

## Practice Alert

# Prevention of Respiratory Infections

May 2022

## Key points

- Respiratory infections and diseases are a leading cause of ill health and death in people with a disability worldwide. In Australia, respiratory infections and diseases contribute to up to half of deaths of people using disability services.
- Good respiratory health can help prevent respiratory infection and disease. This involves supporting people with a disability to maintain physical activity; ensuring correct posture or positioning; providing access to vaccinations, medications review and health checks.
- It is important to observe both physical and behavioural changes in participants that may indicate respiratory infection.
- There can be a short window of time between a respiratory infection and severe illness, so it is important that providers support participants to access medical review if they observe any signs of respiratory infection.

Providers must comply with the NDIS Code of Conduct and the NDIS Practice Standards when supporting participants at risk of respiratory infection.

## What is the difference between respiratory infections and diseases?

Respiratory infections and diseases affect the parts of your body that help you breathe: your nose, throat and lungs.

**Respiratory infections** are usually short term (acute). They are caused by infectious agents such as bacteria or viruses. Common types of respiratory infections can include the common cold, influenza (the flu), bronchitis, sinusitis and pneumonia.

**Respiratory diseases** are usually long-lasting (chronic), non-infectious and include conditions such as: asthma; chronic obstructive pulmonary disease (COPD); bronchiectasis or lung cancer.

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## Risk of respiratory infections for people with disability

People with disability are often at risk of respiratory infections that can affect quality of life and result in severe illness and preventable deaths. The 2019 NDIS Quality and Safeguards Commission, Scoping Review into the Causes and Contributors to the Deaths of People with a Disability, found that respiratory infections and disease were the major underlying causes of death for people with disability.

People with a disability are at increased risk of respiratory infections such as:

- influenza
- pneumonia
- bronchopneumonia.

People with a disability are also more likely to have respiratory diseases which can be exacerbated by respiratory infections and also increase the risk of respiratory infection. These include:

- asthma
- chronic obstructive pulmonary disease
- pneumonitis (non-infectious inflammation of the lung tissue).

## What are the risk factors for people with disability?

### Physical risk factors

- People with physical disability (including people with mobility limitations)
- People with dysphagia or anyone requiring support for eating, drinking, and swallowing
- People with epilepsy.

Some of these risks are associated with physical factors that affect a person's ability to breathe, swallow or cough. When these functions are affected, there is an increased risk of respiratory issues.

### Multiple health conditions

People with disability are more likely to have other health conditions that increase the risk of respiratory infections such as:

- Dysphagia
- Dental problems
- Gastro-oesophageal reflux disease (GORD)
- Epilepsy
- Obstructive sleep apnoea
- Asthma
- COPD

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## Other risk factors include:

- Psychotropic medication and polypharmacy which can increase the risk of swallowing difficulties
- Communication challenges which impact the person's ability to articulate symptoms when unwell
- Smoking
- Residing in shared accommodation where there is increased risk of infection transmission

## Access to preventative health care

People with disability are also less likely to have accessed preventative health assessments and treatments that reduce the risk of respiratory infections such as regular oral health care, nutrition and exercise, influenza and pneumococcal vaccinations and proactive management of chronic diseases.

## Aspiration pneumonia

The [scoping review of deaths of Australians using disability services](#) found that aspiration pneumonia is the most common cause of respiratory death for people with disability, accounting for just under half of all respiratory deaths.

Aspiration means inhaling things other than air into the lungs. This can include things like saliva, food or stomach contents. Difficulties with swallowing (dysphagia) is a common cause of aspiration. People who are at higher risk include those with epilepsy, other respiratory diseases, those taking medicines that impact swallowing, and people with intellectual disability.

You can read more about this in the [Practice Alert: Dysphagia, safe swallowing and mealtime management](#).

## Influenza (the flu)

People with disability and especially those living in shared accommodation settings are at greater risk of experiencing serious complications such as hospitalisation associated with influenza.

Influenza is a common seasonal respiratory virus with transmission typically peaking during mid to late winter each year. The influenza virus spreads by human-to-human contact or through droplets (sneezing, coughing or talking). Symptoms include fever, cough, sore throat, aching muscles and joints, and runny nose.

You can read more about this in the [Practice Alert: Influenza \(flu\) vaccine from mid-April 2020](#).

## What are the signs of respiratory infection?

If there are signs that a participant may have a respiratory infection it is important that they are supported to access medical assessment and advice to ensure that they receive timely treatment and severe illness can be prevented.

Symptoms that may be a sign of respiratory infection include:

- difficulty breathing, noisy breathing or wheezing
- persistent cough
- coughing while eating or drinking

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- lingering chest pain
  - coughing up mucus or blood
  - runny nose
  - fever
  - unexplained weight loss
  - sleep difficulties.

Changes in behaviour may also indicate a respiratory issue, such as:

- becoming more quiet and withdrawn (mood changes)
- being more active and aggressive
- in children, not gaining weight, developmental milestones plateauing or relapsing
- unexplained weight loss in adults
- changes in eating or drinking patterns as a result of feeling unwell (for example loss of appetite or a sore throat)
- sleep difficulties (e.g. breathing problems or sounding 'gurgly' while lying flat, or suddenly waking up in the middle of night)

## Prevention of respiratory infections

Standard precautions for preventing infection and disease are through procedures such as consistent hand and respiratory hygiene (e.g. covering mouth and nose with a tissue when coughing or sneezing), and encouraging healthy cough etiquette with workers and participants.

The risk of respiratory infections in a disability service and support setting can be reduced by:

- making sure that staff and volunteers comply with current COVID-19 vaccination requirements [Coronavirus \(COVID-19\) – Vaccine information | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndis.gov.au/quality/safeguards/commission/coronavirus-covid-19-vaccine-information)
- considering ways to increase vaccination among workers, such as information and education programs or arranging workplace vaccinations
- reinforcing staff hygiene practices especially hand hygiene and respiratory/cough etiquette in addition to vaccination
- implementing and reinforcing policies addressing good hygiene practices and infection control to reduce disease transmission

## Annual comprehensive health assessments

The completion of a regular comprehensive health assessment for people with disability improves detection of health needs, enables active management of those needs, and significantly reduces health risks and poor health outcomes.

Comprehensive health assessments of participants should include review for any factors that may increase the risk of respiratory infections.

Providers and workers can support participants to talk to their GP about developing health care plans to proactively manage respiratory infection risks.

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You can read more about this in the [Practice Alert: Comprehensive Health](#)

## Training

Providers should consider training workers on:

- signs and symptoms of respiratory infections, and when to seek medical assistance.
- Dysphagia: the importance of safe feeding techniques and precisely following all mealtime recommendations relating to feeding, food consistency and supervision while eating. (More detailed information about dysphagia is available in our [Practice Alert: Dysphagia, safe swallowing and mealtime management](#)).
- emergency response policy and procedures.

Education should stress that there is often only a short window of time between the infection developing and severe illness.

## Provider Obligations

### NDIS Code of Conduct

Providers and workers must comply with the [NDIS Code of Conduct](#) when providing supports or services to NDIS participants.

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The NDIS Code of Conduct requires all NDIS providers and workers who provide NDIS supports or services to NDIS participants to, among other things:

- provide supports and services in a safe and competent manner with care and skill
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.

## NDIS Practice Standards

If you are a registered NDIS provider, you must comply with the [NDIS Code of Conduct \(NDIS Providers\)](#) as part of your conditions of registration. The NDIS Practice Standards relate to the delivery of safe, quality supports and services, and the management of risks associated with the supports you provide to NDIS participants.

The NDIS Practice Standards that are most relevant to this alert include:

- **Access to supports:** each participant can access the most appropriate supports that meet their needs, goals and preferences.
- **High intensity Daily Personal Activities standards including:** Enteral (Naso-Gastric Tube – Jejunum or Duodenum) Feeding and Management, Severe Dysphagia Management, Tracheostomy Management, Ventilator Management.
- **Human resource management:** each participant’s support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support
- **Incident management:** each participant is safeguarded by the provider’s incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.
- **Independence and informed choice:** each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.
- **Information management:** each participant’s information is managed to ensure that it is identifiable, accurately recorded, current and confidential. Each participant’s information is easily accessible to the participant and appropriately utilised by relevant workers.
- **Responsive support provision:** each participant can access responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.
- **Risk management:** risks to participants, workers and the provider are identified and managed.
- **Safe environment:** each participant accesses supports in a safe environment that is appropriate to their needs.
- **Support planning:** each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.

## Resources

### Participants

[Viruses and staying healthy | Council for Intellectual Disability \(cid.org.au\)](#)

[My Health Matters folder | Council for Intellectual Disability \(cid.org.au\)](#)

[Aboriginal Health Resources respiratory conditions | Agency for Clinical Innovation \(nsw.gov.au\)](#)

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## Respiratory infections

[Respiratory system | healthdirect](#)

[Respiratory tract infections \(RTIs\) – nose, throat & lungs \(nps.org.au\)](#)

[Flu \(influenza\) | healthdirect](#)

[10 tips to fight the flu | healthdirect](#)

## Respiratory Diseases

[Asthma action plans - National Asthma Council Australia](#)

[Lung Foundation Australia](#) - Includes information, resources and support services about respiratory diseases (COPD, Bronchiectasis, asthma, lung cancer) and support services.

## Vaccinations

[Influenza \(flu\) immunisation service | Australian Government Department of Health](#)

[Department of Health 2022](#)

[Vaccines & immunisation \(nps.org.au\)](#)

[The flu jab, explained - NPS MedicineWise](#)

[How to get an immunisation history statement - Services Australia](#)

## Covid-19

The [Coronavirus \(COVID-19\) information webpage](#) on the NDIS Commission website contains links to updates, training, alerts and other resources.

You can also find resources and information about the COVID-19 vaccine rollout from the dedicated web page for [disability service providers](#) and [Information for people with disability about COVID-19 vaccines](#) webpage on the Health website.

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## General enquiries

**Call: 1800 035 544** (free call from landlines). Our contact centre is open 9.00am to 4.30pm in the NT, 9.00am to 5.00pm in the ACT, NSW, QLD, SA, TAS and VIC Monday to Friday, excluding public holidays.

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