



HAPPYVILLE
COMPASSIONATE CARE

Handbook

Version control & document history

Date	Summary of modifications made	Version
21 Dec 2012	Version 1 final produced	v1.0
9 Jan 2015	Additional material added to Reporting; Working with Families	V1.1

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Happyville Compassionate Care

Happyville Compassionate Care is a non-profit organisation providing services to the Wuppacore community and is committed to providing the highest quality of care. Happyville Compassionate Care is governed by a management committee which is elected annually by the members.

Services

The role and function of Happyville Compassionate Care is to assess and provide support to meet individual needs of people with a disability, seniors and their carers living in the Wuppacore community. The support services provided are:

- Disability and Ageing Support Services – supporting people with a disability and the elderly who are living in their own home with personal care, community access and home management.
- Community Services – supporting elderly people to remain in their own homes longer by providing support with personal care and social support.
- Residential Care - provide high level holistic care for seniors unable to physically care for themselves and low level care for seniors who require some help with personal, social and recreational care.



Goals and Objectives

- To provide person centred support services
- To provide support for clients to achieve a high quality of life through informed decision making and empowerment.
- To provide support for clients to achieve a high quality of life through holistic care assessment and support.
- To provide support for clients to achieve as much independence as practically possible.
- To provide support that ensures the clients religious and cultural needs are met and maintained.
- To collaborate and maintain harmonious relationships with other agencies
- To deliver effective and efficient quality care through ethical management
- To monitor and review functions and delivery services to ensure continuous improvement

Role and responsibilities of a Support Worker

As a Support Worker you support people who are living in aged care, residential care or are with a disability in their own home with community access, personal care and home management. You work effectively in a team to provide person centered support and participate in implementing individualized plans. As a Support Worker your role and responsibilities are;

Personal Care

- Facilitate clients with healthy meal preparation and choice
- Facilitate clients with grooming and personal care needs
- Facilitate clients with mobility
- Provide support as per the clients individual care plan.
- Assist the client with nutritional needs
- Assist the clients with grooming and personal care needs (showering, bathing, oral care, toileting and hair care)
- Assist the clients with mobility

Reporting and Documentation

- Complete progress notes and file client records in line with Happyville Compassionate Care Privacy and Confidentiality Policy

- Report to and convey concerns to the Registered Nurse or their delegat
- Report to and convey concerns to the Service Manager
- Maintain client and administrative records
- Maintain household finances
- Maintain privacy and confidentiality
-

Personal Assistance

- Support the client to access and participate in their local community as valued members of that community.
- Provide direct care as per the clients support plan, including Positive Behaviour Support Plan
- Support the client to develop and maintain relationships
- Support the client to develop and maintain life skills
- Facilitate the client with shopping and banking
- Facilitate the client with home duties

Team work and Communication

- Work in a team and communicate using effective interpersonal and communication skills
- Participate in person-centered planning and communicate with client, their families, specialist and other Happyville Compassionate Care staff to support the clients to live their life based on their dreams, aspirations, interests and strengths.

Quality

- Participate in continual improvement exercises and maintain service standards
- Follow Happyville Compassionate Care policy and procedures including Workplace Health and Safety
- Participate in mandatory training, appraisal and professional development
- Contribute to continuous improvement by sharing strategies and ideas

Values

- Provide individualized support that encourages choice and independence
- Communication with the client using their preferred communication method
- Support the client to be aware of and exercise their rights and responsibilities

Other duties

- Perform general kitchen duties
- Perform general cleaning duties to residents environment
- Other duties as included in individual care plan

Working with families

Happyville Compassionate Care strives to involve residents' families in decision making and day-to-day activities as much as possible. In particular, we will create a welcoming atmosphere for families by:

- Being kind, courteous and understanding with residents' family members
- Providing a welcoming atmosphere, where families are encouraged to visit
- Limiting visiting hours only when necessary to protect the safety, security and wellbeing of all residents
- Enabling family members to take part in daily activities of our residents' lives by encouraging them to participate in Happyville activities alongside their resident family member

Medication Administration

Care Workers and Disability Support Workers are NOT to assist clients with their medications until they have completed the medication course and have been deemed competent.

Role and responsibilities of an Administrative Services Officer

As an Administrative Services Officer you work closely with Disability Support Workers, Community Care Workers, and Residential Care Workers to deliver high quality administrative support. You work effectively in a team to provide clerical and administrative support to Happyville Community Care staff, and in limited circumstances also to clients. As an Administrative Support Officer your role and responsibilities are;

Reporting and Documentation

- Report to and convey concerns to the Administrative Services Manager
- Maintain client and administrative records
- Maintain privacy and confidentiality

Team work and Communication

- Work in a team and communicate using effective interpersonal and communication skills
- Support staff to access and maintain client records

Quality

- Participate in continual improvement exercises and maintain service standards
- Follow Happyville Compassionate Care policy and procedures including Workplace Health and Safety
- Participate in mandatory training, appraisal and professional development
- Contribute to continuous improvement by sharing strategies and ideas

Values

- Provide individualized support that encourages choice and independence
- Communication with the client using their preferred communication method

- Support the client to be aware of and exercise their rights and responsibilities

Legislative Requirements

Happyville Compassionate Care is subject to a variety of legislation related to community care services as well as general business practices. Happyville Community Care is committed to compliance with all relevant Federal and State/Territory legislation, standards and codes.

This legislation includes:

Anti-discrimination legislation

- Australian Human Rights Commission Act 1986
- Age Discrimination Act 2004 (Cth)
- Disability Discrimination Act 1992
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Relevant State/Territory Anti-discrimination legislation:

State or Territory	Appropriate Legislation
Australian Capital Territory	Australian Capital Territory Discrimination Act 1991 (ACT)
New South Wales	New South Wales Anti-Discrimination Act 1977 (NSW)
Northern Territory	Northern Territory Anti-Discrimination Act 1996 (NT)
Queensland	Queensland Anti-Discrimination Act 1991 (QLD)
South Australia	South Australia Equal Opportunity Act 1984 (SA)
Tasmania	Tasmania Anti-Discrimination Act 1998 (TAS)
Victoria	Victoria Equal Opportunity Act 1995 (VIC)
Western Australia	Western Australia Equal Opportunity Act 1984 (WA)

Happyville Community Care is committed to fair and equitable treatment of all persons and does not discriminate on the basis of:

- Gender
- Age
- Race
- Religion
- Marital Status
- Disability
- Colour
- Nationality
- Ethnicity
- National Origin

Further information regarding this legislation can be found at the National Anti- Discrimination Information Gateway – <http://www.antidiscrimination.gov.au>.

Privacy legislation

- Privacy Act 1988
- Privacy Regulations 2006
- Relevant State/Territory Privacy legislation:

State or Territory	Appropriate Legislation
Australian Capital Territory	Health Records (Privacy and Access) Act 1997
New South Wales	Privacy and Personal Information Protection Act 1998 Health Records and Information Privacy Act 2002
Northern Territory	Information Act 2002
Queensland	Information Privacy Act 2009
South Australia	No State legislation applicable
Tasmania	Personal Information Protection Act 2004
Victoria	Information Privacy Act 2000 Health Records Act 2000
Western Australia	No State legislation applicable

Happyville Community Care respects the privacy concerns of all persons and is committed to the standards laid down in the 10 National Privacy Principles (NPPs).

Summary of NPP obligations*

- NPP 1 – Collection
 - Only collect personal information that is necessary for your functions or activities.
 - Use fair and lawful ways to collect personal information.
 - Collect personal information directly from an individual if it is reasonable and practicable to do so.
 - At the time you collect personal information or as soon as practicable afterwards, take reasonable steps to make an individual aware of:
 - why you are collecting information about them;
 - who else you might give it to; and
 - other specified matters under NPP1.3.
 - Take reasonable steps to ensure the individual is aware of this information even if you have collected it from someone else.
- NPP 2 - Use and disclosure
 - Only use or disclose personal information for the primary purpose of collection unless one of the exceptions in NPP 2.1 applies (for example, for a related secondary purpose within the individual's reasonable expectations, you have consent or there are specified law enforcement or public health and public safety circumstances). Note that:
 - If the information is sensitive the uses or disclosures allowed are more limited. A secondary purpose within reasonable expectations must be directly related and the direct marketing provisions of NPP 2.1(c) do not apply.
- NPP 3 - Data quality
 - Take reasonable steps to ensure the personal information you collect, use or disclose is accurate, complete and up-to-date. This may require you to correct the information.
- NPP 4 - Data security
 - Take reasonable steps to protect the personal information you hold from misuse and loss and from unauthorised access, modification or disclosure.
 - Take reasonable steps to destroy or permanently de-identify personal information if you no longer need it for any purpose for which you may use or disclose the information.
- NPP 5 – Openness
 - Have a short document that sets out clearly expressed policies on the way you manage personal information and make it available to anyone who asks for it.
 - If an individual asks, take reasonable steps to let them know, generally, what sort of personal information you hold, what purposes you hold it for and how you collect, use and disclose that information.

- NPP 6 - Access and correction
 - If an individual asks, you must give access to the personal information you hold about them unless particular circumstances apply that allow you to limit the extent to which you give access – these include emergency situations, specified business imperatives and law enforcement or other public interests.
- NPP 7 – Identifiers
- Only adopt, use or disclose a Commonwealth Government identifier if particular circumstances apply that would allow you to do so.
- NPP 8 – Anonymity
 - If it is lawful and practicable to do so, give people the option of interacting anonymously with you.
- NPP 9 - Transborder data flows
 - Only transfer personal information overseas if you have checked that you specifically meet the requirements of NPP 9.
- NPP 10 - Sensitive information
 - Get consent to collect sensitive information unless specified exemptions apply.

* This is a summary only and NOT a full statement of obligations.

Further information regarding this legislation and the NPPs can be found at the Office of the Australian Information Commissioner website – <http://www.privacy.gov.au/>.

Workplace Health and Safety legislation

- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Relevant State/Territory WHS legislation:

State or Territory	Appropriate Legislation
Australian Capital Territory	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
New South Wales	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Northern Territory	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Queensland	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
South Australia	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Tasmania	Work Health and Safety Act 2011 Work Health and Safety Regulations 2011
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2007
Western Australia	Occupational Safety and Health Act 1984 Occupational Safety and Health Regulations 1996

Happyville Compassionate Care is committed to ensuring a safe environment for clients, family members, staff and visitors. Workplace Health and Safety (WHS) practices will be managed consistently and within WHS legislative requirements.

Further information regarding this legislation can be found at the Safe Work Australia website – <http://www.safeworkaustralia.gov.au>.

Environmental legislation

- Environment Protection and Biodiversity Conservation (EPBC) Act 1999
- Environment Protection and Biodiversity Conservation (EPBC) Regulations 2000
- Ozone Protection and Synthetic Greenhouse Gas Management Act 1989
- Ozone Protection and Synthetic Greenhouse Gas Management Regulation 1995
- Ozone Protection and Synthetic Greenhouse Gas Management Amendment Regulation 2012 (No 1)
- Relevant State/Territory environmental legislation

State or Territory	Appropriate Legislation
Australian Capital Territory	Environmental Protection Act 1997
New South Wales	Protection of the Environment Operations Act 1997
Northern Territory	Environmental Assessment Act 1982
Queensland	Environmental Protection Act 1994
South Australia	Environment Protection Act 1993
Tasmania	Environmental Management and Pollution Control Act 1994
Victoria	Environment Protection Act 1970
Western Australia	Environment Protection Act 1986

Happyville Compassionate Care is committed to contributing toward an environmentally sustainable future. All work is conducted in an environmentally sustainable manner consistent with environmental legislative requirements.

Further information regarding this legislation can be found at the Department of Sustainability, Environment, Water, Population and Communities website – <http://www.environment.gov.au>.

Other legislation

- Aged Care Act 1997

Code of Ethics

Happyville Compassionate Care is committed to ethical support of all clients and ensures that all practices are in line with the Code of Ethics for Residential Aged Care which sets out the ethical commitments made by the Aged Care Sector in addition to its legal obligation to comply with the Aged Care Act 1997 and Principles under the Act.

- The right of individuals to be treated with respect
- The rights of the individual to life, liberty, and security
- The right of individuals to have their religious and cultural identity respected
- The right of competent individuals to self-determination
- The right to an appropriate standard of care to meet individual needs
- The right to privacy and confidentiality
- The recognition that human beings are social beings with social needs.

Further information regarding this legislation and code of ethics can be found at the Department of Health and Aging website – <http://www.health.gov.au/>

Quality Standards

Happyville Compassionate Care is committed to quality improvement and we ensure the focus is on improving and not just only maintaining. Quality improvement involves a focus on the efficiency, effectiveness, acceptability, appropriateness and accessibility of services for consumers (who might be clients, family members, carers, other health care professionals and other service providers).

Quality improvement is a continuous cycle of planning, implementing strategies, evaluating the effectiveness of these strategies and reviewing of these strategies to see what further improvements can be made. Happyville Compassionate Care has established internal and external auditing processes that align with the following standards and their key provisions;

- Community Care Common Standards
 - Effective Management
 - Appropriate access and service delivery
 - Service user rights and responsibilities
- The Aged Care Standards and Accreditation Agency Ltd
 - Management systems, staffing and organisational development
 - Health and personal care
 - Resident lifestyle
 - Physical environment and safe systems

*While the following two standards are specific requirements for disability service

providers in Queensland, Happyville Compassionate Care has adopted these as standards for all business units.

- Department of Communities, Child Safety and Disability Services, Standards for Community Services
 - Standard for accessibility of services
 - Standard for responding to individuals, families and communities
 - Standard for participation and choice
 - Standard for confidentiality and privacy
 - Standard for feedback and complaints
 - Standard for protecting safety and wellbeing
 - Standard for recruitment and selection processes for people working in services
 - Standard for induction, training and development of people working in services
 - Standard for employee and volunteer support
 - Standard for organisational alignment
 - Standard for governance and accountability
- Department of Communities, Child Safety and Disability Services, Queensland Disability Service Standards
 - Service access
 - Individual needs
 - Decision-making and choice
 - Privacy, dignity and confidentiality
 - Participation and integration
 - Valued status
 - Complaints and disputes
 - Service management
 - Protection of legal and human rights and freedom from abuse and neglect
 - Staff recruitment, employment and development

Further information regarding these standards can be found at the following websites

- [Department of Health and Aging](#)
- [Department of Communities, Child Safety and Disability Services](#)

WORKPLACE

Policy and Procedures

I. Code of conduct

Policy

Happyville Compassionate Care is committed to ensuring Care Workers/Disability Support Workers behave in an expected manner consistent with Happyville Compassionate Care policy, procedures, goals and objective when working and communicating with clients, family members, colleagues and other agencies.

When Care Workers/Disability Support Workers carry out their duties they have a responsibility to;

- Work within their role and responsibilities
- Familiarise themselves with the policy, procedures, goals and objective of Happyville Compassionate Care and behave accordingly.
- Co-operate, show respect and communicate appropriately with management, colleagues and other agencies to promote and deliver quality services to clients.
- Show respect and provide care in a way that upholds the client's privacy and dignity.
- At all times maintain a 'professional' relationship with clients.
- Promote and protect clients' right in relation to diversity and equity.
- Immediately raise concerns about issues in relation to suspected client harm and abuse.
- Fully involve the client (and family where appropriate) in making informed decision about their lives and how to meet their individual needs.
- Provide person centred care that considers the individual's culture, religious, social, emotional and physical needs.
- Understand and comply with the privacy and confidentiality practices of Happyville Compassionate Care and maintain accurate records as required.
- Refrain from being under the influence of alcohol or illegal drugs whilst carrying out work duties.
- Refrain from using position and information improperly which could result in being detrimental to the organisation and its clients or for the advantage of self or others, directly or indirectly.
- Be committed to developing own knowledge and skills.

2. Complaints and Grievance

Policy

Happyville Compassionate Care is committed to ensuring that all clients, family members and carers are free to lodge complaints and grievances and to have those dealt with promptly and fairly. Management of disputes and grievances will be fair to both the complainant and respondent. The complainant will be responded to courteously and will be given high priority for resolution and remediation.

Procedure

The following procedures are implemented to enable Happyville Compassionate Care to meet its policy objective of ensuring that all clients and their family are free to lodge and have resolved any disputes or grievances regarding the organisation, its staff and/or its services.

- Clients, family members and carers will be provided with information about the Happyville Compassionate Care complaints process and will be advised of their rights to use an independent advocate and lodge a complaint with the relevant statutory body. Information will be communicated in the clients preferred communication method.
- The complainant can make a complaint verbally or in writing.
- The complaints Officer will meet with the complainant within five working days of the client lodging the complaint.
- All complaints will be handled confidentially and within a fair and impartial process.
- All complaints will be protected from victimisation or retribution
- The Complaints Officer will interview the complainant and document the complainant concerns and resolutions to the issue.
- The Complaints Officer will interview the respondent and develop a proposed plan to remedy the complainant concerns within ten working days of first interviewing the complainant.
- If in the event the proposed plan to remedy the complainant concerns has not been accepted by the complainant then the complainant will be advised of their rights to make an appeal or take the matter through other avenues.
- All resolved or unresolved complaints will be taken to the next Happyville Compassionate Care Management Committee meeting to be discussed and inform service improvements.

3. Privacy and Confidentiality

Policy

Happyville Compassionate Care is committed to protecting clients right to privacy and confidentiality by keeping personal information in a secure place and only accessible for authorised use.

All staff of Happyville Compassionate Care have a responsibility to protect clients rights of privacy and confidentiality. Staff are not to disclose or discuss any information about a client without the necessary authority except where it relates to their daily care of that individual during the course of their work.

- Clients are provided with information about Happyville Compassionate Care privacy and confidentiality policy. Information will be communicated in the clients preferred communication method.
- Personal information is only collected with the person's informed consent.
- Personal information will only be disclosed to a third party with the clients' consent, except where the personal information is required or authorised by or under law.
- Personal information is only collected for which Happyville Compassionate Care requires for its primary function.
- All personal information is protected from loss, modification and misuse.
- All client personal information held by Happyville Compassionate Care is accessible to them and they have the rights to seek any correction.
- Clients are asked to provide the name of a next to kin or designated guardian who they wish to have access to their personal information.
- All personal information collected is stored in locked filing cabinets.
- All personal information stored on computer files are password protected.
- When a client's file is transferred from Happyville Compassionate Care office to the client's home all personal information is kept secure in a locked briefcase. These are supplied by Home Care Support.
- For clients who receive ongoing community care their personal file is kept in their home and it is the responsibility of the client.
- For clients receiving 24hour support their personal information is kept in their home in a locked cabinet.

Personal information refers to any material whether photograph, video, spoken, written or otherwise that would show apparent identification of a person or personal details.

Documentation

Regardless of the type of written documentation, to ensure that they are of the highest quality to meet legal and organisational standards it is important to comply with the following:

- Be certain the client's name is written on each page of the document.
- Date all entries
- Always use blue or black ink.
- Avoid the use of white out in hand written documents. Draw a line through an error, date and sign.
- Your writing should be neat and legible.
- Be objective and use understandable language (only use abbreviations approved by the Happyville Compassionate Care).
- Don't leave spaces between entries, draw a line through unused spaces on the paper.
- Be concise, accurate and factual.
- Present the information in a logical order.
- When recording a client's statement use quotation marks.
- Sign your name then print your name and status (i.e. Care Worker) on any written information.
- Do not complete documentation on behalf of another staff member.
- Any significant change in the client's physical, emotional, behavioral and environmental condition must be conveyed to the supervisor immediately.

4. Privacy and dignity

Policy

Privacy and dignity is a basic human right and Happyville Compassionate Care is committed to protecting all client's right to privacy and dignity. All staff of Happyville Compassionate Care have a responsibility to protect clients rights of privacy and dignity while providing personal care support.

- Communicate with the client about their personal care support preferences
- Maintain effective communication and maintain personal dignity at all times
- When providing personal care doors must be closed, and screens and curtain drawn to maintain privacy and dignity
- When you are supporting with personal care needs cover areas of the body that are not being cleaned.
- Do not touch a client's personal belongings without asking for permission.

Supporting a client with personal care

1. Introduce yourself
2. Refer to the clients care plan and confirm you have the person's care plan
3. Communicate with the client about the activity, their preference and identify the degree of support required*

4. Prepare equipment and place within reach
5. Wash hands
6. Ensure the room and water temperature is comfortable
7. Use the correct cleansing lotion
8. Support the client to ensure they are pat dried thoroughly to avoid any skin problems
9. Apply makeup, shave and brush hair as per the clients' preference

On completion of the activity:

- ensure glasses, hearing aids and mobility aids are applied.
- When you have completed ensure the client is comfortable
- Clean and tidy area
- Wash hands
- Report and document changes in the client's condition and care needs to the supervisor

*Maintain effective communication, privacy and dignity at all times

5. Decision making and consent

Happyville Compassionate Care is committed to supporting and protecting client's right to make informed decisions about their own life and give informed consent.

- All clients have the rights to re-evaluate and alter their decisions about the services being provided.
- All clients are presumed to have the ability to make decisions unless their impaired capacity is established.
- The law states that people with an impaired capacity* have a right to be provided with appropriate and adequate support to participate and make informed decisions about their own life.
- If the client is unable to make a decision the family or appointed guardian may provide informal support when a decision is made.
- If the client with an impaired capacity does not have informal decision making support then the Queensland Civil and Administrative Tribunal (QCAT) can assist with the formal appointment of a person as the client's guardian. The guardian will be appointed to make decisions on behalf of the client. The written order is filed in the clients records.

- The guardian can make decisions on matters as defined by the Guardianship. These matters may include:
 - Accommodation decisions
 - Medical and dental treatment
 - Restrictive practices
 - Advocacy
 - Accessing legal and other services.

*Impaired capacity refers to a person who is deemed unable to make sound decisions and give consent.

6. Person-centered Planning

Happyville Compassionate Care is committed to ensuring highly individualised care and quality of life for clients. The person is at the centre of the planning process and the core value of person-centered planning is supporting individual choices, preferences, goals, aspirations and holistic needs. Holistic is inclusive of social, relationship, physical, emotional and spiritual needs.

- Person centred planning involves the client, family, friend/s, professional consultant and any other person the client wishes to be part of the process. making and choice.
- Plans are developed to reflect the client’s strengths, wishes, preferences, future goals and support requirements.
- The plan is regularly monitored and reviewed to ensure the client’s needs are continually meet.
- A person centred planning meeting is conducted regularly or when required.

7. Workplace Health and Safety (WHS)

Happyville Compassionate Care is committed to ensuring a safe environment for clients, family members, staff and visitors. Workplace Health and Safety (WHS) practices will be managed consistently and within WHS legislative requirements.

- All Happyville Compassionate Care staff will be provided with appropriate information and training in relevant WHS standards and practices.
- All Happyville Compassionate Care staff will be provided with the necessary equipment to minimise workplace accidents, injuries and illnesses
- Happyville Compassionate Care will take all reasonable steps to assess the safety of the locations where Happyville Compassionate Care staff provides support to clients. This includes conducting WHS assessment prior to staff delivering services to clients in their home.
- Where appropriate Happyville Compassionate Care staff will be provided with a safe and reliable means of transportation between the office and work sites.
- Happyville Compassionate Care will ensure all work related accidents, injuries and illnesses are properly documentation, investigated and managed in line with WHS legislative requirements.
- In the event of injury or illness Happyville Compassionate Care will implement a rehabilitation plan to assist the staff member to return to work as soon as practicable.

- Happyville Compassionate Care will promptly investigate, remedy and document any organisational employee concerns regarding occupational health and safety matters.

Managing hazards

Effective hazard management is the key to preventing/eliminating or minimising workplace illness and injury. Hazard management is most effective when it is managed on a systems basis rather than ad hoc. This involves five steps (often referred to as the SAFER approach):

- SEE (identify) the hazards
- ASSESS the risks (decide how serious they are)
- FIX (control) the risks
- EVALUATE the outcomes
- REVIEW the controls and monitor compliance.

The major goal of managing hazards in the community is worker safety. They must be made aware that, if their personal safety is threatened, it is better to leave than remain in an at-risk environment.

Hazard identification

A hazard is something that has the potential to cause injury or illness.

To identify hazards you should:

- conduct a safety check before the worker starts work in a new client's home
- seek information about hazards from referring agencies
- encourage workers to report hazards using hazard forms or direct reporting
- discuss WHS at staff meetings(while maintaining client confidentiality)
- check records of incidents, injuries or near misses

Some hazards will be more obvious than others. When you are conducting an inspection include both the outside of a home and the inside.

Review the environment (lighting, access, dust and noise), security, housekeeping, work tasks, equipment and check for any hazardous substances. It is important to consult with the client when conducting a safety check and to involve them as much as possible, informing them of any issues identified which may affect their, or a Support Worker's personal safety.

Risk assessment

Risk assessment is deciding the level of risk associated with a hazard in order to plan what to do about it. Risk assessment is best done in consultation with the people working in the area.

To estimate the level of risk, you and your workers should consider:

- Likelihood: How likely is it that an injury or illness will result from the hazard?
- Consequences: How severe the injury or illness resulting from the hazard might be. You may need to consider:
 - the nature of the hazard
 - how it might affect health and safety
 - how workers are exposed to the hazard
 - how much, how often and how long workers are exposed
 - the location of the hazard

Challenging or aggressive behaviour

Workplace violence is defined as 'any incident where an employer or worker is abused, threatened or assaulted in situations relating to their work' and includes issues such as sexual harassment, bullying and challenging client behaviors.

Threats to the personal safety of community workers may arise from interaction with clients, client's family members or friends, or members of the general public. This issue presents a particular problem, as community workers often work alone and after dark.

The work is conducted within another person's environment and workers can be confronted with values, attitudes and belief systems at odds with their specific training and experience.

It is sometimes difficult to anticipate who else may be in the house at the time workers visit or to control the behaviour of visitors. As a result, workers may be at risk of experiencing challenging, aggressive and/or violent behaviour from a client or a client's relative or visitor/s. In most situations, planning and good interpersonal skills will significantly reduce the likelihood of situations deteriorating to the point where workers are threatened. Workers should be trained to always be aware of their surroundings and how to de-escalate tense situations. Challenging behaviour may include:

- verbal abuse
- inappropriate sexual behavior
- difficult personalities
- those with unrealistic expectations or who repeatedly refuse services
- aggressive or threatening behaviors directed at themselves, property or others.

These behaviors can put the physical or psychological health of workers at risk. There may also be an accumulative effect, that is, while a one-off incident may not cause psychological harm; repeated incidents may result in harm. Further, psychological harm from the incident will vary in degree from worker to worker depending on their past experiences, values and beliefs.

Factors that may contribute to clients displaying challenging behaviour include:

- pain(physical or psychological)
- a feeling of loss of control
- depression, anxiety, loss or grief
- frustration from not being understood due to language barriers or speech impediments, or from misunderstanding/misinterpreting information or situations
- lack of self worth, loneliness, powerless, feeling ignored, having unmet needs or rejection
- confused states caused by dementia, hypoglycemia or epilepsy
- mental illness or personality disorders
- brain injury or physical and neurological disability
- medication – either incorrect or omitted doses.

When facing the risk of challenging behavior, you should remove yourself from the situation if its safe to do so, you and your workers should consider whether the client exhibiting challenging behaviors has control of their behavior or is without control e.g. due to brain injury, dementia, mental illness etc.

Those who do have control should be made aware of the natural consequences of their behavior e.g. changes to the services provided.

Where clients do not have control, it is essential to identify triggers and to prevent these occurring or to minimise the risk of hazardous outcomes. Details relating to the client's capacity to control behaviors, triggers, risk assessment, assisting medical staff and other members to develop a behavior management plan along with applying strategies to address specific behaviors and any actions taken must be recorded and communicated to relevant workers, informing medical staff of the clients conditions, completing an incident report . The worker's perception of aggressive behavior is important. Not all expressed anger is a problem to workers, but if 'it hurts your feelings' or 'makes you feel uncomfortable' it is an incident and should be reported

8. Reporting and Recording

Hazard Reporting

- Where possible staff should take immediate action to remove or minimise the risk associated with any hazards. In some circumstances to minimise this may involve removing equipment from service and applying 'out of service' tags or isolating an area where a spill may have occurred.
- If staff are not able to control the hazard themselves they must notify the supervisor immediately.
- Staff must document all hazards that they identify or are reported to them by clients, visitors and/or family members which they cannot eliminate immediately.
- All hazards must be documented on the Hazard Report Form.
- The completed Hazard Report Form must be completed and forwarded to the supervisor within 24 hours.

Incident Reporting

- Staff must report all concerns, injuries, incidents or 'near misses' to their supervisor for hazard identification and control.
- All incidents must be documented on an Incident Report Form
- Inform medical staff (where applicable) if you are in a client home and there is risk to your personal safety due to clients behavior
- Assist medical practitioners and
- If staff are unable to complete an Incident Report Form at the time of the incident they must complete the form within 24 hours and submit it to the supervisor.

Progress Reporting

- Date, sign and print name with all entries
- Put a line through any errors, date and sign
- Use blue or black ink
- Only use approved abbreviation approved
- Writing must be legible
- Entries must be objective and write clients direct words with quotation marks
- Entries must be factual, accurate and in a logical order.
- After the entry draw a line through to the end of the page.

9. Ergonomic Requirements

Happyville Compassionate Care is committed to minimising the risk of staff developing *Occupational Overuse Syndrome (OOS)*. All staff must take all reasonable steps to ensure that wherever possible, their equipment is reasonably adjusted to meet their personal needs. The following ergonomic considerations should be taken into account based upon the role and work environment of the individual staff member.

- Workstation height and layout
- Chair height, seat and back adjustment
- Screen position
- Keyboard and mouse position
- Footrest
- Posture
- Document holder
- Lighting
- Noise minimization

10. Manual Handling Policies and procedures

HAPPYVILLE is committed to provide a safe environment to its clients and staff members. As MANUAL HANDLING is an activity that is simply part of everyday life; it cannot be avoided so we must do our best to make sure that we are using the safest techniques possible to avoid injury. It is defined as any activity that requires an individual to exert a force to push, pull, lift, carry, lower, restrain any person, animal or thing.

As a nurse or a personal care worker, this means that Manual Handling is more than just moving and assisting our clients. The majority of tasks we complete in our day include some form of manual handling.

Manual Handling is described as any activity, which requires a person to exert force in order to...

- Lift
- Lower
- Push
- Pull
- Carry
- Move
- Hold, or
- Restrain

Manual handling Injuries

Using unsafe manual handling techniques (e.g. incorrect lifting techniques, incorrect posture and moving items that are too heavy for a single person) can cause a variety of musculoskeletal injuries which can impact upon the person's ability to work and their quality of life. Musculoskeletal injuries that may occur from manual handling injuries can include:

- Muscle sprains and strains;
- Ligament or tendon damage;
- Prolapsed intervertebral disks;
- Tendonitis of the shoulders/elbows;

- Abdominal hernias;
- Nerve damage

Employee's Responsibilities in Manual Handling

As an employee you have a legal responsibility to ensure the safety of yourself and others in the workplace. According to the 2011 Work Health & Safety (WH&S) Act, a worker should:

- Take reasonable care to ensure the health and safety of yourself and others including clients and other workers;
- Report any and all incidents or hazards associated with manual handling immediately to the shift supervisor (including any changes to patient care plans);
- ALWAYS follow safe manual handling practices and techniques and use equipment according to the workplace training that you have received; and
- Be free from the influence of drugs and/or alcohol whilst at work.

MANUAL HANDLING TECHNIQUES

Lifting an Object from the Floor

Workers must assess the safety of the area and the weight of the object prior to attempting to lift it from the floor. Use your foot to push the object to determine its weight. If it is too heavy to lift by yourself, recruit another person to assist you or, if you can, divide up the load and move it in manageable sized parts.

- Plan Before lifting or transporting an object, followed TILE in assessing if manual handling would involve strenuous activity and to strategize where to rest and recover.

- Position correctly Ensure to load the object evenly and use handles to maximize the power and grip. Establish a good posture with feet about shoulder-width apart and move the center of the body as close as possible to the center before lowering to lift the object
- Place yourself in the 'semi-squat' position

To Pick the load

- use two hands when lifting a box and ensure to keep the load and torso aligned and neutral before moving. Keeping a heavy load on the "power zone," an area in the body that is horizontally between shoulders and vertically between the middle of thighs and center of the chest, to ensure that the limbs and trunk are not forced into awkward postures to avoid the likelihood of injuries.
- Place one hand on one end of the top side of the box to tilt it enough to allow the second hand to be positioned underneath the raised side of the object; then bring the hand which is tilting the box down to under the bottom of the box to lift.
- With knees bent, lift the object up keeping it as close to your body as possible; and
- Place both hands underneath the box to protect Carpal Tunnels.
- Proceed ensuring the pathway is clear of any obstacles
- Place instead of dropping the load immediately put it down slowly, steadily, and smoothly when reaching the destination to protect from unnecessary strain and injury

Storage of Objects

It is important to minimise risk when storing items in the workplace. To reduce the risk of manual handling hazards:

- Store any frequently used items at bench height;
- Store only infrequently used, heavy items below bench height; and
- Store only infrequently used, light objects above shoulder height.

Pushing

Whenever you need to push a load, remember to use a wide base of support. Use your body weight to initiate the movement and try to keep your elbows close to your body to avoid injury. Pushing is always safer than trying to pull when moving a heavy object.

Pulling

If you do need to pull an object, face the object and use both arms to pull. Place your feet so that your weight is distributed equally and use your body weight to initiate the movement. Preparation of the work area is important to minimise risk. Ensure your path is clear as you may need to walk backwards with the load.

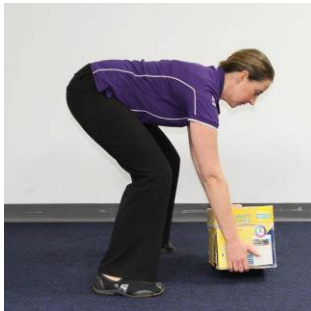
Team Transfers

Good communication is the key for safe team transfers. Most injuries that occur during team transfers are due to one person moving or dropping the load when the other person is not prepared.

To facilitate a successful team transfer:

- Discuss the move with your work colleague and notify them if anything doesn't feel right whilst completing the move;
- Synchronise the movement using 'Ready, Set, GO' or 'One, Two, THREE'; and,
- Maintain eye contact throughout the move.

Common Manual Handling Positions



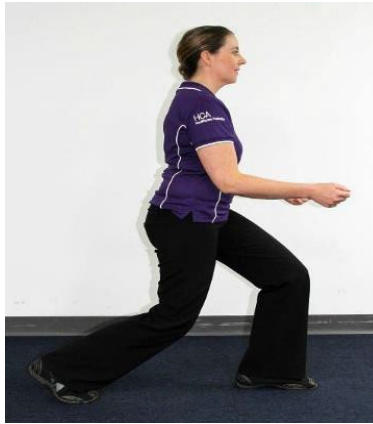
Weightlifters Position / Semi-Squat

- Feet placed evenly apart (either side of the object where possible)
- Hips and knees bent (knees approximately 90°)
- Bending of the knee is at its greatest when the load is being lifted from floor
- Spine in neutral curve
- Object close to body
- Abdominal muscles braced



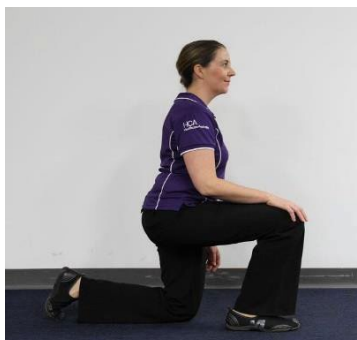
Side-to-Side Lunge

- Feet slightly wider than shoulder width
- Weight through leg closest to head of the bed
- Spine in neutral curve
- Object close to body
- Brace arms against the body
- Smoothly transfer body weight horizontally (from side to side) to the leg closest to the foot of the bed.



Backwards-Forwards Lunge

- Feet flat, pointing forward
- Weight through rear leg
- Back foot will receive the weight of the load
- Spine in neutral curve
- Object close to body
- Brace arms against the body
- Smoothly transfer body weight forward



Knights Position

- Kneeling on one knee
- Toes of rear foot curled forward
- Maintain the neutral spinal curve;
- Rest your knee on a soft surface if available.

Walking Clients (Reliably Weight Bearing Clients)

Always walk with a reliably weight-bearing client close to hand rail where possible (on client's strong side if only one worker);

The worker should walk to the side and slightly behind client. Their near hand positioned in the middle of client's back (belt-line). The worker should position their front hand in 'Duckbill' position for client to hold;

While walking the client take frequent breaks (if required);

Please Note: The 'Duckbill' hand position is with fingers held together and the thumb tucked underneath. This allows the worker to withdraw their hand easily when/if necessary and prevents potential injury.



Above: The correct method of walking a client

Below: Duckbill hand position



Sit to Stand Transfer: One-Person Assist

(Reliably Weight Bearing Clients)

- The client is positioned appropriately on the chair or on side of the bed, with their feet under knees and approximately shoulder width apart;
- The worker stands beside the client, in a side to side lunge their forward foot blocking client's foot (if needed) and their back foot at side of chair/bed;
- Encourage client to move forward in chair;
- The worker places their near hand on the centre of the client's lower back with their other hand placed gently on top of client's closest shoulder to worker for support;
- The client places their hands on the chair/bed and uses their arms to push themselves off the chair/bed assisting them to stand if able (not using walking frame, etc.);
- The worker's hand applies very slight pressure in an lower back to assist move,
- The worker transfers their body weight from side to side lunge TO the neutral forward/backward lunge move;
- The worker holds the hand that is NOT in the middle of the clients back as a 'Duckbill' grip for client as support when standing and walking.

Sit to Stand Transfer: Two-Person Assist

(Reliably Weight Bearing Clients)

- The client is positioned appropriately on the chair or on side of the bed, feet under knees and approximately shoulder width apart;
- Both workers' stand facing the client, one worker either side of the client with their forward foot blocking client's foot (if needed), or to the side, parallel to the client with back foot at side of chair;
- Each worker places their near hand in a neutral rest on the client's shoulder but not applying pressure;
- The workers' then place their second hand overlapping in client's lower back;
- The client places their hands on the chair and pushes up to assist to stand as able;
- The workers' force is provided by the hand in the lower back, NOT from under the arm;
- The workers' front feet move from side to side lunge to a forward/backward lunge;

Lie to Sit and Stand Transfer:

One-Person Assist

(Semi-Independent Clients)

- Place a folded slide sheet under the client's buttocks and legs while they are lying flat on the bed (*The slide sheet must not cover either the edges or sides of the mattress otherwise the client is in danger of sliding out of the bed onto the floor. The slide sheet helps the client turn in the bed without creating friction to buttocks and legs which may cause skin damage*) THEN raise the back rest and adjust the bed height.
- The client can assist by placing their hands next to their thighs on the mattress and pushing down onto the bed;
- Ask the client to push onto the bed with both hands and move/slide their legs over the side of the bed while turning their upper body with the aid of the slippery sheet under their buttocks. Assist lightly with hand under lower shoulder as needed for support; and
- Worker must position front foot in direction of movement and transfer weight with move from back foot to front.
- Note: To transfer client to stand from sitting on the side of the bed, to standing is the same procedure as from the chair.
- Having the client's feet slightly off the floor allows the client to step onto their feet rather than pushing up on to their feet. Walking aids should not be placed in front of clients until the client is standing.

Slide Sheet Transfer: Rolling Side to Side

- This is a two person manoeuvre. Ensure the bed height is adjusted correctly, hip height of the shortest person;
- The client is placed on their side by ensuring one knee is bent a doubled slide sheet is placed under them;
- Worker 1 (doing the turn) will have the two edges of the slide sheet facing them;
- Worker 1 will grab the top slide sheet palms up and, in a backward lunge with arms kept bent and taut, will do a backward lunge and maintain/hold that position;
- At the same time, Worker 2 will have both hands placed on the client, to stabilize them
- Together as a team, Worker 1 will lunge back with the slide sheet gripped firmly and Worker 2 will push slightly with their hands and position client on side of the bed;
- As Worker 1 is maintaining the position with arms taut close to their chest and in the backward lunge, Worker 2 will push excess slide sheet under the client for easy removal;

- When both Workers' are ready, Worker 1 will step forward in the lunge movement with

sheet firmly gripped and with both arms bent and taut. This manoeuvre will roll the client onto the desired side in the middle of the bed. Worker 2 will place their hands on client's hip and behind shoulder to support the client whilst the slide sheet is removed and pillows are placed behind them; and

- The slide sheet is removed using the double tucking under method. Worker 1 will pass the top sheet to Worker 2 (with hands palm up) Worker 1 will hold the slide sheet under the clients and lunge backwards removing the sheet from under the client. This may take more than one attempt.

Slide Sheet Transfer: Moving up the Bed

(Self Propelled)

- This is a one-person move to assist clients with leg strength move up the bed.

Please Note: All slide sheet moves should be performed with the worker's knuckles sliding across the bed during the transfer – this prevents lifting which can result in shoulder injuries.

- The bed height is adjusted to suit the shortest worker's hip height;
- Slide sheet is placed under client in the same way as for the previous transfer, except that the open ends of the folded slide sheet face towards the bedhead with open ends visible above the client's shoulders. Use 2 slide sheets for taller clients.
- Bend client's legs with their knees up and feet flat on bed. Use a non-slip foot mat if available.
- Ask the client to place arms across chest;
- Worker 1 holds client's feet firmly on the bed and asks the client to look at the foot of the bed and then push through their feet to facilitate the move up the bed;
- Ensure an extra pillow is placed at the bed head to protect the semi-independent client from hurting themselves;
- Use a 2nd Worker to assist if need;

Slide Sheet Transfer: Moving up the Bed (Dependent Client)

This is a two-person assist using the forward-backward lunge

Please Note: All slide sheet moves should be performed with the worker's knuckles sliding across the bed during the move– this prevents lifting which can result in shoulder injuries.

- The bed height is adjusted to suit the shorter of the two workers'
- Slide sheet is placed under client in the same way as for the previous transfer. Use 2 slide sheets for taller clients. Bend client's legs with knees up and feet flat on the bed (prevents dragging heels). Place client's arms across chest;

Both workers' position themselves at the top of the bed, behind the client, and face the foot of the bed in a backward forward lunge (*see next page for the side-to-side lunge alternative)

Both workers' lunge forward and grip the top layer of the slide sheet with palms up and wrists locked. Both hands positioned at top of client's shoulder ;

The two workers' stand in a forward lunge position; (Ready)

- Client lifts their head forward. (Set);

The two workers transfer their weight from front leg to back leg as they move client towards them.(Go)

* Although it is preferable to use the backward-forward lunge where possible, the client can also be moved up the bed can also by performing a side-to-side lunge in the case that the worker cannot place themselves at the head of the bed due to furniture placement, etc. The steps would change as follows:

Both workers position themselves at the top of the bed, behind the client, and face the client in a side-to-side lunge. The worker's feet should be aligned evenly, slightly wider than shoulder width;

Both workers grip the top layer of the slide sheet with palms up and wrists locked. Starting with the weight through one leg, smoothly transfer the weight to the other leg;

The two workers stand in a side-to-side lunge position (Ready);

Client lifts their head forward (Set);

The two workers transfer their weight from front leg to back leg, keeping their knuckles on the bed, as they move the client towards them (Go).

Moving a Client Bed-to-Bed with a Board Slide

- This is two person assist
- Ensure the bed brakes are on, the area is clear and bed is at the correct height;
- Position slide sheet lengthwise under client using rolling method, hands across chest;
- Move receiving bed parallel and close as possible to occupied bed;
- Worker 1 near occupied bed turns client toward them slightly using a slide sheet;
- Worker 2 on receiving side position the pat slide under the slide sheet and client;
- Pat slide should be under slightly greater than half of the client and covering the join of the beds. Client is carefully released onto their back;
- Palms up, Worker 2 commences to lunge backwards to move client across on the slide sheet and Worker 1 supports the client with their hands, fingers down;
- Both the board slide and slide sheet are removed using client roll method.

Assisting a Client off the Floor

INDEPENDENT, NON-INJURED CLIENT

- Client must be assessed by an RN, a Doctor or person in charge to assess for injuries;
- Once assessed and deemed safe to move, use 2 slide sheets to move the client to suitable area;
- Instruct client to bend knees and roll onto their side;
- Client places their hands flat on the floor, pushes up with their arms to a semi-sitting position and then rolls onto their knees into a crawl position;
- Place one chair directly in front of the client and have the client place their hands on the chair. Place 2nd chair behind client, let them feel the chair against their bottom; and
- Instruct the client to place one foot flat on the floor (half kneeling) and then to push their buttock up and back onto the chair behind them. Instruct client to slide back onto chair.

DEPENDENT CLIENT

- Client must be assessed by an RN, a Doctor or person in charge to assess for injuries. If the client has a suspected hip injury, make them comfortable on the floor and await the ambulance.
- Once assessed and deemed safe to move, use 2 slide sheets to move the client to a suitable area;
- Encourage client independence, get them to roll side to side to fit hoist sling. Workers to be positioned on either side of client;
- Maintain safe posture during moves work from kneeling to squatting position and move body and feet to eliminate any twisting.
- Ensure that the lifter will lower sufficiently to lift from the floor;
- Full body sling should be used to lift from the floor to give maximum support;
- Position hoist from client's side and instruct the client to bend knees (if possible) and roll/position hoist legs (1) under the clients knees and(1) behind their head, on an angle. DO NOT use brakes on hoist.
- Raise client with hoist and position in chair or on bed.
- Please note: To move a client to a safe, clear area in order to raise them from the floor, position two slide sheets under the client lengthwise together. Pull the top slide sheet. This move is done in stages allowing the worker to reposition their body to eliminate overstretching, crowding and twisting.

Positioning the Sling

When using a lifter it is important to make sure that the sling is positioned correctly to:

- Explain what you are about to do to the client
- You may need to put a pillow under the clients head for reassurance and comfort during the procedure

- Roll the client onto their side
 - Place wider part of sling under the clients along torso and seat of sling under clients hips
 - Roll the patient back onto their other side and pull sling through
 - Pull the leg lengths forward and under the thighs
 - Attach the loops to the lifter ensuring that all the same colour loops are being used to maintain equal distribution of weight,
 - Different colour straps may be used to position the client but this must be supervised by permanent carer or staff that are familiar with lifter and patient
-
- Ensure the client is secured correctly and is not fearful of falling out;
 - To prevent injury and skin tears; and to prevent the client from getting scared when being lifted and transferred to the bed.
 - Using a Sling Lifter
 - Position and ensure correct height for shortest worker (e.g. bed height);
 - Roll client side to side to fit hoist sling (do not pull forward). Workers' to be positioned on each side in case the client rolls;
 - Workers' maintain safe body position, stepping and moving body as needed;
 - Position hoist, DO NOT apply brakes;
 - Attach sling;
 - For sitting position choose short attachment on top of sling, long at bottom;
 - Raise client with hoist and position in chair or on bed.
 - When turning hoist, 2nd person to push hoist leg with foot from side to straighten and prevent twisting the body;
 - DO NOT put brake on when lowering client into chair or bed (allows hoist to move back rather than tipping the chair);
 - The only time the brakes are used/on, is when the lifter is being used on a slope and during storing of the lifter.

'No Lifting' Principals

Happyville Compassionate Care will provide the necessary manual handling equipment in the workplace where manual lifting such as bed transfers, moving patients is deemed unsafe, which will assist in the implementation of this policy. Manual Handling and equipment training will be provided in order to affect a safe work environment.

Preparing for manual handling:

- Conduct a risk assessment of the environment. Ensure the area is clear and there are no obstructions or potential risks to the safety of the client and others.
- Refer to the clients care plan
- Communicate with the client about the activity, their preference and identify the degree of support required
- Prepare manual handling equipment and sling
- Attend to the tasks with the recommended number of personnel
- Apply breaks (e.g. lifting device and wheelchair)

- Wash hands to maintain infection control
- Position the client and maintain client privacy and dignity at all times
- Encourage to client to help as much as possible when moving and lifting
- Use manual handling equipment correctly as per the training and the manufactures' instructions.
- When you have completed ensure the client is comfortable
- Tidy the area and ensure it is safe.
- Report to your supervisor if you have any concerns

II. Infection Control

Happyville Compassionate Care is committed to ensure infection control measures are put in place to ensure a safe environment for clients and staff. All body fluids are to be treated as potentially infectious.

- Cuts and abrasions should be covered with a waterproof dressing.
- Staff must ensure nails kept short and clean if there is significant physical client contact.
- Staff with dermatitis on their hands should seek medical advice.
- Staff must treat all human body fluids, blood and tissues as potentially infectious.
- Maintain a high standard of personal hygiene and grooming;
- Maintain the recommended personal immunisation levels
- Wash hands thoroughly between clients and after contact with human blood, body fluids or tissues (with and without the use of gloves). Routine hand washing is required to remove any micro-organism contamination that may have been acquired from a persons' skin or from objects with in the environment
- Staff must wear personal protective equipment (PPE) such as gowns, gloves, masks and goggles if it is likely that the skin, eyes or mouth will come into contact with human body fluids, blood and tissues.

Using PPE:

- Use correct PPE in line with work requirements
- Ensure PPE is fitted correctly
- Use latex gloves
- Wash hands after removing PPE
- Dispose off all PPE in correct clinical waste bins and wash hands thoroughly.

Hand washing procedures and Hand Hygiene

1. Remove jewellery
2. Use pump liquid soap supplied by Happyville Compassionate Care (an antiseptic

solution is to be required for staff before performing an aseptic procedure)

3. Avoid touching sink
4. Wet hands thoroughly with warm water.
5. Lather hands with soap and vigorously rub together making sure all surfaces of the hands are covered , approximately 20 seconds
6. Rinse thoroughly under a moderate stream of water.
7. Dry thoroughly
8. Turn the tap off with a dry paper towel

Managing spills of blood and body substance

1. Gather the a spill kit
 - disposable gloves, goggles and apron
 - absorbent fluid
 - Scoop
 - clinical waste bags with ties
2. Wash hands
3. Put the gloves and apron
4. Pour absorbent fluid over the spill
5. Cover the material with absorbent paper towel to contain the spill.
6. Scoop up the spill and dispose of it into an clinical waste bags
7. Remove gloves and dispose of them into an clinical waste bags
8. Clean the area with a disinfectant
9. Wash hands
10. Report incident to the supervisor

Managing wastes

Waste-disposal bags have standardised colours to allow ready identification.

- Black for general waste
- yellow for clinical and potentially infectious waste
- yellow rigid container for sharps

Managing wastes in the home

- Wear gloves and or PPE
- Dispose of liquid wastes e.g. dispose of urine in the toilet
- Place waste in a sealed plastic bag and place in client wheelie bin*

*Happyville Compassionate Care will check with the local council as they may have different requirements for waste disposal.

12. Fire and medical emergency

Happyville Compassionate Care is committed to ensure clients, visitors and staff are kept safe in the event of a fire and/or an emergency situation.

- A fire risk assessment, building and fire systems inspection is conducted every year or when required.
- A staff member is allocated as the Fire Warden
- Staff must attend fire safety every twelve months and practice fire evacuation procedures.
- Emergency contacts numbers must be clearly located near the phone.
- For staff providing 24 hour support for clients living in their home regular fire drills must be conducted.
- Fire safety plans are located throughout the Happyville Compassionate Care buildings and in the client's home.

What should I do if there is a fire in a client's home?

1. Evacuate clients/visitors/staff from the house and close doors behind you.
2. Raise the alarm (Dial 000).
3. Fight fire only if safe to do so.
4. Do not allow any people to re-enter the house following evacuation.
5. Assemble all clients/visitors/staff in the nominated evacuation assembly area and complete a roll call.
6. Before leaving an area report status of evacuation to the Fire Brigade.
7. Report any clients/visitors/staff still in house to the Fire Brigade.

What should I do if there is a fire in an aged care facility?

1. Evacuate clients/visitors/staff from the area of immediate danger to a safe location and close doors.
2. Raise the alarm (Dial 000).
3. Fight fire only if safe to do so.
4. Evacuate clients/visitors/staff if necessary (follow exit signs)
5. Do not allow any people to re-enter the building following evacuation.
6. Assemble all clients/visitors/staff in the nominated evacuation assembly area and complete a roll call.
7. Before leaving an area report status of evacuation to Manager or Fire Brigade.
8. Report any clients/visitors/staff still in building to Manager/Fire Brigade.

Medical Emergency in a client's home

All Care Workers must have a current First Aid Certificate.

In the case of a client being admitted to the hospital via an ambulance the Care Worker must notify the supervisor immediately and ensure the clients medical history form accompanies the client.

In the event of a medical emergency situation

- Apply first Aid
- Raise the alarm (Dial 000)
- Follow the operators instructions and provide the following information
 - Address
 - Details of the emergency

13. Travel and working alone

Happyville Compassionate Care is committed to ensuring a safe environment for Care Workers when delivering care services to clients in the community.

General

- The Care Worker must hold a current class C motor vehicle drivers' licence.
- The Care Worker's car must be comprehensively insured.
- The Care Worker's car must be maintained in a roadworthy condition.
- The Care Worker is responsible for paying all traffic and parking fines incurred while on duty.
- The Care Worker must not drive while under the influence of alcohol and illegal drugs.
- The Care Worker must not drive if they are taking medication that cautions against driving.
- Payment for use of private car will be paid at the rate per km travelled, as provided by the Australian Taxation Office. The Care Worker is encouraged to record the kilometres driven in their log book.
- A first Aid Kit and mobile phone will be supplied by Happyville Compassionate Care

Prior to departure

- Prior to departure the Care Worker must be aware of current weather and road conditions.
- The Care Worker must have accurate directions to the client's home.
- Care Workers are to ensure their identification badge is with them

Travelling to the clients home

- If the Care Worker is travelling long hours they must take the designated breaks.
- The Care Worker must not stop or take breaks in isolated areas for their own safety.

At the clients home

- When arriving at the clients home knock on the door and wait until the client answers. Do not enter the clients home and contact Happyville Compassionate Care immediately if;
 - The clients does not answer the door
 - There is conflict and arguments coming from within the clients home
 - The person answering the door is unknown and gives you cause for concern
 - The client shows behaviours of concern.
- Be alert to escape routes in case of an emergency exit
- Be alert to items that may be used as weapons such as knives.
- Leave the clients home immediately if there is a risk to your safety.
- The Care Worker must carry a mobile phone at all times with emergency numbers pre-programmed. If the Care Worker is in a threatening situation ring Happyville Compassionate Care and say the code words “ I forgot the red marker pen”
- Advise Happyville Compassionate Care when arriving and exiting the client’s home or at agreed times when there is a potential risk.
- Care Workers must keep car keys with them at all times

Leaving the clients home

- Have car keys ready when leaving the clients premises and lock all doors and close all windows once in the vehicle.
- Complete all paperwork at the office or as otherwise stated.

14. Fatigue and Stress Management

Happyville Compassionate Care organisation believes in creating healthy work is a shared, co-operative venture, where both employees and employers have roles and responsibilities, including the maintenance of a balance between work and non-work activities. It is not something that can be imposed – and it will require mutual understanding, accommodation, respect and the normal processes of give and take for its success.

1 Basic facts about stress and fatigue

1.1 What is ‘stress’ and how does it affect us?

There are many definitions of stress, and many theories about it. No definition or theory of ‘stress’ is perfect. Each theory and definition seems to answer one aspect of the problem well but other

aspects less well. The definitions adopted by OSH are:

Stress – defined in terms of the interaction between a person and their (work) environment and is the awareness of not being able to cope with the demands of one’s environment, when this realisation is of concern to the person, in that both are associated with a negative emotional response.

Stressors – events or circumstances which may lead to the perception that physical or psychological demands are about to be exceeded. They can be of several types and can arise in and out of work.

For example, work-related stressors may be:

- inevitable: e.g. starting a new job, learning a new skill, the difficulty of dealing with adverse weather conditions such as drought or flood, unpredictable emergencies in the workplace, intrinsic difficulties in the work such as working in a competitive industry
- avoidable: e.g. undertaking hazardous work for too many hours each week for long periods in a physically demanding environment; producing multiple reports which no-one reads; inhospitable or dangerous physical environments; no performance feedback or only negative feedback; no interest shown by the supervisor in helping solve problems.

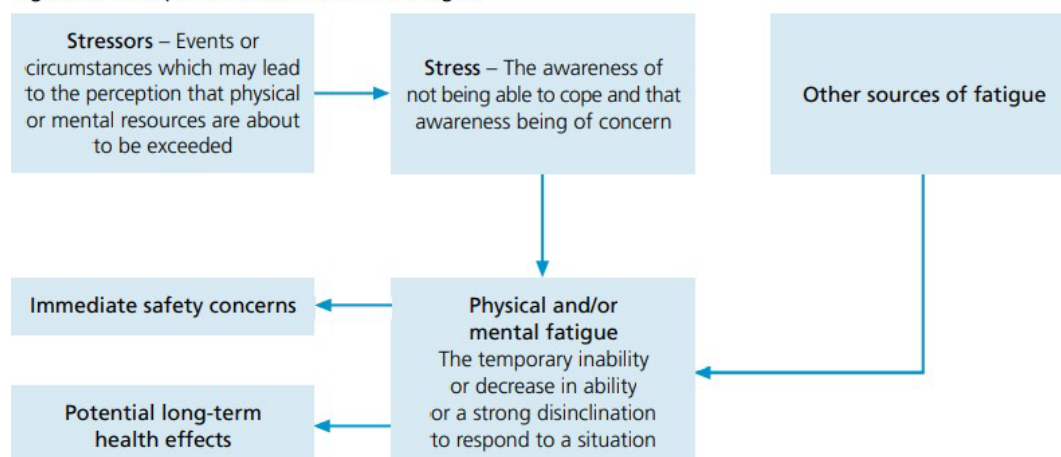
Non work-related stressors may include:

- personal: e.g. relationship, child or other family problems, financial difficulties
- intrinsic: feelings of not coping may just arise from within, with no apparent stressor(s) being discernible.

Fatigue – the temporary inability, or decrease in ability, or a strong disinclination, to respond to a situation, because of previous over-activity, either mental, emotional or physical.

While fatigue can be the result of many things it can result from both physical and mental effort.

Figure 1.1 Workplace stressors, stress and fatigue



Stress is not an illness but an awareness that a person is not coping, and that this is a negative feeling, which may need to be conveyed to the employer.

How (and why) does stress affect us?

The interactions between all aspects of our lives are complex. No one model of ‘stress’ covers all the fragments of information that are known about it and its implied coping strategies.

When are the effects of stress and fatigue critical?

Stress and fatigue can create safety hazards in the workplace, particularly in safety-critical or safety-sensitive jobs and are especially critical where other workers or members of the public may

be affected.

Errors that can be made are not exclusive to health and safety:

- A fatigued pilot or air traffic controller is likely to place many more lives at risk than their own.
- A fatigued worker on a scaffold.
- Fatigued employees using dangerous machinery or a fatigued driver.
- A highly trained employee becomes unable to cope with being at the interface between public expectations and legislative/operational requirements, and resigns.
- An employee in a company where business is increasing rapidly loses track of the status of an order – and the company loses that customer's business.

Managers need to be able to recognise stress and fatigue when it develops in their employees and leads to impairment and should have the training and systems to make sure they can recognize impairment and its potential causes, and act to prevent problems.

Strategies to Manage stress and fatigue:

- Acknowledge that it is normal to feel stressed in your situation.
- Take care of your basic needs.
- Take time to eat, exercise, rest and relax, even for short periods.
- Be mindful of the hours you are working and communicate with your leader if those hours become unreasonable or unmanageable.
- Check in with co-workers to see how they are doing and have them check in with you. Find ways to support each other.
- Speak to your leader about keeping reasonable working hours, where possible, so you do not become too exhausted and burn out.
- Stay connected to friends, family, and community through phone, social media, or messaging apps. This keeps you safe and helps bridge the gap if you find yourself experiencing avoidance by friends, family, or community due to their fear or perceived stigma.

15. Environment

Policy

Happyville Compassionate Care is committed to ensuring that all work is conducted in an environmentally sustainable manner. We will:

- Use environmentally sustainable systems of work
- Be pro-active in assessing environmental hazards for new and existing work systems, practices and equipment
- Ensure compliance with legislative requirements and current industry standards
- Educate managers and employees in environmentally sustainable practices

- Reduce, re-use and recycle materials wherever practical, and dispose of waste materials in a safe and an environmentally responsible manner
- Use and communicate through electronic copies of documents where possible and only print documents where necessary
- Print documents as double-sided where possible
- Make use of power saving options on equipment wherever practical

Linens Managing Procedures:

2.1 Clean linen

Clean linen must be delivered and stored in a manner that minimises infection transmission risks to both staff and patients. The following principles apply to the management of clean linen.

All clean linen must be:

- Delivered to clinical areas on a clean, covered trolley to prevent contamination
- Stored in a clean and dry place that prevents contamination by aerosols, dust, moisture and vermin, and is separate from used / soiled linen, such as a dedicated linen cupboard or an enclosed mobile linen trolley. The door of the cupboard should be closed and / or the mobile linen trolley cover should be kept closed to prevent contamination when not being accessed
- Segregated from used / soiled linen during both transport and storage
- Not stored in unsuitable areas e.g. the sluice room, patient bathrooms, in bed spaces, corridors or on the floor
- Handled minimally to reduce contamination
- Stored in a manner that facilitates stock rotation.

2.2 Used / Soiled linen

The following principles apply to management of used / soiled linen:

- Used / soiled linen should be handled as little as possible and handled with care, to avoid the dispersal of microorganisms into the environment and to avoid contact with staff clothing
- Standard precautions apply when handling used / soiled linen. Appropriate personal protective equipment (PPE) must be worn when handling used / soiled linen to reduce risk of exposure to blood and body substances
- Used / soiled linen should be bagged in a linen skip at the point of use. Do not place used / soiled linen on the floor or other surfaces such as lockers or tabletops to reduce risk of contamination
- Linen heavily soiled with body substances or other fluids that have a potential to leak should be placed into leak-proof bags before being placed into the usual fabric linen bag

- Care should be taken to ensure that sharps and other objects are not disposed of into linen skips

Do not shake linen to prevent environmental contamination with microorganisms

- Do not overfill linen bags i.e. ¾ full or no more than 15kg.
- Linen skips must be stored separately from clean linen in areas specifically designated for soiled linen
- Used linen must not be rinsed or sorted in patient-care areas or washed in domestic washing machines unless there is a need to launder individual personal patient laundry, which must be undertaken as per section 6
- All linen bags should be tied secured before transporting
- Any vehicle used for the transport of soiled linen should be cleaned after use
- Hand hygiene is to be performed after handling used / soiled linen.

Handling and cleaning client equipment/shared equipment to prevent spread of infection:

Equipment shared between patients must be cleaned and disinfected:

- Between use
- At the point of care (patients room/bed space etc.)
- Before storage
- Before sending for repair
- When visibly soiled

Procedures for cleaning:

- Clean grossly soiled equipment immediately to avoid contamination of the environment and damage to equipment from blood or body fluids drying on the surfaces
- When cleaning and disinfecting equipment, avoid splash contamination of nearby furnishings, linens, carts, and other clean items
- Designate a location or space for clean equipment storage. Ideally, clean storage rooms, clean service rooms, or utility rooms with minimum 2 meters (Six feet) separation from dirty equipment
- Contaminated equipment/devices shall not be transported through areas designated for storage of clean or sterile supplies, client/patient/resident care areas or high-traffic areas.
- Use approved disinfectant wipes for point of care cleaning and disinfection of patient equipment. Keep wipes wet; discard if they become dry. Follow instructions on the product label for appropriate personal protective equipment and contact time
- Follow the equipment manufacturer’s instructions for cleaning protocols of specialty equipment.
- Confirm cleaning protocols with manager or designate
- Department manager or designate should ensure equipment cleaning protocols are monitored at least annually and with implementation of new equipment or procedures to ensure adherence to manufacturer’s instructions for cleaning and infection control standards
- Medical equipment/devices labelled by the manufacturer “single pt. use” may be disinfected and reused on the same patient but must not be used on other patients.

16. Training and Development

Policy

Happyville Compassionate Care is committed to ensuring that all staff are trained and participate in professional development opportunities to achieve the organisation’s goals
Happyville Compassionate Care

and objectives. Training and development is integral to workplace productivity, staff recognition and continuous improvement in quality services. The aim of this policy is to identify training and development needs of staff through formal supervision and performance appraisal.

Procedure

- Conduct a formal induction process for all new Happyville Compassionate Care staff.
- Identify training and development opportunities with all staff through formal performance appraisal.
- Provide supervisors with written information and training in conducting performance appraisal
- Ensure all Happyville Compassionate Care staff have one performance appraisal conducted each month.

- Maintain performance appraisal records for each Happyville Compassionate Care staff member.
- Training and development requirements will be identified in line with staff current position duties.
- Staff may request to do professional development that is not specific to their current position duties Happyville. At the discretion of the Manager, Happyville Compassionate Care shall endeavour to support further professional development through;
 - Organising work hours in order for the staff member to attend the development opportunity
 - Leave arrangement negotiations to attend the development opportunity
 - Granting study leave to attend exams.
 - Negotiated incurred expenses, reimbursement for professional development opportunities
- Maintain an employee training and development record system that ensures all staff attends mandatory training and maintain currency. Mandatory training includes;
 - Manual Handling
 - Emergency Procedures
 - Fire Safety in the Home
 - Infection Control
 - Client rights and responsibilities.
 - First Aid
- Training is to be attended within working hours

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