contribute to sleep loss. <p> Refer to the Smoking section (3.4) for information on quitting.</p>

2.4 Food and nutrition

☞ Refer to **Nutrition and Swallowing Guidelines** in the Health and Wellbeing Policy and Practice Manual Volume 2 for good practice information on food and nutrition.

2.5 Bladder and bowel health¹⁷

Incontinence can have a major impact on quality of life. It affects both men and women, regardless of age or background. Incontinence can be treated, managed and in many cases cured.

Incontinence is the accidental or involuntary loss of urine from the bladder (urinary incontinence) or faeces or wind from the bowel (faecal or bowel incontinence).

2.5.1 Causes and risk factors

- Weakened pelvic floor muscles,
- health conditions and diseases such as Irritable Bowel Syndrome (IBS), Inflammatory Bowel Disease (IBD), respiratory conditions, diabetes, dementia (see **Chronic Disease Guidelines** in in the Health and Wellbeing Policy and Practice Manual Volume 2),
- constipation or severe diarrhoea,
- pregnancy (both pre- and post-natal women),
- younger women who have had children,
- menopause and old age,
- obesity,
- urinary tract infections,
- certain types of surgery,
- reduced mobility preventing a person from getting to or using the toilet,
- neurological and musculoskeletal conditions such as multiple sclerosis and arthritis,
- some medications.


¹⁷ <http://www.continence.org.au/>

2.5.2 Good practice guidelines

Seek medical attention if the person:

- Has trouble emptying their bladder
- Rushes to use the toilet often
- Is anxious that they might lose control of their bladder or bowel
- Wakes up twice or more during the night to go to the toilet regularly
- Sometimes leaks:
 - before they get to the toilet
 - when lifting something heavy or coughing
 - exercising or playing sport
 - changing from a seated or lying position to a standing position
- Sometimes soils their underwear
- Strains to empty their bowel
- Plans their daily routine around where the nearest toilet is.



 For information on having a healthy bowel refer to the **Bowel Care Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 1.

Annual health promotion activities

Annual health assessment	<ul style="list-style-type: none"> • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1. • The GP assesses urinary tract and bowel functioning at the annual health assessment. • The GP may refer the person on to a continence specialist for assessment and advice.
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Daily health promotion activities

Drink well	<ul style="list-style-type: none"> • Encourage the person to drink plenty of water. This equals about 2.6lt for adult males and 2.1lt for adult females¹⁸ per day, unless advised otherwise by the person's GP. • Evenly spread fluid consumption throughout the day and avoid drinks immediately before going to bed • Cut down on alcohol, soft drinks, and caffeinated drinks • Increase water intake during high temperatures and
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¹⁸ [Australian Dietary Guidelines Section 2.6.1](#)

Daily health promotion activities	
	increased physical activity.
A healthy diet	<ul style="list-style-type: none"> • Eat plenty of fibre to improve bowel function and help avoid constipation. • A high fibre diet requires plenty of fluid and should be used under medical supervision when urinary incontinence is also a problem. <p>☞ Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information</p>
Physical activity	<ul style="list-style-type: none"> • Physical activity is important for good physical health and mental wellbeing. • Exercise is important for regular bowel movement. • Pelvic floor muscles control the tone of bladder and bowel muscles. Weakened pelvic floor muscles can be strengthened with specific exercises. Consult the person's GP for a referral to a physiotherapist as required. <p>☞ Refer to the Physical Activity section (2.1) for more information.</p>
Practice good habits	<ul style="list-style-type: none"> • Go to the toilet when the urge to open their bowels occurs. • Get into the correct sitting position on the toilet. The person should sit on the toilet leaning forward, with elbows on knees and feet supported on a footstool. • Bulge out the tummy, relax the back passage and let go (do not to hold the breath or strain). When finished encourage the person to firmly draw up the back passage. • Avoid going to the toilet 'just in case' and only go when needed.
Get help from others	<ul style="list-style-type: none"> • When incontinence occurs seek help to prevent it worsening and affecting the person's lifestyle. • Refer the issue on to a Continence Nurse advisor or ADHC Clinical Nurse who can provide advice on recommended aids to use to keep the person dry and comfortable during the day and night. • Seek help from the person's GP for a referral to a physiotherapist or an exercise physiologist to design an exercise program which strengthens the pelvic floor muscles.
Plan outings	<ul style="list-style-type: none"> • Download the <i>National Public Toilet Map</i>¹⁹ to find where the closest toilets are to where you are going. • Be prepared and take a change of clothes and additional continence aids in case of an accident.
Avoid smoking	<ul style="list-style-type: none"> • Chronic coughing associated with smoking can weaken the

¹⁹ <https://toiletmap.gov.au/>

Daily health promotion activities	
	<p>muscles of the pelvic floor and lead to bladder and bowel control problems.</p>
Get financial help	<ul style="list-style-type: none"> • Continence aids can be costly. The Continence Aids Payment Scheme (CAPS) is an Australian Government Scheme that provides a payment to assist eligible people who have permanent and severe incontinence to meet some of the cost of their continence products. • A person with a Pensioner Concession Card who has frequent and uncontrollable loss of urine or faeces caused by an eligible²⁰ condition is entitled to the CAPS. • A person residing in an ADHC operated group home; Large Residential Centre (LRC's) and Specialist Supported Living (SSL) service may be entitled to financial assistance to support the cost of continence aids through the Aids and Equipment in Supported Accommodation (AESA). <p> Refer to the AESA Guidelines (in Health and Wellbeing Policy and Practice Manual Volume 2) for more information.</p>

²⁰ <http://www.humanservices.gov.au/customer/services/medicare/continence-aids-payment-scheme>

2.6 Foot care^{21 22 23}

Good foot health is important for everyone. Prevention of problems and daily maintenance are the foundation of healthy feet.

Problems with feet can be an indicator that the person has a serious underlying health condition such as diabetes, arthritis or nerve disorders (refer to the **Chronic Disease Guidelines** in this Manual for more information about some of these conditions). Other factors that can affect feet include poor circulation, disease, being overweight, smoking, getting older, inadequate nail care and wearing shoes that don't fit properly.

Good foot care should be a habit that is practiced every day. This includes regularly checking the person's toes and toenails including in-between their toes and the top and bottom of each foot. When checking the condition of feet, look for redness, swelling, blisters and sores, scratches, waterlogged skin, cuts and cracks in the skin and bruising.

Take note of symptoms which may indicate the following conditions and consult the person's GP.

2.6.1 Causes and risk factors

Condition	Description
Smelly feet	Caused by excessive perspiration and an overgrowth of fungi and/or bacteria.
Fungal infections	Fungal infections generally begin between the toes and can spread onto your foot if left untreated (e.g. Athlete's foot or <i>Tinea pedis</i>). Athlete's foot appears as patches of soft, white, cracked skin, sometimes with red areas visible between toes. It may cause itching, burning or stinging and can have an unpleasant odour and make walking painful.
Fungal nail infections	Also known as <i>Tinea unguium</i> are often caused by the spread of Athlete's foot but can occur on its own. Toenails will look thick and discoloured (white or yellowish) and/or be brittle or crumbly in parts. These infections are more difficult to treat as the entire nail must grow out.
Warts	Warts are skin growths caused by viruses. Planter warts (<i>Verrucae</i>) often appear on the soles of feet and are often painful. They can spread if not treated. Planter warts may occur in clusters and appear as a round area of thickened skin, with an uneven or

²¹ www.podiatry.asn.au

²² <http://epodiatry.com/diabetic-foot.htm>

²³ http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Diabetes_and_feet

Condition	Description
	slightly lumpy surface. They may look white or grey and have small, black dots on them.
Corns and calluses	Corns and calluses are areas of hard, thickened skin caused by pressure when the bony parts of feet rub against shoes. Corns are smaller than calluses and develop on non weight-bearing parts of the foot (e.g. on tops or sides of toes). They have a hard centre and can be very painful. Calluses are flatter and less painful than corns and can be found on the soles of feet (e.g. on the heel or ball of the foot).
Dry skin	Dry skin can cause itching, burning feet and cracks in the skin appear. Cracked heels are common in summer when people wear sandals, thongs or go barefoot and the skin on the feet dries out.
Bunions	Bunions are swollen and tender joints that can develop at the base of the big toes. Bunions can be hereditary and also caused by shoes that are too small or have pointed toes.
Ingrown toenails	Ingrown toenails are caused by a piece of the nail piercing the skin. This can happen when toenails are not cut straight across resulting in the corner of the nail becoming embedded in the skin.
Neuromas	Neuromas are the result of a build-up of tissue around an inflamed nerve in the foot. They may cause tingling, numbness or pain in the ball of your foot and toes. This may cause the person to lose their balance.
Hammertoe	Hammertoe is caused by a shortening of the tendons that control toe movements. The toe joint grows and pulls the toe back. Over time, the joint gets bigger and stiffens as it rubs against shoes. This can affect a person's balance.
Spurs	Spurs are bony bumps that grow on bones of the feet. They are caused by stress on the feet. Standing for long periods of time, wearing badly fitting shoes or being overweight can make spurs worse. Spurs are sometimes painful.
Swollen feet	Standing for long periods may cause feet to swell. If feet and ankles stay swollen after elevating the legs, it may be a sign of a health problem.

2.6.2 Good practice guidelines

When to seek medical attention:

Indicators that the person's feet require attention from the GP include:

- wounds on feet are not healing
- ankles are swollen
- red lines or 'tracking' on the feet or legs can be indicators of infection
- pain, throbbing or heat in feet and legs
- changes to skin and toenails e.g. ingrown or discoloured toenails, corns, skin rashes
- foot injury
- recurrent trips and falls
- problems with getting the person's shoes to fit



Maintain good hygiene

Maintenance of hygienic shower and bath facilities through regular cleaning is extremely important in preventing further foot care issues in a shared household.


Diabetes

Foot care is particularly important if the person has diabetes. The feet of a person with diabetes are affected by:

- Reduced blood flow to the feet, which makes cuts and abrasions slower to heal.
- Damaged nerves in the feet, which means the person can experience numbness and be less able to feel minor cuts or blisters on the feet.



People with diabetes should:

- Check feet daily for signs of poor condition and developing problems.
- Seek medical advice and treatment immediately from their GP and/or podiatrist if feet become red and swollen or if an existing injury does not appear to be healing.
- Have toenails trimmed and maintained by a qualified health professional such as a podiatrist or foot nurse.
- Have at least an annual foot check-up with their GP and/or podiatrist to examine their feet for any evidence of nerve damage or poor circulation.

 Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information on Diabetes.

Annual health promotion activities	
Annual health assessment	<ul style="list-style-type: none"> • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1. • During the person's annual health assessment, foot health should be checked by the person's GP. • If issues are identified at the time of the health assessment, the GP must indicate what health actions need to occur throughout the year.
Chronic Disease	<p>If the person has a chronic health condition such as Diabetes, the GP can also refer the person to a podiatrist for advice and treatment under Medicare's Chronic Disease Management Program</p> <p>☞ Refer to the Chronic Disease Guidelines in Health and Wellbeing Policy and Practice Manual Volume 2 for more information.</p>
Diabetes	See above under 'When to seek medical attention'.

Daily health promotion activities	
Daily foot care	<ul style="list-style-type: none"> • Have the person practice good foot care daily by checking feet regularly to look for changes in condition. • Wash feet daily and dry well between the toes. Use a clean towel for feet so that infections are not spread to other areas of the body. • Keep feet clean, warm and dry. Apply cream to dry feet (especially cracked heels). • Dust feet with powder to keep them dry and remove excess powder from between toes. • Maintain good blood circulation to the feet. Do this by elevating feet when sitting or lying down; stretching and walking frequently; gentle foot massage and taking a warm foot bath. • Avoid exposing feet to cold temperatures. • Change socks daily and wear natural fibres such as cotton and wool instead of synthetic fibres.
Avoid injury to the feet	<ul style="list-style-type: none"> • Avoid barefoot walking. • Properly fitted footwear protects feet. A shoe with a firm sole and soft upper is best for daily activities. • The person should keep toenails trimmed. Recommended practice is to trim toenails straight across and use an emery board to smooth nails using downward strokes. Do not cut down into the nail corners; this could result in ingrown toenails. Nails should never be cut down to the flesh. • If the person has Diabetes, a health professional such as a podiatrist or a foot care nurse is the only person who should cut toenails. • The temperature of bath water should be checked with the

Daily health promotion activities	
	<p>elbow before the person steps into the bath (i.e. lukewarm water not hot water) and a mild soap should be used, preferably one that contains moisturiser, or use a moisturiser separately.</p> <ul style="list-style-type: none"> • Encourage the person not to sit for long periods of time (especially with legs crossed). • Avoid smoking as it decreases blood supply and increases the chance of swelling and other circulatory problems. • Encourage the person not to place their feet too close to heaters and heating pads (e.g. hot water bottles) as this may cause burns.
Infection control	<ul style="list-style-type: none"> • Fungi thrive in warm and moist environments. Tinea is spread by direct contact and wet floors. • Plantar warts are spread via wet floors, such as changing rooms, showers and baths. • Encourage the person to consider wearing thongs in communal showers to prevent the spread of fungal infections and viruses such as plantar warts and Tinea. • Ensure communal shower/bath areas are thoroughly cleaned between uses. <p> Refer to the ADHC Infection Control Policy²⁴ on the ADHC Intranet for more information.</p>
A healthy diet	<ul style="list-style-type: none"> • A good diet is important for healthy living. Refer to the Nutrition and Swallowing Guidelines (in Health and Wellbeing Policy and Practice Manual Volume 1) for more information. • Being overweight has a negative impact on the way the foot and lower limb functions during walking, running and other physical activities. • Excess weight in older people impairs their mobility, participation in social activities and can reduce quality of life.
Physical activity	<ul style="list-style-type: none"> • Exercise regularly. Walking is considered good for the feet as well as for general health, provided good fitting shoes and socks are used. • Foot powder can be used to minimize sweating, but does not replace regular washing and drying. <p> Refer to the Physical Activity information in Section 2.1 for more information.</p>
Shopping for	<ul style="list-style-type: none"> • Always have both feet measured for length and width (note

²⁴ http://dadhc-intranet.nsw.gov.au/documents/working_at_dadhc/ohs/risk_management/infection_control/infection_control_policy.pdf

Daily health promotion activities

new shoes

most people have one foot slightly bigger than the other)

- The shoes should fit the natural shape of the foot especially around the toes.
- The top of the shoe should allow toes to move freely and not be squashed from the top or the sides.
- Shoes should fit comfortably around the heel and not be too loose or too tight.

2.7 Alternate / complementary therapies ²⁵

Complementary therapies include herbal medicine, traditional Chinese medicine, acupuncture, homeopathy, naturopathy, iridology, aromatherapy, Reiki, meditation and relaxation techniques, as well as dietary therapies, herbs, and vitamins and minerals and many others.

If you are unsure about the use of any alternate or complementary therapy, consult the person's GP, or your line manager for guidance.

2.7.1 Are they safe?

Complementary medicines listed on the Australian Register of Therapeutic Goods (ARTG) are those that have been evaluated as safe for use. If you are unsure about any particular product, you (or ask your line manager to if you don't have computer access) can search the register at: <http://www.tga.gov.au/australian-register-therapeutic-goods>

There is no legal requirement for a person to have formal qualifications or training to identify as a complementary therapist. If therapists belong to professional associations (such as the Australian Association of Acupuncturists) they will usually have a minimum level of training as specified by the association.

Consult the person's GP or health practitioner before using any complementary medicines.

²⁵ <http://www.nhmrc.gov.au/health-topics/complementary-medicines>

2.7.2 Good practice guidelines

When to seek medical attention:

- If the person experiences any adverse reaction from taking complementary medicine or receiving therapy, refer to a health professional as soon as possible.
- Prescriptions are not necessary for many herbal remedies. Herbal remedies can be purchased in supermarkets or health food stores, which mean that people can self-medicate without consulting a health professional.
- Complementary medicines can interact with prescribed medications and a GP is to be consulted before the person takes any additional medicines that are not prescribed (see Medication Procedures in Health and Wellbeing Policy and Practice Manual Volume 2).
- Do not stop any medications in exchange for a complementary medicine without first consulting with the person's GP.
- Complementary medicines also need to be dispensed for administration under the same conditions as regular medication.
- If the GP indicates that he/she has concerns about the recommended treatment, this must be documented and provided to the person, and the person responsible or guardian. This information will inform the decision to proceed, or not, with the complementary therapy.



Annual health promotion activities

Annual health assessment	Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1. Discuss complementary therapies and medicines the person is using with their GP at the time of the health assessment.
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Daily health promotion activities

Duty of care	Complementary therapies, including medicines, should not be suggested or promoted to the person by support workers. However, the person is supported to consider them if they wish, and in consultation with the person's GP.
Use a therapist who is a member of a professional association	<ul style="list-style-type: none"> • A complementary therapist who is a member of a professional association should be consulted. • Ensure that complementary therapists can provide as much information about the treatment they prescribe as would be expected from a GP. • Complementary medicines and other therapies should only be used as directed. In the event of unexpected results or side effects, the therapist or GP should be notified at once. • Information about a complementary therapy is to be provided in writing by the therapist and given to the person. This includes recommendations involving the

Daily health promotion activities

	<p>administration of therapeutic substances or changes to the person's diet or lifestyle. That is:</p> <ol style="list-style-type: none">1. Details about the contents of the substance and its administration or the nature of the diet or lifestyle change;2. The goal of the treatment and desired outcome;3. Any possible side effects, potential interactions with complementary substance and prescribed or over the counter medicines that the person is taking;4. The date for review of the treatment;5. The proposed duration of the treatment. <ul style="list-style-type: none">• This information is then provided to the person's GP to advise if there are known interactions with the person's existing medication, or if there are known risks associated with the treatment.
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2.8 Personal care and hygiene^{26 27}

2.8.1 What is personal care?

Personal care includes activities of daily living which are intimate and sensitive to the person, such as:

- bathing, showering, sponge bath
- toileting and continence support
- shaving and hair care
- dressing and undressing
- menstrual management.

Good personal care is provided in a way that promotes the person's privacy, dignity and independence.

That is:

- Privacy – freedom from observation, intrusion and unwanted attention.
- Dignity – treating a person with honour, respect and worthiness.
- Independence – supporting a person to be as independent as possible in their decision making.

²⁶ Home Care Service of NSW Personal Care Manual

²⁷ [Guidelines for the Provision of Personal Care in ADHC Supported Accommodation Options and Respite Centres](#)

2.8.2 Good practice guidelines

When to seek medical attention:

The person should visit their GP if the following symptoms occur:

- any rash or blister on the body
- any unusual injuries, cuts or bruises
- wounds that are not healing
- swelling of body parts
- any hardness or lumps in the body
- unusual moles or pigmentation
- excessive loss of hair
- change in menstruation patterns
- change in toileting patterns.





Annual health promotion activities

Establish a routine	<ul style="list-style-type: none"> • A Personal Care Plan outlines the person's care needs, preferences and daily routine. Recording a person's routine is important as it provides a consistent approach to support, and is respectful of the person's preference. • The person-centred thinking tool 'Routines and Rituals' (See Lifestyle Planning resources) helps to establish morning and evening routines which outline what personal care is required, what is important to the person, and how best to support the person. • If the person has complex care needs, refer to a Clinical Nurse for assistance in developing a Personal Care Plan. • If the person has health conditions such as skin allergies consult with the person's GP for advice on suitable products to use.
Annual review of personal care	<ul style="list-style-type: none"> • A Personal Care Plan is reviewed as part of the person's annual Health Planning. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities

Personal care appropriate to the person	<p>Providing personal care appropriate to the person involves:</p> <ul style="list-style-type: none"> • Understanding what care tasks a person can and cannot do independently, and providing support that matches individual needs. • Encouraging the person to maintain their existing skill level and match the level of physical contact with the appropriate level of support.
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Daily health promotion activities	
	<ul style="list-style-type: none"> • Understanding a person's cultural and religious background, preferences and sensitivities and where possible, accommodating cultural and religious expectations. • Matching the needs of the person appropriate to their life stage. For instance, the needs of adolescents will differ greatly from the needs of the frail aged.
Communication	<ul style="list-style-type: none"> • Understand how the person communicates and if appropriate, use communication aids. • Be clear with the person and explain what you are going to do before you start. • Give the person time to attend to personal care. Don't rush. • Ensure that communication preferences during personal care are included in the person's communication profile.
Create a supportive environment	<ul style="list-style-type: none"> • Matching the person's preferences can make personal care a positive experience. For instance, the person may feel more comfortable dressing and undressing in a room free from distractions and interruptions such as their bedroom. • The person may prefer to be assisted by a male or female support worker. • Use comfortable seating and relaxing music if it helps the person to stay calm and relaxed.
Choice and personal preferences	Support the person to choose preferred personal care products and equipment such as soaps, hair shampoo and conditioner, skin moisturisers, the colour and print of their towel, face washers and bathrobe.
Washing hands and infection control	<p>Encourage and model appropriate hand cleaning techniques after the person has been to the toilet.</p> <p> Refer to the Infection Control Policy²⁸ on the ADHC Intranet for more information on infection control practices such as hand washing.</p>
Toileting and continence aids	<p>Where required, physically support the person to change menstruation and continence aids at regular intervals throughout the day. This will help to prevent discomfort, rashes and infections from occurring.</p> <p> Refer to the Bladder and Bowel section (2.5).</p>
Hair cuts	<ul style="list-style-type: none"> • A visit to the hairdresser can be pleasurable and an important social interaction for a person. • Encourage the person to choose how they would like their

²⁸ http://dadhc-intranet.nsw.gov.au/documents/working_at_dadhc/ohs/risk_management/infection_control/infection_control_policy.pdf

Daily health promotion activities	
	hair styled and / or consult with the person's family and/or friends for advice.
Trimming finger nails / toe nails	<ul style="list-style-type: none"> • Support the person to trim their nails safely. • Any discoloration, ingrown or broken nails should be noted and discussed with a health care professional. • If the person has a health condition such as Diabetes, a referral to a podiatrist is needed. <p>☞ Refer to the Foot Care section (2.7).</p>
Shaving	<ul style="list-style-type: none"> • Support the person to shave and groom themselves according to their likes and dislikes. • Electric or safety razors are preferred as it reduces the risk of cutting the person's skin. • Every person must have their own razor or shaver to prevent the spread of infection.
Aids, equipment and environmental modifications	<ul style="list-style-type: none"> • An occupational therapist (OT) supports a person to participate in the activities of everyday life. • Refer to the person's GP for a referral to an OT for recommendations on aids, equipment and environmental modifications if the person has difficulty attending to personal care. <p>☞ Refer to the AESA Guidelines in Health and Wellbeing Policy and Practice Manual Volume 2 for information on obtaining financial assistance to purchase mobility aids and equipment.</p>
Manual handling requirements	<ul style="list-style-type: none"> • If the person requires physical support to perform personal care, a Manual Handling Support Plan²⁹ located on the ADHC Intranet in the Working at ADHC, WHS page³⁰ must be developed. • A Manual Handling Support Plan outlines how to handle the person in a safe and dignified way. Consult the person's GP and an occupational therapist or physiotherapist where required.
Mealtimes	<ul style="list-style-type: none"> • If a person has difficulty keeping food in their mouth during a meal, a clothing protector is recommended. • After the meal, remove the clothing protector, change soiled clothing and support the person to clean and wash their face. This will ensure that the person's dignity and personal hygiene is maintained at all times.

²⁹ http://dadhc-intranet.nsw.gov.au/documents/working_at_dadhc/ohs/risk_management/manual_handling/Manual_Handling_Policy_March_2010_V3.pdf

³⁰ <http://dadhc-intranet.nsw.gov.au/working/ohs>


2.9 Healthy ageing^{31 32 33 34 35}

Healthy ageing refers to the activities and behaviours a person undertakes to increase physical, emotional and mental health and reduce the risk of illness and disease. Healthy activities and behaviours are important at all life stages.

Some groups of people with disability are more susceptible to premature ageing and the impact associated with the ageing process more severe.

Lack of physical activity is a significant contributor to physical decline and ageing. Without regular exercise, a person over the age of 50 years (or sometimes younger) can experience a range of health problems including:

- reduced bone strength
- reduced muscle mass, strength and physical endurance
- reduced coordination and balance
- reduced joint flexibility and mobility
- increased body fat levels
- increased blood pressure
- increased susceptibility to mood disorders, such as anxiety and depression
- increased risk of illness such as cardiovascular disease and stroke.

 Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information on age related illnesses such as arthritis, osteoporosis, and dementia.

³¹ www.myagedcare.gov.au

³² http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Healthy_ageing_stay_physically_active

³³ <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>

³⁴ http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1

³⁵ <http://www.nhmrc.gov.au/health-topics/alcohol-guidelines>



2.9.1 Good practice guidelines

When to seek medical attention:


- If there is a change in the person's physical, mental and emotional health, support the person to consult their GP. The GP may refer the person on to an allied health professional for advice.
- If the person appears unsteady on their feet or has had a fall, consult the person's GP.




Annual health promotion activities

Annual health assessment	Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.
Essential screening activities	There are several health screening activities aimed at preventing the onset of serious illnesses and disease.  Refer to the Screening Activities section (3).
Advance care planning	<ul style="list-style-type: none"> • An Advance Care Plan outlines the person's wishes and preferences for care at the end of their life. • A discussion on advance care arrangements with the person, their family and others, who know the person well, can occur at any stage of the person's life regardless of age and health status.  Refer to the End of Life Care Planning Guidelines in Health and Wellbeing Policy and Practice Manual Volume 2 for more information.

Daily health promotion activities

Physical activity	<ul style="list-style-type: none"> • Exercise to increase muscle and bone fitness can reduce the risk of disability and disease and increase recovery from illness. • Exercise can help an older person to maintain independence. • Exercise improves physical health and boosts cognitive abilities such as memory and logic.  Refer to the Physical Activity section (2.1) for more information.
Falls prevention	<ul style="list-style-type: none"> • Falling over is not an inevitable part of ageing. It is however a major cause of injury for older people. • Unsteadiness and falling over may indicate the person has an underlying health issue. For instance, a person's unsteadiness on their feet could be due to inappropriate foot care, changes in a person's eye sight, medications and

Daily health promotion activities	
	vitamin deficiencies.
A healthy diet	<p>A diet with plenty of fresh fruit and vegetables and wholegrain cereals may help to protect against a number of health problems.</p> <p>☞ Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for information on good nutrition.</p>
Mental health and fitness	<p>Depression is not a normal part of ageing.</p> <p>☞ Refer to the Chronic Disease Guidelines in Health and Wellbeing Policy and Practice Manual Volume 2 for information on mental illness such as depression and anxiety.</p> <p>☞ Refer to the Mental Fitness section (2.11) for information on how to maintain and improve mental fitness.</p>
Stay involved	<ul style="list-style-type: none"> • Social interaction and meeting new people are important as a person ages. Retiring from work or a day program can result in a dramatic decrease in daily social interaction with others. • Activities such as enrolling in an adult education course, taking up a hobby, joining a social group or volunteering can keep the person involved in the community. <p>☞ Refer to the Lifestyle Planning Guidelines in the Lifestyle Policy and Practice Manual</p>
Sexual health	<p>Sexual health and relationships are important to the health and wellbeing of all people regardless of age and disability.</p> <p>☞ Refer to the Sexuality and Relationships Guidelines in the Lifestyle Planning Policy and Practice Manual for further information.</p>
Avoid smoking	<p>Smoking at any age increases the risk of many diseases and illnesses.</p> <p>☞ Refer to the Smoking section (3.4) for information on quitting.</p>
Limit alcohol intake	<ul style="list-style-type: none"> • Alcohol is the most widely used social drug in Australia with excessive long term use associated with liver disease, pancreatitis, diabetes, epilepsy, and some cancers. • Alcohol is high in calories, and best consumed in moderation and under the advice of a doctor if the person needs to keep their weight under control. • For healthy men and women, no more than two standard drinks on any day is recommended to reduce the harm associated with alcohol related injury and illness.
Independence aids	<p>If the person has mobility or independence issues, refer to the person's GP for a referral to an allied health professional such as an Occupational Therapist or Physiotherapist for advice.</p> <p>☞ Refer to the AESA Guidelines in Health and Wellbeing Policy and Practice Manual Volume 2 for information on obtaining financial assistance to purchase mobility aids and</p>

Daily health promotion activities	
	equipment.
Seek help from others	<ul style="list-style-type: none"> • Chronic illnesses such as arthritis, osteoporosis and advanced cardiovascular disease can limit a person's choice of physical activity. • Consult a health professional such as the GP or exercise physiotherapist to devise an exercise program that is healthy, safe and specific to the needs of the person. <p> Refer to the Chronic Disease Guidelines in Health and Wellbeing Policy and Practice Manual Volume 2 for further information.</p>

2.10 Mental fitness^{36 37}

As with other parts of the body, the health and function of the brain is supported when it is stimulated and exercised. Lifestyle factors, not age, play a large part in the decline of a person’s mental ability and functioning.

Other factors which contribute to a decline in brain functioning include:

- Health conditions such as dementia, depression, anxiety and conditions which affect cardiovascular health
- Lifestyle choices including a lack of regular physical exercise, poor diet, smoking and excessive alcohol consumption
- Certain medications or combination of medications.

2.10.1 Good practice guidelines

When to seek medical attention:

When there are changes to the person’s physical condition, mood and behaviour.



☞ For information on depression and anxiety refer to the **Chronic Disease Guidelines** in the Health and Wellbeing Policy and Practice Manual Volume 2

Annual health promotion activities	
Annual health assessment	Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.
Lifestyle Planning	During the annual Lifestyle Planning meeting or review, discuss activities which can be incorporated into the person’s weekly routine to increase mental fitness. ☞ Refer to the Lifestyle Planning Guidelines in the Lifestyle Policy and Practice Manual.

³⁶ <https://www.betterhealth.vic.gov.au/health/healthyliving/healthy-ageing-stay-mentally-active>
³⁷ http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/self_esteem

Daily health promotion activities	
Physical exercise	<ul style="list-style-type: none"> • Exercise improves physical health and boosts cognitive abilities such as memory and logic. • Physical exercise delivers oxygen to the brain. This can help to improve physical health, memory, reasoning abilities and reaction times. <p>☞ Refer the Physical Activity section (2.1).</p>
Read	<ul style="list-style-type: none"> • Support the person to keep an active interest in the world through reading. • If the person is unable to read, investigate to the use of audio books or set time aside to read to them.
A healthy diet	<p>A diet containing foods from all five food groups, especially wholegrain cereals, leafy greens, dairy foods and vitamin B is essential to brain health.</p> <p>☞ Refer to the Nutrition and Swallowing Guidelines (in Health and Wellbeing Policy and Practice Manual Volume 1) for information on good nutrition.</p>
Challenge intellect and memory	<ul style="list-style-type: none"> • Activities which mentally challenge the person are important for brain health. For example play games or offer puzzles which make the person think through their moves or answer questions. • See also: Engage in stimulating conversations (below)
Take time to relax	<ul style="list-style-type: none"> • Excessive stress can be harmful to the brain. • Encourage the person to schedule regular periods of relaxation into their week. This could include walking along the beach, in a park, listening to relaxing music or watching a favourite DVD.
Take up a new hobby or volunteer	<ul style="list-style-type: none"> • Learning something new stimulates the brain and promotes brain health. • Hobbies such as woodwork and sewing or activities like skipping can help the person improve their spatial awareness and reaction time. • Investigate whether there are any local groups such as 'Men's Sheds'³⁸ or hobby groups the person could be supported to join.
Engage in stimulating conversations	<ul style="list-style-type: none"> • Communicate with the person the way they understand. • Develop and use communication aids such as story books and chat books, picture cards, and objects that stimulate conversation and communication with the person. • Ensure all successful communication strategies are included in the person's communication profile.

³⁸ <http://www.mensheds.org.au/mens-health>

Daily health promotion activities	
	<ul style="list-style-type: none">• Encourage the person to talk to friends and family about a wide range of topics. This helps them to use their brain to explore, examine and enquire.• Take time to 'be' with the person. This can be as simple as discussing what has happened during the day. For instance, asking the person what was the best thing that happened today and what they are looking forward to tomorrow.• The person-centred thinking tool, 'History Map', can be used to stimulate the person's brain by prompting the person to remember past events and experiences.

2.11 Confidence and self-esteem³⁹

Self confidence is the belief and trust a person has in their ability. A self confident person has greater control in achieving what they plan for their lives.

Self esteem is about a person liking themselves and is not conceit or boastfulness. A person with high self-esteem values themselves. This can lead to the person having more self confidence.

People can lack confidence every now and again, but a person with low self esteem feels unhappy and lacks confidence most of the time. Low self-esteem can be associated with depression.

Lack of confidence and self-esteem can negatively impact a person's wellbeing and is linked to poor health and stress, heart disease and anti-social behaviour.

Some people with disability may have confidence and self esteem issues because they feel they are not in control of the decisions which affect them or that they don't have influence over their lives. See the Decision Making and Consent Policy (in the Lifestyle Policy and Practice Manual) for guidance on how to support people in making their own decisions.

2.11.1 Why is self-esteem important?

Self-esteem is important as it:

- gives the person a sense of pride and contentment
- allows the person to feel that they have a place in the world
- gives the person courage to try new things
- fosters independence
- gives the person the willingness to try something again even if they failed the first time
- helps a person to feel that they can develop their own skills and contribute to their community
- helps the person to establish boundaries in their relationships with other people.

³⁹ http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/self_esteem

2.11.2 Characteristics of low confidence and poor self-esteem

The following characteristics may indicate the person has low confidence and poor self-esteem. The person:

- is extremely critical of himself or herself
- does not acknowledge their own positive qualities or achievements
- blame themselves when things go wrong
- describe themselves using negative words such as unlovable and stupid
- finds it hard to believe and accept compliments
- is socially anxious or shy
- neglects self care
- lacks assertiveness and experiences difficulties with communication
- engages in self harming behaviours such as drug and alcohol abuse.

2.11.3 Good practice guidelines

When to seek medical attention:

- If there is a change in the person's mood and behaviour
- If the person engages in self harming behaviours



The GP can refer the person to an appropriate therapist for treatment if they are diagnosed with mental health issues such as anxiety and depression.

👉 Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information on anxiety and depression.



Annual health promotion activities

Annual health assessment	Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.
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Daily health promotion activities

NOTE: The following *Person Centred Thinking Tools* referred to below are found in the **Lifestyle Policy and Practice Manual**.

Focus on positive aspects of the person's life	<p>Person-centred thinking tools can be used to gain an understanding of how the person feels and to highlight their positive attributes. For instance:</p> <ul style="list-style-type: none"> - <i>Gifts and strengths</i> - <i>Good day, bad day</i> - <i>History map</i> - <i>Important to/for</i>
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Daily health promotion activities	
Work together	Encourage the person to seek out positive people and to be open to new experiences. Use the person-centred thinking tools: <ul style="list-style-type: none"> - <i>Hopes and dreams</i> - <i>Presence to contribution</i> - <i>Relationship map</i> - <i>Hopes and fears</i> - <i>Dreaming</i>
Self acceptance	Help the person to practice self acceptance and not compare themselves to others. Use the person-centred thinking tools: <ul style="list-style-type: none"> - <i>Reputations</i> - <i>One page profile</i> - <i>Gifts and Strengths</i>
Assertiveness	Promote assertive behaviour by providing the person with opportunities to communicate opinions, beliefs, needs, and wants to others. Use the person-centred thinking tools: <ul style="list-style-type: none"> - <i>Decision making</i> - <i>Communication profile and communication charts</i>
Engage in the community	Encourage friendships and the person's involvement in their local community.
Celebrate achievements	Celebrate the person's achievements and successes and give the person praise.
Actively listen to the person	Take the time to sit, listen and communicate with the person about what is happening for them. Do this on a regular basis.
Physical activity	Encourage the person to engage in regular exercise. Physical exercise increases the natural 'feel good chemicals' in the brain and helps to relieve stress.  Refer to the Physical Activity section (2.1) for more information.
A healthy diet	 Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information on good nutrition and health.

3 Screening activities: Preventing disease, premature death and disability

3.1 Immunisation^{40 41 42 43}

3.1.1 What is immunisation?

Immunisation is when a person has become immune to an infectious disease as a result of receiving a vaccine. When a person receives a vaccine they are exposed to a small dose of the disease. This triggers the body's natural defence mechanism, the immune system, to respond to the disease as it normally would but without the symptoms.

If the person is later exposed to the disease, the immune system will respond in a way that prevents the person from developing the disease.

Immunisation not only protects the person but also protects the community by reducing the spread of infectious disease to others.

3.1.2 The Immunise Australia Program

The Immunise Australia Program is a combined Government initiative to increase immunisation rates across Australia. The National Immunisation Program (NIP) is funded under the Immunise Australia Program to provide vaccines to address the spread of 16 preventable diseases.

3.1.3 Immunisation schedules

The National Immunisation Program Schedule provides advice on the immunisation schedules for:

- Child program – Birth to 4 years of age
- School programs – 10 to 17 years of age
- Immunisation for special groups – 6 months to 65 years of age and over.

⁴⁰Immunisation Australia Program. <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/about-the-program>

⁴¹<https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-childhood>

⁴²National Immunisation Program Schedule.

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule>

⁴³ Australian Immunisation Handbook (edition 10).

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Immunisations for all people with disability, including adults, should follow the current National Immunisation Program Schedule (refer to Other Resources) unless advised otherwise by the person’s GP.

3.1.4 Vaccination for those at increased risk of infection

Certain medical conditions may increase the risk of infectious diseases even if the immune system is functioning properly. People with these medical conditions should be supported to understand their health risks and to receive the appropriate vaccination if they choose to do so.

3.1.5 Good practice guidelines


When to seek medical attention:

Adverse reactions:

- If the person requires a vaccination, ask the GP about what signs and symptoms indicate the person is having an adverse reaction to the vaccination.
- Keep a close eye on the person after the vaccination and address any concerns with the GP immediately.



Annual health promotion activities	
Annual health assessment	<ul style="list-style-type: none"> • If the person’s immunisation record is incomplete or unknown, bring this to the attention of the person’s GP at the time of the health assessment. • The GP is responsible for deciding which vaccinations are necessary and appropriate for the person.
Essential immunisation activities	<ul style="list-style-type: none"> • Immunisation schedules for children, young people and adults with intellectual disability should follow National Immunisation Program Schedule (refer to Other Resources). • Hepatitis A immunisation is recommended for all people with intellectual disability • Hepatitis B immunisation is recommended for all people in residential or non-residential facilities • An annual Influenza vaccination is recommended for all people especially those with asthma, chronic lung disease, congenital heart disease, diabetes and Down Syndrome. The Influenza vaccination should occur before the onset of the flu season, between March and May.
Overseas travel	Vaccinations may be required if the person is planning to travel overseas. This should be discussed in advance at the time of the Lifestyle Planning meeting and with the person’s GP.

Daily health promotion activities	
Infection control	<ul style="list-style-type: none">• Effective hand washing is an important component to Infection Control.• Frequent hand washing prevents the spread of illnesses such as Influenza, Hepatitis A and gastrointestinal infections. <p> Refer to the Infection Control Policy on the ADHC Intranet for advice.</p>

3.2 Eye health^{44 45 46 47}

People can have many different problems with their eyes or vision (sight). Some problems are temporary and treatable, whereas other problems are permanent.

A permanent vision problem is called 'vision impairment'. Vision impairment can affect a person's movement, communication and social interactions.

There are different degrees of vision impairment from mild loss to total blindness. Blindness and degenerative conditions are not curable.

3.2.1 Causes and associations

- Certain genetic disorders such as Down Syndrome have a higher incidence of visual problems
- maternal infections experienced during pregnancy (e.g. rubella, cytomegalovirus, venereal diseases, toxoplasmosis)
- complications at birth and complications associated with extreme prematurity
- consequences of disease (e.g. diabetes, glaucoma, trachoma, tumours)
- trauma
- poisoning
- medications.

3.2.2 Treatment

Vision impairment can be corrected by wearing glasses or contact lenses or through medical treatment such as the surgical removal of cataracts.

3.2.3 Good practice guidelines

When to seek medical attention:

The person should consult the GP if they:



⁴⁴ Health care in people with intellectual disability: http://www.cds.med.usyd.edu.au/cdsresearch/publications-and-presentations/cat_view/50-health-publications

⁴⁵ Health guidelines for adults with an intellectual disability: <http://www.intellectualdisability.info/how-to./health-guidelines-for-adults-with-an-intellectual-disability>

⁴⁶ Guide Dogs: <http://guidedogs.com.au/education-and-resources/helping-people-with-impaired-vision/how-to-guide-a-person>

⁴⁷ Vision Australia: <http://www.visionaustralia.org/living-with-low-vision/family-friends-and-carers/communicating-effectively-with-people-who-are-blind-or-vision-impaired>

- have any change in their vision
- have frequent headaches
- have sore eyes
- have an avoidance to light
- have visible changes to the eye e.g. cloudiness of the lens of the eye
- hesitate before walking, are unsteady on their feet or fall over
- have not had a vision test in the last 5 years.

Annual health promotion activities	
Annual health assessment	<ul style="list-style-type: none"> • A person's eye health should be tested annually as part of the person's annual health assessment. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1. • At the health assessment appointment ensure: <ul style="list-style-type: none"> - the person's vision has been reviewed - a referral is made by the GP for the person to have an eye test if required.
Essential screening activities	<p>The recommended guidelines around eye health assessment and review include:</p> <ul style="list-style-type: none"> - Routine screening for age-related vision loss conducted by a ophthalmologist or optometrist (if possible) every 5 years from the age of 45 years - For people with existing vision / eye problems, more frequent reviews may be necessary. - For people with Down Syndrome, an extra assessment at 30 years is required as ocular disorders are common for this population.

Daily health promotion activities	
Communication guidelines	<ul style="list-style-type: none"> • Refer to the person's Communication Profile / Chart to understand how the person communicates with others. • Communicate with the person by: <ul style="list-style-type: none"> - Identifying yourself and others when you enter the room, and indicate your purpose - Letting the person know when you leave the room - Not raising your voice or slowing your speech unless this has been identified as an appropriate way to communicate with the person - Using everyday language such as 'look' and 'see' - Addressing the person directly and not excluding them in conversation - Never assuming the person with vision impairment needs or wants your help. Ask the person if they want help and in what form i.e. verbal promoting, physical guidance. - Being familiar with appropriate guiding techniques when

Daily health promotion activities	
	assisting the person in the community. Refer to Guide Dogs 'How to guide a person' ⁴⁸ , also located in Other Resources for more information.
Aids and equipment	Support the person to obtain, use and maintain optical aids such as glasses in accordance with the prescribing health professional's instructions.
Refer the person to an allied health professional	<ul style="list-style-type: none"> Occupational therapists and physiotherapists can assess the person's functional mobility and provide advice on aids, equipment and mobility. Support workers can make an internal referral for a service or if the person has a chronic condition obtain a referral from the GP for allied health services through Medicare's Chronic Disease Management Program.
Access specialist services	<ul style="list-style-type: none"> Guide Dogs and Vision Australia offer a range of services to a person who has vision impairment. Guide Dogs can assess the person's vision and functional mobility, recommend aids and provide orientation, mobility and low vision services where required. Refer the person to Guide Dogs: <ul style="list-style-type: none"> If you have concerns about the person's vision If the person exhibits a loss of confidence If the person has recently moved For free training for the person, family and support workers.
Risk assess the environment	<ul style="list-style-type: none"> Ensure environmental risks to the person associated with vision impairments are identified, eliminated and / or controlled. For example: <ul style="list-style-type: none"> ensure there is adequate lighting along walkways ensure there are handrails on stairs place furniture in a way that does not obstruct walkways. In ADHC operated accommodation support services, annual audits are conducted to assess risk in the environment. These audits include the Continuous Improvement Review Tool and the Group Home/Residence Workplace Safety & Security Inspection Checklist.
Assist with social skills	<ul style="list-style-type: none"> A person with vision impairment may need to learn social skills for use during conversation with others. A person with vision impairment may not interact with their peers much, and may not initiate social contact due to reduced eye contact and movement. Assist the person when communicating with others (if

⁴⁸ <http://www.guidedogs.com.au/education-and-resources/helping-people-with-impaired-vision/how-to-guide-a-person>

Daily health promotion activities	
	<p>appropriate). For instance, inform the person if they miss out on body language and gestures and are not aware when others are looking, smiling or waving at them.</p> <ul style="list-style-type: none">• Include in the person's communication profile what assistance the person needs when communicating with others.

3.3 Hearing health^{49 50 51}

Hearing loss occurs either at birth or shortly after (congenital) or later on during childhood, adolescence and adulthood (acquired). Hearing loss is common in people with intellectual disability.

Hearing loss is classified as mild, moderate, moderate to severe, severe or profound. Once a person's hearing has been damaged it will not come back.

Hearing loss can affect a person in many ways. For instance, hearing loss can limit the person's ability to learn, join in and understand conversations or obtain a job. This can lead to frustration, a lack of self-esteem and confidence, and feelings of isolation. Hearing loss can also make it difficult for the person to hear important warning sounds in the environment like smoke alarms, sirens and approaching traffic.

There may be no obvious signs of hearing loss and existing symptoms may be misinterpreted. That is, a person with hearing loss may be accused of 'selective listening', dementia or rudeness.

3.3.1 Treatment of hearing loss

The treatment for hearing loss will depend on the cause and the severity of the impairment.

A hearing aid will increase hearing however it does not return a person's hearing back to what it was before.

A cochlear implant allows a modified form of hearing. It is sometimes called a bionic ear because it uses technology to allow the person to hear and is designed to stimulate the surviving nerve cells in the inner ear

3.3.2 Good practice guidelines

When to seek medical attention:

Refer to the person's GP if they complain of or display the following symptoms. The person:

- Does not understand what is being said when it is noisy
- Mistakes words
- Appears not to understand the conversation



⁴⁹ Health guidelines for adults with an intellectual disability:

<http://www.intellectualdisability.info/how-to./health-guidelines-for-adults-with-an-intellectual-disability>

⁵⁰ Australian Hearing: <http://www.hearing.com.au>

⁵¹ Health care in people with intellectual disability:

http://www.cds.med.usyd.edu.au/cdsresearch/publications-and-presentations/cat_view/50-health-publications

- May think other people are mumbling
- Needs to turn the television or radio up very loud
- Does not respond when addressed
- Complains of or indicates pain around the ear area or head
- Has visible changes to the ear area e.g. discharge from the ear, redness
- Has not had a hearing test in the last 5 years.

Annual health promotion activities	
Annual health assessment	<ul style="list-style-type: none"> • A person's hearing should be tested annually as part of the person's annual health assessment. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1. • At the health assessment appointment ensure: <ul style="list-style-type: none"> - the GP reviews the person's hearing - the GP provides a referral to an audiologist for a hearing assessment if it is indicated.
Essential screening activities	<p>The recommended guidelines around hearing health assessment and review include:</p> <ul style="list-style-type: none"> - Routine screening for age-related hearing loss of all adults by an audiologist every 5 years from the age of 45 years (if possible) - Screening of the hearing function of adults with Down Syndrome every 3 years throughout life as people with Down Syndrome are at high risk of age-related hearing loss.

Daily health promotion activities	
Prevention	<p>Encourage the person to:</p> <ul style="list-style-type: none"> • Listen to music on MP3 players and stereos at a volume where they can hear you speaking at arm's length • Limit the amount of time they are exposed to very loud noise. For example, take time out periodically from noisy environments e.g. where there is loud music, construction noise or many people. • Fit ear plugs and ear muffs properly and wear them when exposed to industrial noise and loud machinery.
Communication	<p>Refer to the person's Communication profile / chart to understand how the person communicates with others. When communicating with a person with hearing loss⁵²:</p>

⁵² Australian Hearing:
<http://www.hearing.com.au/ViewPage.action?siteNodId=33&languageId=1&contentId=-1>

Daily health promotion activities	
	<ul style="list-style-type: none"> - Choose a quiet location and reduce background noise by turning off radios and television. - Gain the person's attention before beginning a conversation. - Be sure that light is not shining in the person's eyes - Sit face to face and at the same eye level. This allows the listener to use visual cues he or she may need to help understand what is being said. - Speak to the person normally and don't shout. - If the person has difficulty understanding what is being said, try saying it another way.
Aids and equipment	<ul style="list-style-type: none"> • When the brain and hearing nerves are deprived of sound they weaken. If the person has partial hearing a hearing aid may be prescribed to help prevent further weakening of hearing nerves. • Use auditory aids in accordance with the prescribing health practitioner's instructions. • Assist the person to maintain hearing aids by keeping them clean as per practitioner instructions. • Be aware that the person may have difficulty understanding speech even with a hearing aid. • Be aware that hearing aids are sensitive to mechanical noise e.g. lawnmowers, kettles, other appliances, so the person may not be able to hear voices when they are being used.
Refer the person to an allied health professional	<ul style="list-style-type: none"> • Health professionals such as audiologists and speech pathologists can assess the person's communication needs and provide advice on communication strategies, aids and equipment. • Support workers can make an internal referral for an allied health service or, if the person has a chronic condition, obtain a referral from the GP for allied health services through Medicare's Chronic Disease Management Program.
Access available services	<p>Australian Hearing provides a number of services which are free to pension card holders. Australian Hearing services include:</p> <ul style="list-style-type: none"> - hearing assessment - selecting and fitting hearing devices - regular hearing checks to monitor changes in hearing levels - training to the person, family and support workers to improve listening and communication skills.

3.4 Smoking^{53 54}

Smoking is the leading cause of preventable death in Australia.

The burning of each cigarette releases more than 7000 harmful chemicals in to the body including nicotine, tar, hydrogen cyanide, carbon monoxide, free radicals, radioactive compounds, acetone, methanol and ammonia. These chemicals enter the blood stream when a person inhales tobacco smoke.

Nicotine is the chemical in tobacco smoke which causes a person to become addicted to smoking. The amount of nicotine the person requires depends on how much tobacco smoke the person inhales to make them feel normal.

When a person becomes addicted to nicotine they are compelled to 'top up' nicotine levels by continuing to smoke. When a person doesn't 'top up' nicotine levels they experience uncomfortable and stressful withdrawal symptoms.

If a person quitting smoking shows significant behaviour changes that are of concern, contact the person's GP and/or the local ADHC Behaviour Intervention Team.

Passive smoking occurs when non-smokers are exposed to second hand smoke. Exposure to second hand smoke increases the non-smokers risk of disease and death.

3.4.1 Risk factors

Inhaling the chemicals associated with burning tobacco harms every organ in the body. People who continue to smoke have a higher rate of disease than non-smokers. Diseases include:

- cancer (lung, mouth, nose, voice box, tongue, nasal sinus, oesophagus, throat, pancreas, bone marrow, kidney, cervix, ovary, urethra, liver, bladder, bowel and stomach)
- respiratory and lung disease (emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis)
- heart and blood vessel disease (coronary artery disease, heart disease, heart attack and stroke)
- ulcers of the digestive system
- osteoporosis and hip fracture.

⁵³ Better Health Channel: http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Smoking_effects_on_your_body

⁵⁴ iCanQuit: <http://www.icanquit.com.au/health/reasons-to-quit/fitness>

☞ Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 on diseases associated with smoking (cancer, COPD, heart disease).

3.4.2 Good practice guidelines

When to seek medical attention:

Encourage and support the person to quit smoking at every opportunity and seek help and treatment advice from the GP for medication, nicotine replacement therapy and counseling.



If the person does quit smoking consult the person's GP as the chemicals in cigarettes can change the way some medications work. Look out for common withdrawal symptoms and address these issues with the person's GP.

Withdrawal symptoms include:

- mood changes e.g. anger, irritability, frustration
- mental health issues such as depression and anxiety
- difficulty concentrating, restlessness and dizziness
- sleep disturbances and disorders such as insomnia, vivid dreams
- coughing
- appetite changes
- constipation
- decreased heart rate.

If the person continues to smoke, be aware of signs and symptoms which may indicate the onset of a chronic health condition and consult the GP immediately.

Annual health promotion activities	
Annual health assessment	<ul style="list-style-type: none"> • Encourage the person to discuss their smoking habits with their GP at the annual health assessment. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities	
Get informed	Australian and State government health initiatives such as iCanQuit and Quitnow target people who smoke. These initiatives provide a lot of useful information to support people to quit smoking.
Get started	Identify triggers which make the person crave a cigarette including alcohol, being around other smokers, stress, and caffeine drinks (e.g. coffee, tea, energy drinks).
Make a plan	<ul style="list-style-type: none"> • A plan to quit smoking: <ul style="list-style-type: none"> - Identifies the most appropriate method to quit such as nicotine replacement therapy or a prescribed medication - Lists known triggers for the person - Identifies strategies to keep the person on track - Outlines how the person will change smoking related routines with a beneficial activities such as going for a walk at morning tea time - Identifies the person's support networks. • Download the <i>Quit because your can</i>⁵⁵ booklet to help with planning. • Seek guidance from the person's GP or the local ADHC Behaviour Intervention team if you are concerned about any behavioural issues that may arise from nicotine withdrawal.
Celebrate wins	<ul style="list-style-type: none"> • Cigarettes are expensive to buy. By giving up smoking, the person will save a considerable amount of money. Encourage the person to either save the money they would otherwise spend on smoking or plan an activity such as a holiday to motivate the person to stay on track. • If the person has a setback, support and encourage the person to get back on track. • Celebrate each day the person stays on track.
Refer the person to an allied health professional	<ul style="list-style-type: none"> • Health professionals such as a psychologist can help the person devise strategies to quit smoking. • Support workers can make an internal referral for service or if the person has a chronic condition obtain a referral from the

⁵⁵ <http://www.quit.org.au/downloads/resource/general-brochures/quit-because-you-can.pdf>

Daily health promotion activities	
	<p>person's GP for allied health services through Medicare's Chronic Disease Management Program.</p>
Physical exercise	<ul style="list-style-type: none"> Physical exercise increases the natural 'feel good chemicals' in the brain and can act as a distraction from smoking. The body can start repairing itself from the moment the person stops smoking. Physical exercise can help in the repair process. <p>☞ Refer to the Physical Activity section (2.1) for more information.</p>
A healthy diet	<p>A diet with plenty of fresh fruit and vegetables and wholegrain cereals may help to protect against a number of cancers and health problems.</p> <p>☞ Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information.</p>
Designated smoking areas	<ul style="list-style-type: none"> Smoking in the workplace is not permitted (including Group homes and agency vehicles) with the exception of designated smoking areas (refer to ADHC's Smoke free workplace policy)⁵⁶ Smoking is not permitted in covered areas (verandas and pergolas) that are commonly used Support workers should never smoke in front of a person who has an addiction to smoking as it reinforces the behaviour. A person who smokes should be encouraged to do so through controls which include not smoking in the house, not smoking near other people and disposing of their waste. Dispose of cigarette butts responsibly such as in a public bin or a locked cigarette butt container. Disposing of cigarette butts on the ground, beach or from a car window is littering. Littering incurs a fine. Designated smoking areas must be clearly signposted and not located in an area commonly used by other people, or where it will not contaminate other parts of the house and workplace, Designated smoking areas must have appropriate bins provided for rubbish disposal, be maintained at all times and all cigarette butts disposed of in rubbish bins provided.

⁵⁶ http://dadhc-intranet.nsw.gov.au/documents/working_at_dadhc/ohs/risk_management/smoke_free_workplace/smoke_free_environment_policy.pdf

3.5 Drugs⁵⁷ and alcohol⁵⁸

A drug is any substance which is taken into the body and affects the way the body works. Medicines, vitamin supplements, caffeine, tobacco, inhalants, alcohol, cannabis, heroin and steroids are all drugs.

The legal status of drugs depends on certain factors. For example alcohol is a legal drug but it is illegal to sell it to people under the age of 18 years.

3.5.1 Main drug groups and their effects

This information sheet refers to drugs and alcohol that affect the central nervous system.

Drugs are often grouped according to the effect they have on the central nervous system.

There are three main drug groups:

1. **Depressants:** Alcohol, minor tranquilisers, inhalants (glue, petrol and spray paint), codeine such as Panadeine, opiates such as methadone, cannabis (marijuana, hashish, hashish oil) and narcotics such as heroin.
→ Depressants slow down the person's heart rate, breathing, central nervous system and the messages being sent to and from the brain.
2. **Stimulants:** Nicotine (cigarettes), caffeine (coffee, cola, chocolate, slimming tablets, some energy drinks), pseudoephedrine (found in some cough and cold medicines), cocaine, non-prescription amphetamines, methamphetamines (ice, base and speed), and ecstasy.
→ Stimulants speed up the central nervous system and the messages going to and from the brain. They increase the heart rate, body temperature and blood pressure.
3. **Hallucinogens:** Hallucinogens include LSD, magic mushrooms, mescaline, ecstasy and marijuana (in strong doses).
→ Hallucinogens affect perception. People who take hallucinogens see or hear things in a distorted way. The senses become confused, especially time, sound and colour. The effects of hallucinogens vary greatly and are not easy to predict.

⁵⁷ <http://watershed.org.au/drug-information.html>
<http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>

⁵⁸ <http://www.nhmrc.gov.au/health-topics/alcohol-guidelines>

3.5.2 How do drugs affect people?

The effects of a drug will vary from person to person and depend on:

- The individual: including mood, size, weight, gender, personality and health status.
- The drug: the amount taken, the strength, how it is used (smoked, eaten, or injected) and whether the person has taken other drugs at the same time.
- The environment: whether the person is with trusted friends, alone, in a social setting or at home.

The possible harm associated with taking drugs include:

- Harm to the body, especially the liver and kidneys
- Harm to family relationships, friendships and community inclusion
- Harm to lifestyle factors such as employment, education and accommodation
- Harm associated with breaking the law
- Mental illness
- Instability in the home
- Intoxication which causes impaired judgment and taking risks the person normally would not take.

3.5.3 Signs and symptoms

It can be difficult to tell if someone is using drugs. There are no physical or emotional changes that are specific to drug use. A person behaving in an unusual way over a long period of time may be involved in drug use.

Some warning signs include:

- the person lacking energy
- changes in the person's eating patterns
- extreme mood swings and explosive outbursts
- the person staying out all night
- the person experiencing trouble at day programs, their place of work or school
- a sudden and frequent change of friends
- an unexplained need for money or having a lot of money
- valuable items going missing
- the person experiencing trouble with police.

If you suspect a person is using illegal drugs refer to your line manager for advice.

3.5.4 Good practice guidelines

When to seek medical attention:

If the person admits to a drug problem and wants help, consult the person's GP for advice and support. The GP may refer the person on to a counsellor or drug and alcohol clinic for treatment.



Annual health promotion activities

Annual health assessment	<ul style="list-style-type: none"> • Encourage the person to discuss their smoking, alcohol consumption and drug use with their GP at the annual health assessment. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.
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Daily health promotion activities


Get the facts	<ul style="list-style-type: none"> • Talk to the person. If they admit to taking drugs, find out which drug is being taken and how often. • The person may have been experimenting with the drug and has since stopped using it. • Choose the right moment to discuss the person's drug use, not when they are intoxicated or under the influence of the drug.
Seek help	<ul style="list-style-type: none"> • If you become aware of the person taking drugs, document the person's behaviour and discuss it with your line manager • The line manager can escalate the issue to a senior manager or relevant level of district management for advice. • Advice can also be sought from the Behaviour Intervention Team and the Clinical Innovation and Governance unit. • Advice can also be obtained from the state-wide Australian Drug Information Network counselling and referral service on 1800 888 236.

3.6 Breast cancer prevention and screening⁵⁹

Breast cancer is the most common cancer in women. In NSW, 1 in 9 women will develop breast cancer by the age of 85.

3.6.1 Risk Factors

- Family history of breast cancer
- Never having children and never breastfeeding.
- Increasing age. Over 65% of women diagnosed with breast cancer are over 65 years of age.
- Being female. Only about 1% of breast cancer occurs in males.
- Early onset of menstruation and late onset of menopause.
- Being overweight, especially after menopause.
- Drinking excessive amounts of alcohol.

 Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information about cancer, treatment and the responsibilities of the person, support workers and health professionals.

3.6.2 Good practice guidelines

When to seek medical attention:

Pain in the breast is an uncommon symptom of breast cancer.

Contact the GP immediately if the person displays the following symptoms:

- A lump or feeling of lumpiness, or thickness, somewhere in the breast or armpit
- Abnormal discharge from the nipple
- A nipple that becomes inverted
- Dimples in the breast
- A change in the shape, feel or colour of the skin of the breast.



⁵⁹ Preventative Women's Health Care for Women with Disabilities:
<http://www.csp.nsw.gov.au/information-and-resources-for-health-professionals/publications/preventative-womens-health-care>

Annual health promotion activities

Essential screening activities	<p>The recommended guidelines for women with intellectual disabilities are the same for the general population. This includes:</p> <ul style="list-style-type: none"> - A mammogram (x-ray) every two years for women between 50 and 69 years of age⁶⁰. - If the person has a family history of breast cancer, mammograms may be performed at an earlier age. - The GP may order an ultrasound in addition to a mammogram in some circumstances.
Annual health assessment	<ul style="list-style-type: none"> • Breast cancer screening is discussed with the person’s GP at the time of the health assessment. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities

Self-care	Encourage the person to talk to their GP or Practice Nurse about how to examine their breasts correctly and how often.
Physical activity	<p>Physical activity is important for all people to enjoy good physical health and mental wellbeing. Physical activity can also help to prevent a range of health issues, including some cancers.</p> <p>☞ Refer to the Physical Activity section (2.1) for more information.</p>
A healthy diet	<p>A diet with plenty of fresh fruit and vegetables and wholegrain cereals, may help to protect against a number of cancers and health problems.</p> <p>☞ Refer to the Nutrition and Swallowing Guidelines Health and Wellbeing Policy and Practice Manual Volume 1 for more information.</p>
Avoid smoking	<p>Smoking is a known risk factor for developing cancer and other significant health conditions.</p> <p>☞ Refer to the Smoking section (3.4) for information on quitting.</p>

⁶⁰ Breast Screen NSW: <http://www.bsnsw.org.au/>


3.7 Cervical cancer prevention and screening

Cervical cancer is the abnormal growth of cells in the cervix (neck of the uterus) of a woman. Most women who develop advanced cervical cancer have either never had a Papanicolaou test (Pap Smear test) or did not have them on a regular basis.

If diagnosed early, cervical cancer is one of the most treatable of cancers. Early detection therefore increases the likelihood of successful treatment.

3.7.1 Risk factors

- If the person has been sexually active throughout their lifetime
- Increasing age
- The person is exposed to the Human Papilloma Virus (HPV or wart virus)
- The person smokes
- The person is obese
- The person has a family history of cervical cancer.

 Refer to the **Chronic Disease Guidelines** (Health and Wellbeing Policy and Practice Manual Volume 2) for information about cancer, cancer treatment and the responsibilities of the person, support workers and health professionals.

3.7.2 Good practice guidelines

When to seek medical attention:




Symptoms and signs are uncommon in the early stages.

Contact the GP immediately if the person displays the following symptoms:

- unexpected bleeding
- unusual vaginal discharge
- leg and lower back pain
- vaginal bleeding after menopause.



Annual health promotion activities	
Immunisation	<ul style="list-style-type: none"> • A vaccine is now available for girls and young women who have never had sex. • The vaccination does not prevent all cervical cancers so regular Pap Smear Tests are needed every two years.
Essential screening activities	<ul style="list-style-type: none"> • The recommended guidelines for women with intellectual disabilities are the same for the general population. This includes⁶¹: <ul style="list-style-type: none"> - Between the ages of 18 and 70 a Pap Smear Test is done every 2 years, if the woman has ever been sexually active. • The risks and benefits of a Pap Smear Test are discussed with the person's GP and the person responsible. Sedation may be required if there is difficulty with the person receiving a Pap Smear Test.
Annual health assessment	<ul style="list-style-type: none"> • Cervical cancer screening is discussed with the person's GP at the time of the health assessment. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities	
Physical activity	<p>Physical activity is important for all people to enjoy good physical health and mental wellbeing. Physical activity can also help to prevent a range of health issues, including some cancers.</p> <p> Refer to the Physical Activity section (2.1) for more information.</p>
A healthy diet	<p>A diet with plenty of fresh fruit and vegetables and wholegrain cereals may help to protect against a number of cancers and health problems.</p> <p> Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information.</p>
Avoid smoking	<p>Smoking is a known risk factor for developing cancer and other significant health conditions.</p> <p> Refer to the Smoking section (3.4) for information on quitting.</p>

⁶¹ Preventative Women's Health Care for Women with Disabilities:
<http://www.csp.nsw.gov.au/information-and-resources-for-health-professionals/publications/preventative-womens-health-care>

3.8 Prostate cancer prevention and screening⁶²


The prostate is a small gland situated just below the bladder in men. It wraps around the urethra, the tube that carries urine from the bladder to the tip of the penis.

A normal prostate is the size of a golf ball.

Prostate cancer is an abnormal growth in the prostate gland. It is the second most common cancer in Australian men, after skin cancer.

3.8.1 Risk factors

- Increasing age. Prostate cancer is less common in men under 50 years of age, most common in men over 65 years.
- Family history of prostate cancer, breast or ovarian cancer.
- It has been discovered that the BRCA2 gene (gene that causes breast cancer) can also cause prostate cancer⁶³.
- A diet high in animal fat and low in fresh fruit and vegetables.

 Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information about cancer, treatment and the responsibilities of the person, support workers and health professionals.

3.8.2 Good practice guidelines

When to seek medical attention:

There may be no symptoms in the early stages of prostate cancer.

Contact the GP immediately if the person displays the following symptoms:

- passing urine more frequently than usual, especially at night
- pain when passing urine
- blood in the urine
- difficulty starting the flow
- trouble emptying the bladder
- enlargement of the prostate gland



⁶² <https://www.canteen.org.au/about-cancer/cancer-types/prostate-cancer/>




⁶³ <http://www.prostate.org.au/awareness/>

- change in shape or texture of the prostate gland
- lower back and pelvic pain.

Annual health promotion activities

Screening activities	<p>There is no national screening program for prostate cancer. If prostate cancer is suspected or the person has a family history of prostate cancer, the following medical treatments may be prescribed by the treating doctor:</p> <ul style="list-style-type: none"> - A Digital Rectal Examination (DRE) may be performed by a GP if the presence of prostate cancer is suspected. - The GP may also prescribe a PSA (prostate-specific antigen) blood test to assist in diagnosing the disorder.
Annual health assessment	<ul style="list-style-type: none"> • Prostate cancer screening is discussed with the person's GP at the time of the health assessment or sooner if symptoms occur. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities

Physical activity	<p>Physical activity is important for all people to enjoy good physical health and mental wellbeing. Physical activity can also help to prevent a range of health issues, including some cancers.</p> <p> Refer to the Physical Activity section (2.1) for more information.</p>
A healthy diet	<ul style="list-style-type: none"> • Obesity is a known risk factor for cancer and many other health conditions. • A diet low in animal fats with plenty of fresh fruit and vegetables and wholegrain cereals may help to protect against a number of cancers and health problems. <p> Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information.</p>
Avoid smoking	<p>Smoking is a known risk factor for developing cancer and other significant health conditions.</p> <p> Refer to the Smoking section (3.4) for information on quitting.</p>

3.9 Testicular cancer prevention and screening⁶⁴

The testicles (testes) are two small, oval-shaped organs located behind the penis in a skin sack called the scrotum. They are part of the male reproductive system. Sperm and sex hormones are made by the testicles.

Testicular cancer is not common. Early diagnosis and treatment can cure most cases of testicular cancer.

3.9.1 Risk factors

- Testicular cancer is more likely in men aged between 25- 44 years
- Certain racial and social groups
- Having testicles that have not moved down (descended) into the scrotum (which is common in people with intellectual disability)
- A rare complication of mumps known as *Orchitis*
- Family history of testicular cancer.



Refer to the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information about cancer, treatment and the responsibilities of the person, support workers and health professionals.

3.9.2 Good practice guidelines

When to seek medical attention:

Contact the GP immediately if the person displays or communicates the following symptoms:

- A swelling or lump in the testicle, usually painless
- A feeling of heaviness in the scrotum
- Persistent ache in the lower abdomen or the affected testicle.



Annual health promotion activities

Essential screening activities

- There is no national screening program for testicular cancer.
- If testicular cancer is suspected or the person has a family history of testicular cancer, the following medical treatments may be prescribed by the treating doctor:

⁶⁴ http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Testicular_cancer

Annual health promotion activities	
	<ul style="list-style-type: none"> - A testicular examination at the annual health assessment or more often if indicated by the risk factors. - A scrotal ultrasound.
Annual health assessment	<ul style="list-style-type: none"> • Testicular cancer screening is discussed with the person's GP at the time of the health assessment or sooner if symptoms occur. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities	
Self-care	A training plan can be developed by a suitably trained health professional should the person be able to, and choose to, conduct regular self-examinations for testicular cancer.
Physical activity	<p>Physical activity is important for all people to enjoy good physical health and mental wellbeing. Physical activity can also help to prevent a range of health issues, including some cancers.</p> <p>☞ Refer to the Physical Activity section (2.1) for more information.</p>
A healthy diet	<p>A diet with plenty of fresh fruit and vegetables and wholegrain cereals may help to protect against a number of cancers and health problems.</p> <p>☞ Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information.</p>
Avoid smoking	<p>Smoking is a known risk factor for developing cancer and other significant health conditions.</p> <p>☞ Refer to the Smoking section (3.4) for information on quitting.</p>


3.10 Skin cancer prevention and screening^{65 66}

Skin cancer is caused by rays from the sun called ultraviolet radiation (UVR). UVR cannot be seen and is present even on cloudy days. UVR is strongest in the middle of the day. Staying in the shade will not offer complete protection as UVR can be reflected.

In Australia sun exposure accounts for 95% to 99% of skin cancer. Most skin cancers can be cured if they are found early enough. A balanced approach to sun exposure is required as total protection from sunlight can result in low Vitamin D levels. Low Vitamin D levels can result in a person developing fragile bones and other health problems. Check with the person's GP if you are concerned about Vitamin D deficiency.

3.10.1 Risk factors

- Regular exposure to the sun
- Increased age
- People with fair skin and who get sunburnt easily
- People who have a lot of moles or freckles
- People with sun spots (solar keratoses)
- A family history of skin cancer.

 Refer to the **Chronic Disease Guidelines** in the Health and Wellbeing Policy and Practice Manual Volume 2 for information about cancer, treatment and the responsibilities of the person, support workers and health professionals.

3.10.2 Good practice guidelines

When to seek medical attention:

Contact the GP immediately if the person displays the following symptoms:

- small lumps that are red, pale or pearly in colour
- new spots, freckles or moles changing in colour, thickness or shape over a period of weeks to months (especially those dark brown to black, red or blue-black in colour)
- Any crusty non-healing sore.



⁶⁵ Cancer Council: <http://www.cancer.org.au/about-cancer/types-of-cancer/skin-cancer.html>

⁶⁶ Health guidelines for adults with an intellectual disability:
<http://www.intellectualdisability.info/how-to./health-guidelines-for-adults-with-an-intellectual-disability>

Annual health promotion activities	
Essential screening activities	The GP checks the person's skin for signs of skin cancer during the annual health assessment or refers the person on to a specialist clinic for assessment.
Annual health assessment	<ul style="list-style-type: none"> • Skin cancer screening is discussed with the person's GP at the time of the health assessment or sooner if symptoms occur. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities	
Self care	If the person is able, encourage them to do regular whole body self checks of their skin (including the soles of the feet) for symptoms or early warning signs.
Check the person's skin	Support workers should be observant of any changes to the person's skin when providing personal care. Support workers have a responsibility to record any signs of skin cancer and report them to the person's GP immediately.
Inform the person	Support workers must provide the person with information and support to maximise the person's understanding of risks associated with harmful exposure to the sun.
Prevention - Sun Smart Guidelines ⁶⁷	Support workers have a duty of care to protect the person from the risk of sunburn by assisting and encouraging the person to take the following precautions: <ul style="list-style-type: none"> - Slip on some sun-protective clothing – that covers as much skin as possible - Slop on broad spectrum, water resistant SPF30+ sunscreen. Apply liberally 20 minutes before the person goes outdoors and every two hours afterwards. - Slap on a hat – broad brim or legionnaire style to protect their face, head, neck and ears. - Seek shade – and if possible minimise time the person spends in the sun between 11 am and 3 pm (daylight saving time), 10 am and 2 pm (Eastern Standard Time). - Slide on sunglasses that meet Australian Standards.
Plan the day well	<ul style="list-style-type: none"> • Long trips in a vehicle still require protection from the sun (UVR) if the windows are down. • Where possible, plan outings outside of the middle of the day when UVR is least intense.

⁶⁷ http://www.sunsmart.com.au/sun_protection

3.11 Bowel cancer prevention and screening⁶⁸


Bowel cancer (also known as colorectal cancer) is the second most common cancer in NSW. Bowel cancer most commonly occurs in the colon or rectum.

The colon and rectum are known as the large bowel. The large bowel is commonly affected by bowel cancer.

Bowel cancer is more common in older people.

3.11.1 Risk factors

- Increasing age - being aged 50 years and over.
- Having bowel polyps or previous bowel cancer.
- Having had ulcerative colitis or Crohn's Disease (together these conditions are known as Inflammatory Bowel Disease).
- Having a family history of bowel cancer or polyps.
- Having a family history of other cancers.
- Being overweight or obese.

 Refer to other policies in the **Chronic Disease Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 2 for information about cancer, treatment and the responsibilities of the person, support workers and health professionals, and the **Bowel Care Guidelines** in Health and Wellbeing Policy and Practice Manual Volume 1 for information about maintaining a healthy bowel.

3.11.2 Good practice guidelines

When to seek medical attention:

Contact the GP immediately if the person displays the following symptoms:

- In the early stages of bowel cancer there may be no symptoms
- Blood in the person's bowel motion or in the toilet bowl
- Changes in the person's bowel habits e.g. diarrhoea, constipation, or feeling that they have not gone completely
- Cramping or bloating in the stomach.



⁶⁸ <https://www.bowelcanceraustralia.org/national-bowel-cancer-screening-program>

Annual health promotion activities	
Essential screening activities	<ul style="list-style-type: none"> • The National Bowel Cancer Screening Program⁶⁹ offers free bowel screening for people aged 60 years and 70 years of age. Eligible people will be sent a letter of invitation to participate in the program. • A faecal occult blood test (FOBT) tests for blood in the faeces may be prescribed by the GP every 2 years for people over 50 years of age. • If there is a family history of bowel cancer, the GP may recommend a colonoscopy every 5 years.
Annual health assessment	<ul style="list-style-type: none"> • Bowel cancer screening is discussed with the person's GP at the time of the health assessment or sooner if symptoms occur. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities	
Know the person's medical history	Where possible, obtain information about the person's family medical history to identify whether the person is at risk.
Physical activity	<p>Physical activity is important for all people to enjoy good physical health and mental wellbeing. Physical activity can also help to prevent a range of health issues, including some cancers.</p> <p>☞ Refer to the Physical Activity section (2.1) for more information.</p>
Good nutrition	<ul style="list-style-type: none"> • Obesity is a known risk factor for cancer and many other health conditions. • A diet with plenty of fresh fruit and vegetables and wholegrain cereals may help to protect against a number of cancers and health problems. <p>☞ Refer to the Nutrition and Swallowing Guidelines in Health and Wellbeing Policy and Practice Manual Volume 1 for more information.</p>
Avoid smoking	<p>Smoking is a known risk factor for developing cancer and other significant health conditions.</p> <p>☞ Refer to the Smoking section (3.4) for information on quitting.</p>

⁶⁹ <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/bowel-screening-1>

3.12 Thyroid functioning^{70 71 72}

The thyroid is a gland located in the front of the neck, just below the larynx (Adam's apple). The thyroid gland produces hormones which affect every cell in the body and is particularly important for normal growth and energy usage.

Disorders of the thyroid gland occur when it becomes underactive (Hypothyroidism) or overactive (Hyperthyroidism). Hypothyroidism can be easily treated with oral medication.

3.12.1 Risk factors

- A family history of thyroid disease
- Presence of goitre or nodules on the thyroid. Goitre is an enlargement of the thyroid gland that appears as a swelling at the front of the neck.
- History of thyroiditis
- Other autoimmune disorders such as Hashimoto's disease and Grave's disease
- Partial or total removal of the thyroid
- Down Syndrome
- Turner Syndrome
- Some medications e.g. Lithium
- Being female
- Aged over 50 years.

⁷⁰ Health guidelines for adults with an intellectual disability

<http://www.intellectualdisability.info/how-to./health-guidelines-for-adults-with-an-intellectual-disability>

⁷¹ Better Health Channel <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/thyroid-hypothyroidism>

⁷² Better Health Channel <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/thyroid-hyperthyroidism>

3.12.2 Good practice guidelines

When to seek medical attention:

Contact the GP immediately if the person displays the following symptoms:



Hypothyroidism:

- Unexplained weight gain
- Constipation
- Fatigue or exhaustion
- Hair loss
- Dry skin
- Puffy face, hands, and feet
- Aching muscle
- Depression
- Heavier periods
- More sensitive to cold
- Behavioural or mood changes.

Hyperthyroidism:

- Unexplained weight loss
- Always feel hot, flushed and sweaty
- Frequent bowel motions or diarrhoea
- Irritability
- Nervousness, agitation and anxiety
- Lack of periods in women
- Accelerated heart rate or heart palpitations
- Muscle weakness
- Dry eyes
- Protrusion of the eyes
- Increased desire to eat
- A swelling in the front of the neck.

Annual health promotion activities

Essential screening activities

The recommended guidelines include:

- An annual thyroid function test for people with Down Syndrome, Turner Syndrome or a previous history of thyroid disease.
- A thyroid function test every 3 to 5 years for all other people with disability.

Annual health promotion activities	
Annual health assessment	<ul style="list-style-type: none"> • Thyroid function screening is discussed with the person's GP at the time of the health assessment or sooner if symptoms occur. • Planning for an annual health assessment is outlined in the Health Planning Procedures in Health and Wellbeing Policy and Practice Manual Volume 1.

Daily health promotion activities	
Limit stress	<ul style="list-style-type: none"> • Stress, both physical and emotional, is known to affect the responsiveness of the immune system. • Autoimmune conditions appear to have an association between stress and the onset of autoimmune conditions such as Graves' disease in susceptible people.
Medication review	<ul style="list-style-type: none"> • Certain medications such as iodine and lithium can affect the thyroid. • Thyroid function tests and medication reviews prescribed by the GP are therefore required as part of the person's annual health check.
Iodine	<ul style="list-style-type: none"> • Iodine deficiency in a person's diet can lead to Hypothyroidism as it can prevent the thyroid gland from producing hormones. • In Hyperthyroidism, too much iodine can trigger autoimmune conditions such as Graves' disease in susceptible people. • Iodine is found in dairy products, seafood, kelp, eggs, bread, some vegetables and iodised salt.

4 Policy and Practice Unit contact details

You can get advice and support about this Policy from the Policy and Practice Unit, Contemporary Residential Options Directorate.

Policy and Practice, Service Improvement
Contemporary Residential Options Directorate
ADHC
policyandpracticefeedback@facsnsw.gov.au

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