EMPOWER CARE COMMUNITY SERVICES HANDBOOK

Version control & document history

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Contents

Empower Care
Community Services

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

Services

Empower Care Community Services work varies from time to time but all are focused on community health, well-being, and resilience and include:

- Emergency accommodation and associated support services to people who are homeless.
- Financial Assistance & Counselling to families experiencing a financial crisis.
- In home and community-based support services to frail aged and younger people with disabilities and their carers and to those who desire to learn daily living skills
- Nonclinical community support to people with severe and persistent mental illness
- Respite services for people who care for someone with a mental illness or an intellectual disability.
- Accommodation and support services to victims of family and domestic violence
- Court support for victims of family and domestic violence
- Safety support supplies (lighting, locks, screens etc.) for victims of family and domestic violence.

About this Manual

This manual covers the corporate policies that are applicable to the whole of the organisation. In addition to these corporate policies, some services are provided as part of government programs that have their own Services Standards (such as Home and Community Care and Mental Health) and operational policy requirements. Staff delivering services in those program areas must be familiar with, and operate according to, the relevant Service Standards and special policy and procedural requirements that are applicable to their service and target group.

The manual is designed to ensure a common understanding and common organisational practices across all of Empower Care Community Services' many work sites, and to assist the Board, CEO, staff, volunteers, and students to understand what is required of them in their roles at Empower Care Community Services.

This manual is designed to be complimentary to all State & Commonwealth legislation and does not override any acts or other legal requirements.

A copy will be kept in the Chief Executive Officer's office and in each Program Managers office, in addition to one in each staff lunchroom. Policies and procedures will be reviewed on a rolling basis, with each one being reviewed no less than once every three years, and more frequently as required.

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 meet 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.
- To provide crisis and distress management to all clients as per there needs including mental health referral services where applicable.

Role, responsibilities, KPI and limitations of 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 individualised 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 client's 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.

Mental Health Care

Support plan development and Assessment

- Collaborate with the person, their family, and other professionals to set realistic and achievable goals.
- Ensure that the support plan reflects the individual's preferences, needs, and aspirations.

Emotional Support:
- Provide emotional support to individuals facing mental health challenges.

- Utilize active listening skills to understand and validate individuals' feelings and experiences.
- Foster a trusting and empathetic relationship to promote a sense of security and well-being.

Crisis Intervention:
- Recognize signs of distress or crisis and respond promptly and effectively.
- Implement crisis intervention strategies to de-escalate situations and ensure the safety of individuals.
- Collaborate with emergency services or mental health professionals as needed.

Work within boundaries of your role/provide a referral
- Speak to your immediate supervisor and prepare a referral for the client.
- Refer the client to a licensed mental health counsellor or therapist who specializes in relationship issues and crisis intervention.
- Collaborate with Client to identify a professional whose expertise aligns with their needs.
- Ensure the referral includes information about the current crisis and any specific concerns raised during your interactions.
- Follow up to confirm the initiation of counselling services and provide ongoing support during this process. Or mental health professionals as needed

Reporting and Documentation

- Complete progress case notes and file client records in line with Empower Care Community Services Privacy and Confidentiality Policy
- Complete crisis intervention forms and templates as per the requirements
- Report to and convey concerns to the Registered Nurse or their delegate.
- Report to and convey concerns to the Service Manager
- Maintain client and administrative records.
- Maintain privacy and confidentiality.
- Report any abuse or neglect immediately.
- Report distress and crisis situations such as any person trying to commit suicide or tries to self-harm.

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 client's 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

Teamwork 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 Empower Care Community Services staff to support

the clients to live their life based on their dreams, aspirations, interests and strengths.
- Participate in debriefing and dispute resolution activities.

Quality

- Participate in continual improvement exercises and maintain service standards.
- Follow Empower Care Community Services 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 individualised 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.

Boundaries of the Support Worker role

1. **Medical Procedures:** Support workers are not authorised to perform medical procedures, such as administering injections or making medical diagnoses. These tasks must be carried out by qualified healthcare professionals.
2. **Complex Medication Management:** While support workers can assist with medication reminders and basic administration within the scope of their role and if accredited, they are not permitted to administer complex medications or make adjustments to dosage without supervision from a registered nurse.
3. **Advanced Care Planning:** Support workers may not make decisions regarding advanced care planning or end-of-life care for residents. Such decisions are typically made in consultation with medical and legal professionals, as well as the resident's family.
4. **Clinical Assessments:** Conducting comprehensive clinical assessments and developing care plans are beyond the scope of a support worker's role. These responsibilities typically fall to registered nurses or other qualified healthcare practitioners.
5. **Invasive Procedures:** Support workers should not perform invasive procedures, such as wound suturing or inserting medical devices. These tasks require specialized training and hould be performed by trained medical personnel.
6. **Psychotherapy and Counseling:** Support workers are not trained to provide formal psychotherapy or counseling. They should only be referring individuals to qualified therapists or counselors for specialized mental health interventions under the guidance of supervisor or Manager.
7. **Independent Decision-Making:** Support workers may not make significant decisions independently, especially those impacting an individual's mental health treatment. They are required to Follow established protocols, consulting with supervisors, and involving qualified professionals in decision-making processes.
8. **Crisis Intervention Limitations:** While support workers can provide initial crisis intervention and referral with the consent of a supervisor, long-term crisis management requires specialized training, involving emergency services and mental health professionals for ongoing management.

Note: It's important for support workers to adhere to their job description and seek guidance from supervisors when encountering situations beyond their scope of practice.

If in any doubt, speak to your supervisor immediately.

Other duties

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

Key performance Indicators for support workers:

Here are some relevant KPIs:

1. **Client Independence and Well-being:**

   - Percentage of clients showing improvement in achieving independence and well-being goals.

   - Number of clients maintaining or enhancing their quality of life.

2. **Client Satisfaction:**

   - Client feedback scores on satisfaction surveys.

   - Percentage of clients reporting a positive experience with support services.

3. **Timeliness of Support:**

   - Percentage of scheduled support sessions attended on time.

   - Average response time to client requests or emergencies.

4. **Goal Achievement:**

   - Percentage of established goals achieved for each client.

   - Number of clients reaching milestones in their personalized plans.

5. **Effective Communication:**

   - Number of successful communication instances between support workers, clients, and other stakeholders.

   - Frequency of documented communication with clients and their families.

6. **Adherence to Care Plans:**

   - Percentage of support workers consistently following individualized care plans.

   - Number of deviations from care plans and the reasons behind them.

7. **Risk Management:**

   - Number of identified risks and incidents reported.

   - Timeliness and effectiveness of responses to mitigate identified risks.

8. **Documentation Accuracy and Completeness:**

   - Accuracy and completeness of support workers' documentation in client records.

   - Compliance with organizational and regulatory documentation standards.

9. **Professional Development Participation:**

   - Percentage of support workers participating in ongoing professional development and training.

   - Number of relevant certifications or qualifications obtained by support workers.

10. **Collaboration with Multidisciplinary Teams:**
    - Number of successful collaborations with other professionals (therapists, medical personnel, educators, etc.) to support clients.
    - Feedback from multidisciplinary team members on the effectiveness of collaboration.

11. **Health and Safety Compliance:**
    - Adherence to health and safety protocols during support activities.
    - Number of reported health and safety incidents and the actions taken to prevent future occurrences.

12. **Client Advocacy:**
    - Number of instances where support workers advocate for clients' rights and needs.
    - Participation in activities promoting the inclusion and empowerment of clients.

13. **Crisis Intervention Effectiveness:**
    - Timeliness and effectiveness of support workers' responses during crisis situations.
    - Number of crises successfully de-escalated without harm to the client or others.

14. **Client Empowerment:**
    - Percentage of clients actively participating in decision-making processes regarding their support.
    - Evidence of support workers promoting client autonomy and self-advocacy.

15. **Attendance and Reliability:**
    - Attendance rates for scheduled shifts or appointments.
    - Reliability in fulfilling work commitments and responsibilities.

Personal work standards for disability workers

Personal work standards for disability support workers are essential to ensure the delivery of high-quality and person-centered care. These standards encompass a combination of professional qualities, ethical considerations, and personal attributes. Here are some personal work standards for disability workers:

1. **Empathy and Compassion:**
    - Demonstrate a genuine understanding of and empathy for the experiences and challenges faced by individuals with disabilities.
    - Approach each client with kindness, sensitivity, and a compassionate attitude.

2. **Respect for Dignity and Autonomy:**
    - Uphold the dignity and autonomy of individuals with disabilities.
    - Recognize and support the right of clients to make choices about their own lives, respecting their preferences and decisions.

3. **Effective Communication:**
    - Communicate clearly, respectfully, and in a manner that is easily understood by clients, and with team members and internal and external stake holders with diverse communication needs.
    - Actively listen to clients, their families, and other stakeholders, and provide information in an accessible format.

4. **Cultural Competency:**

- Acknowledge and respect the diversity of cultural backgrounds, values, and beliefs among clients.
- Seek to understand and integrate cultural considerations into the provision of support services.

5. **Professional Boundaries:**
   - Establish and maintain appropriate professional boundaries with clients, respecting privacy and confidentiality.
   - Avoid engaging in personal relationships that may compromise the professional nature of the client-support worker relationship.

6. **Reliability and Punctuality:**
   - Demonstrate reliability by consistently attending scheduled shifts and appointments.
   - Arrive punctually for client interactions and fulfill duties within the agreed-upon timeframe.

7. **Adaptability:**
   - Be flexible and adaptable to the evolving needs and preferences of clients.
   - Adjust support strategies and plans to accommodate changes in the client's condition or circumstances.

8. **Problem-Solving Skills:**
   - Demonstrate effective problem-solving skills when faced with challenges in delivering support.
   - Collaborate with other professionals and resources to find creative solutions.

9. **Self-Care and Well-being:**
   - Prioritize personal well-being and engage in self-care practices to maintain physical and emotional health.
   - Recognize the impact of the caregiving role and seek support when needed.

10. **Continuous Learning:**
    - Pursue ongoing professional development opportunities to enhance skills and knowledge.
    - Stay informed about best practices, new technologies, and emerging trends in disability support.

11. **Advocacy:**
    - Advocate for the rights, needs, and preferences of individuals with disabilities.
    - Collaborate with other professionals and stakeholders to ensure that clients have access to necessary resources and opportunities.

12. **Documentation and Record Keeping:**
    - Maintain accurate and detailed documentation of client interactions, progress, and any changes in their condition.
    - Adhere to organizational policies regarding record keeping and reporting.

13. **Positive Role Modeling:**
    - Serve as a positive role model for clients by demonstrating professionalism, integrity, and ethical behavior.
    - Foster a positive and inclusive environment for clients and colleagues alike.

14. **Collaboration and Teamwork:**

- Work collaboratively with colleagues, multidisciplinary teams, and other service providers to ensure holistic and coordinated support for clients.
- Share information and insights that contribute to the overall well-being of clients.

15. **Client-Centred Approach:**
    - Prioritize the individual needs and preferences of clients in all aspects of support planning and delivery.
    - Ensure that support plans are person-centred and reflect the unique qualities and aspirations of each client.

Role and Responsibilities of a Team Leader in a Community Services Organization:

Responsibilities:

1. **Team Oversight:**
   - *Role:* Provide leadership and supervision to a team of dedicated disability support workers.
   - *Responsibilities:* Oversee day-to-day operations, coordinate tasks, and ensure effective teamwork.

2. **Communication:**
   - *Role:* Facilitate communication between team members, ensuring clarity of information and fostering an open and supportive environment.
   - *Responsibilities:* Conduct regular team meetings, share updates, and address concerns to maintain effective communication channels.

3. **Task Assignment:**
   - *Role:* Distribute tasks and responsibilities among team members based on skills and workload.
   - *Responsibilities:* Ensure fair distribution of work, considering individual strengths and preferences.

4. **Performance Management:**
   - *Role:* Evaluate team members' performance and provide constructive feedback.
   - *Responsibilities:* Conduct performance reviews, identify areas for improvement, and recognize achievements.

5. **Conflict Resolution:**
   - *Role:* Mediate conflicts and address interpersonal issues within the team.
   - *Responsibilities:* Foster a positive team culture, intervene when conflicts arise, and guide resolution processes.

6. **Change Management:**
   - *Role:* Manage organizational changes and communicate them effectively to the team.
   - *Responsibilities:* Support the team through transitions, address concerns, and ensure a smooth adaptation to changes.

7. **Flexibility Requests:**
   - *Role:* Consider and respond to employee requests for flexibility in work arrangements.

- *Responsibilities:* Evaluate requests for flexible schedules, remote work, or other accommodations, and collaborate with HR to implement suitable solutions.

8. **Emotional Support:**
   - *Role:* Provide emotional support to team members facing personal or work-related challenges.
   - *Responsibilities:* Foster a compassionate and empathetic team environment, listen to concerns, and offer guidance or referrals to appropriate resources such as counselling services or HR or other external support services such as EAP.

9. **Resource Allocation:**
   - *Role:* Allocate resources efficiently to meet the team's needs.
   - *Responsibilities:* Ensure the team has access to necessary tools, training, and support services.

10. **Training and Development:**
    - *Role:* Identify training needs and opportunities for professional development.
    - *Responsibilities:* Facilitate training sessions, encourage skill development, and support continuous learning.

11. **Well-being Monitoring:**
    - *Role:* Monitor the well-being of team members, particularly during challenging periods.
    - *Responsibilities:* Implement well-being initiatives, conduct check-ins, and provide additional support when needed.

Limitations:

1. **Policy Adherence:**
   - *Limitation:* Must adhere to organizational policies and procedures, which may limit flexibility in certain situations.

2. **Resource Constraints:**
   - *Limitation:* Limited by available resources, including budgetary constraints, which may impact the implementation of certain support initiatives.

3. **Organizational Hierarchy:**
   - *Limitation:* Bound by the organizational hierarchy, with decisions beyond the scope of a team leader requiring approval from higher levels of management.

4. **Legal and Ethical Boundaries:**
   - *Limitation:* Must operate within legal and ethical boundaries, respecting confidentiality and avoiding conflicts of interest.

5. **Individual Autonomy:**
   - *Limitation:* Limited in influencing personal decisions of team members, such as their choices outside of work.

6. **Subjectivity in Evaluations:**
   - *Limitation:* Evaluations and feedback may be subjective, influenced by personal biases or perceptions.

7. **Limited Time and Capacity:**
   - *Limitation:* Balancing various responsibilities may limit the time available for individualized support to each team member.

8. **Dependency on Organizational Support Services:**

- *Limitation:* Relies on the availability and effectiveness of organizational support services for initiatives like counseling or flexible work arrangements.

Working with families/carers

Empower Care Community Services 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 Empower Care Community Services activities alongside their resident family member.

Client Rights and Responsibilities

Client Rights
The [Charter of Aged Care Rights](#) is a document provided by the Aged Care Quality and Safety Commission. It describes your legislated rights as a consumer of a aged care service. These rights apply to all consumers, regardless of the type of care and services they receive.

The Charter covers 14 important rights for you or your loved one and underpins what you should expect from Empower Care Community Services.

You have the right to:

1. Be and feel safe and be given high-quality care and services.

2. Be treated with dignity and respect.

3. Have your identity, culture, and diversity valued and supported.

4. Live without abuse and neglect.

5. Be informed about your care and services in a way you understand.

6. Access all information about yourself, including information about your rights, care and services.

7. Have control over, and make choices about your care, and personal and social life, including where the choices involve personal risk.

8. Have control over and make decisions about your care, and personal aspects of your daily life, financial affairs, and possessions.

9. Your independence.

10. Be listened to and understood.

11. Have a person of your choice, including and aged care advocate, support you and speak on your behalf.

12. Complain, free from reprisal, and have your complaints dealt with fairly and promptly.

13. Personal privacy, and to have your personal information protected.

14. Exercise your rights without it adversely affecting the way you are treated.

Client Responsibilities

- Make every effort to arrive on time for appointments, or to notify relevant staff if you are unable to attend a scheduled meeting.

- Treat others around you with dignity and respect, regardless of their race, colour, religion, national origin, gender, age, sexual orientation, or disability.

- Do not attend any appointment or meeting at the organisation whilst under the influence of any drugs or alcohol.
- Help staff by communicating your needs with courtesy and respect, behaving in a non-abusive and non-threatening manner
- Be aware that most services operate through an appointment system to ensure that people are fairly treated
- Provide honest, accurate and relevant information and personal details, including the names of services currently involved in providing support to you
- Ask for clarification of any information when you don't understand it
- Play an active role in your support plan, for example carrying out actions you decide upon
- Accept personal responsibility for any decisions you make or actions you take
- Refer to staff by their preferred name.

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 Empower Care Community Services 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.
- Recording case notes for clients with mental health issues specifically

Teamwork 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 Empower Care Community Services 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

Legal and ethical responsibilities

You have legal and ethical responsibilities to ensure the well-being, safety, and rights of the individuals you support, including:

Legal Responsibilities

Compliance with Laws and Regulations

Support workers are responsible for complying with all applicable laws and regulations, including but not limited to, healthcare laws, labour laws, privacy laws, and other relevant legal requirements.

Duty of Care

Support workers have a duty of care towards the individuals they support, which includes providing care and support in a manner that meets the professional standards of care, ensuring the safety and well-being of the individuals, and preventing harm or injury to the best of their abilities.

Documentation and Record-Keeping

Support workers are responsible for maintaining accurate and complete documentation and records of their interactions, interventions, and observations in accordance with organizational policies, legal requirements, and professional standards.

Confidentiality

Support workers are responsible for maintaining the confidentiality and privacy of the individuals they support, including protecting their personal and sensitive information, and only disclosing information as required by law or with proper consent.

Advocacy

Support workers have a responsibility to advocate for the rights, interests, and preferences of the individuals they support, and to ensure that their rights are respected and upheld in accordance with applicable laws, regulations, and ethical standards.

Ethical Responsibilities

Respect for Autonomy

Support workers should respect the autonomy and independence of the individuals they support, including their right to make informed decisions about their care, treatment, and lifestyle, to the extent possible.

Non-Discrimination and Inclusivity

Support workers should provide care and support without discrimination based on race, religion, gender, sexual orientation, disability, or any other protected characteristic, and should promote inclusivity and diversity in their practice.

Confidentiality and Privacy

Support workers should protect the confidentiality and privacy of the individuals they support, respecting their right to privacy and confidentiality, and only disclosing information as required by law or with proper consent.

Professional Boundaries

Support workers must maintain appropriate professional boundaries with the individuals they support, avoiding conflicts of interest, dual relationships, and other situations that may compromise their objectivity or professional integrity.

Support Workers must:

- Maintain Confidentiality and ensure that all personal and sensitive information about care recipients remains confidential. This includes medical records, personal histories, and any other private details. Confidentiality helps build trust and respect between Support Workers and care recipients.
- Avoid Dual Relationships and avoid engaging in dual relationships that could compromise their objectivity and professional judgment. Dual relationships, such as becoming friends with care recipients or accepting significant gifts, can blur boundaries and create conflicts of interest.
- Respect Personal Space and Autonomy by respecting the personal space and autonomy of care recipients. This means giving individuals the choice to make decisions about their care, including when and how they receive assistance. Respecting personal boundaries fosters a sense of dignity and independence.

- Seek Guidance and Supervision from their organisation's support structures when faced with challenging situations related to professional boundaries. It's important to have a support system in place to discuss ethical dilemmas and maintain a high standard of care.

Continuing Professional Development

Support workers should engage in ongoing professional development to enhance their knowledge, skills, and competence, and to ensure that their practice is up-to-date and aligned with best practices and ethical standards.

Ethical Decision-Making

Support workers should engage in ethical decision-making processes when faced with challenging situations or ethical dilemmas, seeking guidance from relevant codes of ethics, organizational policies, and consultation with colleagues or supervisors as needed.

It's important for support workers to familiarize themselves with the legal and ethical responsibilities specific to their role, organization, and jurisdiction, and to adhere to these responsibilities in their daily practice to ensure the highest standard of care and support for the individuals they serve.

Further information regarding ethical decision making is located under the Code of Ethics.

Legislative Requirements

Empower Care Community Services is subject to a variety of legislation related to community care services as well as general business practices. Empower Care Community Services 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)

Empower Care Community Services 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

Empower Care Community Services 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 o Only collect personal information that is necessary for your functions or activities.
  - o Use fair and lawful ways to collect personal information.
  - o Collect personal information directly from an individual if it is reasonable and practicable to do so.
  - o 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.
  - o 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 o 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 o 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 o Take reasonable steps to protect the personal information you hold from misuse and loss and from unauthorised access, modification or disclosure.
  - o 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 o 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.
  - o 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 o 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
  - o If it is lawful and practicable to do so, give people the option of interacting anonymously with you.

- NPP 9 - Transborder data flows o Only transfer personal information overseas if you have checked that you specifically meet the requirements of NPP 9.
- NPP 10 - Sensitive information o 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/.

Conflict Resolution

Conflict resolution is an important aspect of working in any professional setting, including aged care and disability support.

Reporting and Documentation

Any employee who experiences or witnesses a conflict should report it to their immediate supervisor or manager as soon as possible. The report should include details of the conflict, the parties involved, and any relevant information.

Confidentiality

All reports of conflicts should be treated with strict confidentiality, and information related to the conflict should only be shared with those directly involved in the resolution process on a need-to-know basis.

Initial Assessment

The supervisor or manager receiving the conflict report will conduct an initial assessment to gather information about the conflict, identify the parties involved, and determine the severity and complexity of the conflict.

Mediation or Resolution

Depending on the nature and severity of the conflict, the supervisor or manager may facilitate a mediation process to resolve the conflict informally through open communication and negotiation between the parties involved. If necessary, external mediators or neutral third parties may be involved.

Investigation

In cases where the conflict cannot be resolved informally through mediation, or if it involves serious allegations such as harassment or discrimination, a formal investigation may be conducted following the organisation's policies and procedures.

Resolution and Follow-up

Once the conflict has been resolved, the supervisor or manager will document the outcome, including any agreed-upon solutions or actions to be taken, and communicate the resolution to the parties involved. Follow-up may be conducted to ensure that the resolution is implemented and to prevent further conflicts.

Review and Improvement

The organisation will periodically review the conflict resolution policy and procedure to ensure its effectiveness and make improvements as needed based on feedback, trends, and best practices.

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

Empower Care Community Services 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

Empower Care Community Services 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

Breach/non-adherence of Workplace Policies and Procedures
Managing breaches of workplace policies and procedures is a critical aspect of maintaining a professional and compliant work environment.

IMPORTANT

All employees have a responsibility to report any breach that they become aware of. Support workers must relay the information to their supervisor immediately and complete an Incident Report.

Identification of Breach

The breach of a workplace policy or procedure may be identified through various means, such as through employee reports, observations by supervisors or managers, or through audits or investigations.

Investigation

Once a breach is identified, a thorough investigation should be conducted to gather all relevant information related to the breach, including facts, evidence, and documentation. This may involve interviewing the involved parties, reviewing records, and conducting necessary inquiries.

Documentation

All relevant information related to the breach should be documented in writing, including the details of the breach, the parties involved, and the investigation findings. This documentation should be kept confidential and securely stored.

Evaluation and Determination

Based on the investigation findings, the breach should be evaluated to determine the severity and impact of the breach and whether it constitutes a violation of the workplace policies and procedures.

Consequences and Actions

If the breach is substantiated, appropriate consequences or actions should be determined, in accordance with the organization's policies and procedures. This may include corrective action, such as verbal or written warnings, retraining, suspension, or termination of employment, depending on the severity and frequency of the breach.

Communication

The consequences or actions resulting from the breach should be communicated to the involved parties in a respectful and professional manner. The affected employee should be provided with an opportunity to respond and provide their perspective, and their rights should be respected in accordance with applicable laws and regulations.

Follow-up and Monitoring

After the consequences or actions have been implemented, it's important to conduct follow-up and monitoring to ensure compliance with the policies and procedures going forward. This may involve additional training, regular check-ins, or other measures to prevent future breaches.

Review and Improvement

Empower Care Community Services will periodically review its policies and procedures to identify any gaps or weaknesses that may have contributed to the breach and take necessary steps to improve them to prevent future breaches.

It's important to note that the specific process for handling breaches of workplace policies and procedures may vary depending on our policies, procedures, and applicable laws or regulations.

National Mental Health Laws and Regulations

1. **Mental Health Acts:**

   - Each state and territory in Australia has its own Mental Health Act that outlines the legal framework for the care and treatment of individuals with mental health issues.

   - These acts typically address issues such as involuntary treatment, compulsory assessment, and the rights of individuals with mental illness.

2. **Involuntary Treatment:**

   - Mental health laws outline the circumstances under which a person can be involuntarily admitted to a mental health facility for assessment or treatment.

   - The criteria for involuntary treatment and the rights of the individuals involved are usually specified in these laws.

3. **Rights and Advocacy:**

   - Mental health legislation in Australia often includes provisions for protecting the rights of individuals receiving mental health care.

   - Advocacy services may be available to support individuals in understanding and asserting their rights within the mental health system.

4. **Community Treatment Orders (CTOs):**

- Some jurisdictions have provisions for Community Treatment Orders, allowing individuals to receive treatment while living in the community, subject to certain conditions.

5. **Advance Directives:**

- Some states and territories allow individuals to create advance directives or mental health advance directives, outlining their preferences for treatment in the event they are unable to make decisions about their care.

6. **Privacy and Confidentiality:**

- Privacy laws govern the collection, use, and disclosure of personal information, including mental health information.

- Mental health professionals must adhere to strict confidentiality requirements, with some exceptions related to safety concerns.

7. **Capacity and Consent:**

- Laws address issues of capacity to consent to treatment and the circumstances under which treatment can be provided in the absence of consent.

8. **Criminal Responsibility:**

- Mental health laws also intersect with criminal law, particularly concerning the treatment of individuals with mental illness who come into contact with the criminal justice system.

9. **Guardianship and Administration:**

- In cases where individuals lack the capacity to make decisions about their care, guardianship and administration laws may come into play, allowing for the appointment of guardians to make decisions on their behalf.

10. **Complaints and Review Processes:**

- Mental health legislation typically includes mechanisms for individuals to lodge complaints or seek reviews of decisions related to their care and treatment.

WORKPLACE POLICY AND PROCEDURES

Quality Standards

Empower Care Community Services 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. Empower Care Community Services has established internal and external auditing processes that align with the following standards and their key provisions;

- Community Care Common Standards
  - Effective Management

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

While the following two standards are specific requirements for disability service providers in Queensland, Empower Care Community Services has adopted these as standards for all business units.

Department of Communities, Child Safety and Disability Services

- Standard for accessibility of services
- Standard for responding to individuals, families and communities
- Standard for participation and choice o 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 o Standard for organisational alignment
- Standard for governance and accountability

Queensland Disability Service Standards

- Service access
- Individual needs
- Decision-making and choice
- Privacy, dignity and confidentiality
- Participation and integration
- Valued status
- Complaints and disputes o 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](#)

Code of conduct

Policy

Empower Care Community Services is committed to ensuring Care Workers/Disability Support Workers behave in an expected manner consistent with Empower Care Community Services 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 Empower Care Community Services 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 with the supervisor 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 Empower Care Community Services 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.

Code of Ethics

Empower Care Community Services 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/

Ethical Dilemma

An ethical dilemma is a situation in which you may be faced with a difficult choice between two or more conflicting moral principles, values, or courses of action.

In such dilemmas, there is no clear and straightforward "right" or "wrong" choice, and the decision-maker often grapples with competing ethical considerations.

Empower Care Community Services provides the following structured approach to identify, analyse and resolve an ethical dilemma or conflict.

Identify the Dilemma

- Clearly define the ethical dilemma or conflict you are facing. What are the conflicting values, principles, or choices involved?

Gather Information

- Collect all relevant facts and information related to the dilemma. Consider the context, people involved, and any relevant policies or guidelines.

Identify Stakeholders

- Determine who is affected by the ethical dilemma. These could be individuals, groups, or the broader community.

Clarify Values and Principles

- Reflect on your own values and ethical principles that are relevant to the situation. Consider any relevant ethical codes or guidelines.

Analyse the Dilemma

- Evaluate the situation from different ethical perspectives. Consider the potential consequences of each course of action and any conflicts between values or principles.

Generate Options

- Brainstorm potential solutions or courses of action to address the dilemma. Be creative and consider a range of alternatives.

Evaluate Options

- Assess each option's ethical implications, including its alignment with your values and principles. Consider the impact on stakeholders and any legal or organisational requirements.

Decide

- Choose the option that appears to be the most ethically sound and justifiable based on your analysis.

Implement the Decision

- Put your decision into action, ensuring that it is carried out effectively and ethically.

Reflect and Review

- After implementing the decision, reflect on the outcomes and consequences. Were the expected ethical outcomes achieved? If not, consider adjustments or further actions.

Seek Guidance

- If the dilemma is complex or you are unsure about the ethical implications, consider seeking guidance or advice from trusted colleagues, mentors, or ethics committees.

Document the Process:

- Maintain a record of the ethical dilemma, your analysis, decision, and actions taken. This documentation can be valuable for future reference or if questions arise

Examples of ethical dilemmas may include, but not limited to:

- Informed Consent for Medical Procedures – A care recipient with a disability requires a medical procedure that is essential for their health and well-being. However, the individual lacks the capacity to provide informed consent. The ethical dilemma arises when deciding whether to proceed with the procedure, balancing the person's best interests against their inability to provide consent.
- Physical Restraint vs. Safety – A care recipient exhibits challenging behaviour that poses a safety risk to themselves or others. The ethical dilemma involves deciding whether to use physical restraint as a means to prevent harm while considering the potential impact on the individual's dignity and autonomy.
- Decision-Making Capacity – A care recipient expresses a desire to make a significant life decision, such as moving to a new residence, but their decision-making capacity is in question due to their disability. The dilemma is how to respect their autonomy while ensuring their best interests are safeguarded.
- Allocation of Limited Resources – The disability support organisation has limited resources, and multiple clients require additional support or services. Support Workers face the ethical dilemma of allocating resources fairly and transparently, considering the varying needs of each client.
- Disclosure of Abuse or Neglect – A Support Worker suspects that a care recipient may be experiencing abuse or neglect, but there is insufficient evidence to confirm it. The dilemma is whether to report the suspicion, potentially infringing on the care recipient's privacy, or to wait for more concrete evidence, potentially delaying intervention.

Important: You must seek guidance from your supervisor if you believe you are faced with an ethical dilemma who will be able to support you.

Complaints and Grievance

Policy

Empower Care Community Services 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 Empower Care Community Services 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 Empower Care Community Services 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 Empower Care Community Services Management Committee meeting to be discussed and inform service improvements.

Organisations Dispute resolution Policy and Procedures

Procedures for reporting and escalating disputes.

- Identification of responsible parties involved in the resolution process.

- Timelines for resolution to ensure timely intervention.

- Confidentiality measures to protect the privacy of parties involved.

- Provisions for impartial mediation or external review if needed.

Informal Resolution:

Informal resolution is encouraged to promote open communication, maintain relationships, and address conflicts promptly before they escalate. It provides an opportunity for parties to find mutually agreeable solutions without the need for formal intervention.

Formal Reporting where informal resolution has not worked:

1. Step 1: The party experiencing the dispute formally reports the issue in writing to their immediate supervisor or manager. The written report should outline the details of the dispute, including the nature of the conflict, individuals involved, and any attempted informal resolutions.

2. Designated Dispute Resolution Officer (DDRO) Involvement:

- Step 2: The immediate supervisor or manager directs the written report to the designated dispute resolution officer (DDRO) within the organization. The DDRO takes charge of overseeing the formal dispute resolution process.

3. Initial Assessment by DDRO:

- Step 3: The DDRO conducts an initial assessment of the dispute. This involves reviewing the written report, understanding the concerns raised, and determining the severity and complexity of the issue.

4. Notification to Involved Parties:

- Step 4: The DDRO notifies all parties involved in the dispute that the formal resolution process has been initiated. This communication includes details on how the process will proceed and emphasizes the importance of cooperation.

5. Mediation Consideration (Optional):

- Step 5: The DDRO considers whether mediation is a suitable option for resolving the dispute. If parties are willing, a voluntary mediation process may be initiated. Mediation is an optional step and depends on the nature of the conflict.

6. Formal Investigation Initiation:

- Step 6: If mediation is not pursued or is unsuccessful, the DDRO initiates a formal investigation. This involves gathering relevant evidence, conducting interviews with involved parties, and documenting the investigation process.

7. Gathering Evidence:

- Step 7: The DDRO gathers evidence related to the dispute. This may include documents, emails, witness statements, or any other information that can contribute to a comprehensive understanding of the issue.

8. Interviews and Testimonies:

- Step 8: The DDRO conducts interviews with the parties involved to gather their perspectives on the dispute. Witness testimonies may also be collected to ensure a well-rounded understanding of the situation.

9. Fair and Impartial Investigation:

- Step 9: Throughout the investigation, the DDRO ensures a fair and impartial process, considering all relevant information and perspectives without bias. The principles of natural justice and procedural fairness are upheld.

10. Decision-Making:

- Step 10: Based on the findings of the formal investigation, the DDRO makes a decision regarding the resolution of the dispute. The decision is communicated in writing to all parties involved.

11. Communication of Decision:

- Step 11: The DDRO communicates the decision to the involved parties, providing a clear explanation of the resolution and any actions that need to be taken.

12. Implementation of Resolution:

- Step 12: The DDRO oversees the implementation of the resolution, ensuring that any actions or changes outlined in the decision are carried out effectively.

13. Follow-Up and Support:

- Step 13: The DDRO provides follow-up support to the parties involved, monitoring the outcomes of the resolution and offering additional assistance if necessary.

14. Continuous Improvement:

- Step 14: The organization engages in continuous improvement by reviewing the formal dispute resolution process, seeking feedback, and making adjustments to enhance its effectiveness for future cases.

This step-by-step process provides a formal and structured approach to resolving disputes when informal methods prove unsuccessful. It emphasizes fairness, transparency, and adherence to organizational policies throughout the formal resolution stages.

Privacy and Confidentiality

Policy

Empower Care Community Services 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 Empower Care Community Services 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 Empower Care Community Services 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 Empower Care Community Services requires for its primary function.
- All personal information is protected from loss, modification and misuse.
- All client personal information held by Empower Care Community Services 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 Empower Care Community Services 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 including reports, case notes and other relevant records

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 handwritten 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 Empower Care Community Services).
- Don't leave spaces between entries, draw a line to 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, behavioural and environmental condition must be conveyed to the supervisor immediately.

Privacy and dignity

Policy

Privacy and dignity is a basic human right and Empower Care Community Services committed to protecting all client's right to privacy and dignity. All staff of Empower Care Community Services 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

Independence, informed choice and decision making

Policy
Empower Care Community Services is committed to supporting and protecting client's right to make informed and independent decisions about their own life and give informed consent. This policy assumes that each participant has the dignity of risk to make their own decisions.

- Active decision-making and individual choice is supported for each participant, including the timely provision of information using the language, mode of communication and terms that the participant is most likely to understand.
- Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
- Each participant's autonomy is respected, including their right to intimacy and sexual expression.
- Each participant has sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.

- Each participant's right to access an advocate (including an independent advocate) of their choosing is supported, as is their right to have the advocate present
- Empower Care Community Services will provide an interpreter if required for communication with the participant and respect to work with participant's interpreter or representatives.
- Regular communications with participants must be planned and performed in a way that is identified during the initial assessment process and documented in their Individual Support

Person-centered Planning

Empower Care Community Services 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.

Workplace Health and Safety (WHS)

Empower Care Community Services 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 Empower Care Community Services staff will be provided with appropriate information and training in relevant WHS standards and practices.
- All Empower Care Community Services staff will be provided with the necessary equipment to minimise workplace accidents, injuries and illnesses
- Empower Care Community Services will take all reasonable steps to assess the safety of the locations where Empower Care Community Services staff provides support to clients. This includes conducting WHS assessment prior to staff delivering services to clients in their home.

- Where appropriate Empower Care Community Services staff will be provided with a safe and reliable means of transportation between the office and work sites.
- Empower Care Community Services 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 Empower Care Community Services will implement a rehabilitation plan to assist the staff member to return to work as soon as practicable.
- Empower Care Community Services 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 to 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 behaviours.

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 behaviour
- difficult personalities
- those with unrealistic expectations or who repeatedly refuse services
- aggressive or threatening behaviours directed at themselves, property or others.

These behaviours 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, 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, hypoglycaemia 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 behaviour, you should remove yourself from the situation if its safe to do so, you and your workers should consider whether the client exhibiting challenging behaviours has control of their behaviour 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 behaviour 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 behaviours, triggers, risk assessment, assisting medical staff and other members to develop a behaviour management plan along with applying strategies to address specific behaviours 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 behaviour is important.

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.
For instance, people with dementia may exhibit challenging behaviours such as aggression, agitation, or wandering. Support Workers may find it challenging to manage these behaviours safely and effectively, especially without proper training and resources.

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.

- Staff must report all client 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 behaviour
- 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.
- You may not have the legal responsibility to report abuse or neglect directly to authorities in some cases. Therefore, you will need to escalate concerns to your supervisor or via designated reporting channels, which can delay timely interventions.
- In the case of abuse or neglect you **must** notify your supervisor immediately via phone, email or face to face.

Progress Reporting

- Staff must report all client concerns beyond the scope of their role to their supervisor either in writing via email or verbally
- Your email or verbal report must include the date, time and incident of the situation, e.g. challenges, concerns, actions or strategies that you may have recommended.

Case Notes
- Staff must update client case notes where relevant
- Case notes should include the date, signature and printed 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.

Crisis Intervention and Management for Mental Health Services

Policy Statement: This policy outlines the procedures for managing and responding to crisis situations involving clients with mental health issues within our organization. The primary goal is to ensure the safety and well-being of clients while providing appropriate support, assessment, documentation, and referral.

1. Crisis Assessment: When a support worker identifies a client in crisis, the immediate priority is to ensure the safety of the client and those around them. Assess the nature and severity of the crisis, including any immediate risks to the client's mental health.

2. Immediate Crisis Intervention: Engage in active listening and provide emotional support to the client. Utilize crisis intervention techniques to help the client manage immediate distress. Explore coping strategies and provide reassurance.

3. Safety Assessment: Evaluate the client's immediate safety, including the presence of any suicidal or harmful thoughts. If there is an immediate risk, take appropriate steps to ensure the client's safety, which may include involving emergency services.

4. Documentation: Document the details of the crisis situation, including the client's presentation, behavior, and any interventions provided. Record the client's responses, expressed feelings, and any information relevant to the crisis assessment.

5. Referral Procedures: Determine the need for additional support beyond the scope of the support worker's role. Consult with the immediate supervisor or designated mental health professional to discuss the crisis situation and assess the need for external assistance. If necessary, make a referral to appropriate external agencies or professionals, such as crisis helplines, mental health clinics, or emergency services.

6. Reporting: Follow organizational reporting protocols for crisis situations, ensuring that relevant supervisors or managers are informed promptly. Maintain confidentiality while reporting essential information to relevant personnel.

7. Follow-Up and Monitoring: Develop a follow-up plan with the client to monitor their well-being post-crisis. Schedule regular check-ins to assess the client's progress and adjust support strategies as needed.

8. Training and Professional Development: Ensure that support workers receive adequate training in crisis intervention, assessment, and documentation. Encourage ongoing professional development to enhance support workers' skills in managing mental health crises.

9. Cultural Competence: Recognize and respect the cultural diversity of clients, incorporating culturally sensitive approaches in crisis intervention and support.

10. Review and Update: Regularly review and update this policy to align with best practices, organizational changes, and emerging mental health guidelines.

This policy aims to provide a structured and comprehensive approach for support workers to manage and respond to mental health crises effectively while maintaining the safety and well-being of clients.

Crisis Response Plan: Mental Health Crisis

Step 1: Initial Assessment

Procedure:

1. **Engage Calmly:** Approach the individual in a calm and non-threatening manner, maintaining a respectful distance.

2. **Active Listening:** Allow the person to express their feelings and concerns without interruption, using open-ended questions.

3. **Observation:** Assess the immediate environment for potential safety risks or triggers.

4. **Safety Assessment:** Inquire about thoughts of self-harm or harm to others. Evaluate the urgency of the situation.

Step 2: Crisis Intervention

Procedure:

1. **Provide Emotional Support:** Offer reassurance and empathy, emphasizing that support is available.

2. **Explore Coping Strategies:** Discuss and encourage the use of immediate coping strategies, such as deep breathing exercises or grounding techniques.

3. **Connection to Support Network:** Inquire about the person's support network and encourage them to contact friends, family, or a counselor.

Step 3: Risk Assessment

Risk Assessment Template:

- **Identified Risk Factors:** List specific factors contributing to the crisis situation (e.g., recent trauma, relationship issues).

- **Severity of Risk:** Assess the severity of the crisis on a scale (e.g., low, moderate, high).

- **Protective Factors:** Identify existing protective factors (e.g., social support, coping skills).

- **Immediate Safety Measures:** Document any immediate safety measures implemented during the crisis response.

Step 4: Documentation

Procedure:

1. **Detailed Record Keeping:** Document the crisis situation, including the individual's statements, observed behaviors, and any interventions provided.

2. **Date and Time Stamp:** Clearly record the date and time of each interaction.

3. **Communication Details:** Note any communication with the individual's support network, emergency contacts, or other professionals.

4. **Collaborative Input:** If applicable, document collaborative input from colleagues or mental health professionals involved in the crisis response.

Step 5: Referral

Procedure:

1. **Identify Appropriate Services:** Determine the most suitable services based on the individual's needs (e.g., crisis helpline, mental health counselor).

2. **Provide Information:** Share relevant information with the individual about available services, including contact details and hours of operation.

3. **Facilitate Contact:** If necessary, assist the individual in contacting the identified service and provide any required information.

4. **Follow-Up Plan:** Collaborate with the individual to establish a follow-up plan, which may include additional support sessions or appointments.

Step 6: Debriefing and Self-Care

Procedure:

1. **Self-Reflection:** Reflect on the crisis response, considering what worked well and areas for improvement.

2. **Debrief with Colleagues:** If appropriate, engage in a debriefing session with colleagues to share insights and gather support.

3. **Self-Care:** Encourage self-care practices for both the individual and the support worker involved in the crisis response.

Critical Incident/Structured Debriefing policies and procedures

PURPOSE

The Empower Care Community Services is committed to providing support to members of the Management Committee, Coordinator, staff and volunteers who are affected by a critical incident in the workplace.

The impact of critical incidents varies in intensity and personal impact and people can be affected by:
- Abusive behaviour
- Violent behaviour/assaults
- Viewing a disturbing event - e.g., self-harm, suicide, harm to other people
- Any event that affects mental well-being and causes undue stress

The purpose of this policy is to ensure that debriefing is available following all critical incidents to assist people in dealing with the incident and its impact upon them.

This Policy should be read in conjunction with the *Workplace Health and Safety Policy* and the *Occupational Rehabilitation Policy*.

POLICY

Within its capacity to do so, the organisation will provide a timely, responsive, efficient and effective system of support to anyone suffering from the impacts of a workplace critical incident.

The organisation will ensure that, in the first instance, members of the Management Committee, the Coordinator, staff or volunteers who may be affected by a critical incident in the workplace are offered the opportunity to talk about their experience with colleagues as soon as practicable, and according to their wishes.

The organisation will offer prompt access to independent qualified counselling services to any member of the Management Committee, the Coordinator, staff or volunteer who requests it following a critical incident.

All of the above people will be encouraged to:
- request debriefing/counselling processes if they feel it will help them deal with the impacts of a critical incident; and
- be responsive to the needs of colleagues to help them in an informal way to deal with the impacts of critical incidents.

PROCEDURES

1. Clearly define the objectives of the debriefing session. For example, the objective could be to provide emotional support, discuss the incident's impact, and identify areas for improvement
2. Determine who should participate in the debriefing. .
3. Choose a time and inform the participants about the upcoming debriefing session, explaining its purpose and assuring them of confidentiality. Clear communication helps set expectations.
4. Select a location that is private, quiet, and conducive to open discussion create an emotionally safe environment. This involves considering factors like seating arrangements, lighting, and ensuring that participants feel comfortable sharing their thoughts and feelings.
5. Prepared an agenda with key discussing points based on the incident and its impact. This could include exploring emotions, analyzing actions taken, and discussing the team's response.
6. Communicate the importance of the debriefing session to all participants, emphasizing its confidential and supportive nature.
7. Confirm Resources: Ensure access to any necessary resources, such as counseling services or support personnel, to address potential emotional reactions during or after the debriefing.

DEFINITIONS

Critical Incident   is an occurrence in the workplace that could affect mental health and well-being and/or cause undue stress.

Workplace   is a place where work is carried out for a business or undertaking of the House, and includes any place where a worker goes, or is likely to be, while at work.

Ergonomic Requirements

Empower Care Community Services 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

Communication Protocols

Effective communication is crucial in providing quality care to individuals in aged care and disability settings. This policy establishes the communication protocol to be followed by all staff members to ensure clear, respectful, and efficient communication with clients, their families, carers, and all other stakeholders.

Policy Procedure:

Use Clear and Respectful Language:

- Use simple and easily understandable language when communicating with clients, their families, and colleagues, taking into consideration their level of comprehension and any potential language barriers.
- Use respectful and professional language at all times, avoiding derogatory, discriminatory, or offensive language.
- Address clients and colleagues by their preferred name or title, as appropriate.

Active Listening:

- Practice active listening, which involves fully focusing on the speaker, maintaining eye contact, avoiding interruptions, and providing feedback to ensure understanding.
- Seek clarification when necessary and confirm understanding by paraphrasing or summarizing the speaker's message.

Use of Non-Verbal Communication:

- Be aware of non-verbal cues such as body language, facial expressions, and tone of voice, as they can significantly impact communication.
- Use appropriate non-verbal cues, such as smiling, nodding, and maintaining an open posture, to convey empathy, respect, and understanding.

Timely and Accurate Documentation:

- Document all relevant communication with clients, their families, and colleagues in the appropriate records or documentation systems, following organizational policies and procedures.
- Ensure that documentation is accurate, complete, and reflects the facts of the communication in a timely manner.

Use of Communication Aids:

- Utilise appropriate communication aids, such as visual aids, written materials, and interpreters, when necessary, to facilitate effective communication with clients who have hearing, speech, or cognitive impairments.
- Seek assistance from colleagues or external resources, such as language interpreters, as needed to ensure effective communication.

Privacy and Confidentiality:

- Respect and maintain the privacy and confidentiality of all communication with clients, their families, and colleagues, in accordance with relevant laws, regulations, and organizational policies.
- Only share information on a need-to-know basis and obtain proper consent before disclosing any personal or sensitive information.

Resolution of Communication Issues:

- Address any communication issues or conflicts in a timely and professional manner, using appropriate channels, such as speaking with the individual directly or involving a supervisor or manager, as needed.
- Seek guidance or training from relevant resources or colleagues to improve communication skills or resolve communication challenges effectively.

Ongoing Education and Training:

- Participate in ongoing education and training programs related to effective communication in aged care and disability settings, as offered by the organisation or external sources, to enhance communication skills and knowledge.
- Stay updated with relevant policies, procedures, guidelines, and best practices related to communication in aged care and disability settings.

Written Communication

Determine the Purpose

Clearly identify the purpose of the written communication. Is it to inform, request, persuade, or convey a message? Understanding the purpose will help you determine the appropriate tone, format, and content of the written communication.

Plan and Organise:

Organise your thoughts and ideas before you start writing. Outline the main points or key information that you want to convey in a logical and coherent manner. Consider the intended audience and tailor your communication accordingly.

Choose the Right Format

Select the appropriate format for your written communication. It could be an email, memo, letter, report, or any other suitable format depending on the purpose and audience of your communication.

Use Clear and Concise Language

Use simple and easily understandable language. Avoid jargon, technical terms, or complex language that may be difficult for the reader to understand. Be concise and to the point, avoiding unnecessary wordiness.

Follow Proper Grammar and Spelling

Use correct grammar, punctuation, and spelling to ensure that your written communication is professional and credible. Proofread your communication to catch any errors before sending or submitting it.

Include Relevant Details

Include all the necessary and relevant details in your written communication. Provide facts, data, examples, or evidence to support your message or request. Use bullet points, headings, or lists to make the information more accessible and easy to read.

Use Appropriate Tone

Use a professional and respectful tone in your written communication. Consider the relationship and level of formality with the recipient, and adapt your tone accordingly. Avoid using negative, confrontational, or emotional language.

Review and Revise

Review and revise your written communication to ensure that it effectively conveys the intended message and meets the purpose and requirements. Check for clarity, accuracy, and coherence. Make any necessary edits or improvements before finalizing and sending the communication.

Maintain Confidentiality

If applicable, ensure that any confidential or sensitive information is protected and shared only with the appropriate recipients in accordance with organizational policies and legal requirements.

Also refer to the Style Guide further in this document.

Electronic and digital communication

- Choose the appropriate electronic communication channel for your message. This could include email, instant messaging, chat, or other communication tools commonly used in your organization or industry.
- Consider the intended audience for your electronic communication. Tailor your message to the specific recipients, keeping in mind their level of familiarity with the topic and their communication preferences.
- Use simple, clear, and concise language in your electronic communication. Avoid jargon, technical terms, or complex language that may be difficult for the recipient to understand. Keep your message focused and to the point.
- Use appropriate formatting in your electronic communication, such as paragraphs, headings, or bullet points, to make your message easy to read and understand. Use a professional font, font size, and formatting that aligns with your organization's guidelines.
- Include all the necessary and relevant details in your electronic communication. Provide context, facts, data, or examples to support your message or request. Use hyperlinks or attachments for additional information, if applicable.
- Use a professional and respectful tone in your electronic communication. Avoid using negative, confrontational, or emotional language. Be mindful of the tone in your messages to maintain a positive and professional communication environment.
- Follow proper electronic communication etiquette, such as using appropriate greetings and sign-offs, using subject lines that accurately reflect the content of your message, and using appropriate language and tone.
- Be mindful of the sensitivity and confidentiality of the information being shared electronically. Follow organizational policies and procedures related to data privacy and security, and avoid sharing confidential or sensitive information inappropriately.
- Review and revise your electronic communication to ensure that it effectively conveys your intended message and meets the purpose and requirements. Check for grammar, spelling, and

formatting errors, and make any necessary edits or improvements before sending or submitting the communication.

Support Services to the team:

1. **Emotional Well-being Support Program**: this includes access to counseling services for team members who experience heightened stress or emotional distress due to work-related incidents.
2. **Advanced Training in Crisis Intervention**: provide access to specialized training programs focused on crisis intervention and de-escalation techniques. This can empower support workers, especially those who are newly qualified, with the skills needed to handle challenging situations more effectively.
3. **Employee Assistance Program (EAP):** Provide Access to Employee Assistance Program that provides confidential counselling services to support workers dealing with stress, trauma, or emotional challenges related to their work. Clearly communicate the availability and access procedures for the EAP.
4. **Ongoing Mental Health Check-ins: I**mplement a system for regular mental health check-ins with team members, irrespective of whether they have been involved in a critical incident. These check-ins can provide an avenue for team members to express concerns, discuss emotional well-being, and seek support, contributing to proactive mental health management.
5. **Peer Support Programs:** Formalize peer support programs within the organization to encourage team members to lean on each other for emotional support. This could involve assigning experienced team members as mentors or creating buddy systems to help newer members navigate challenging situations.

Manual Handling Policies and procedures

Empower Care Community Services 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;

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 centre of the body as close as possible to the centre 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 centre 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.
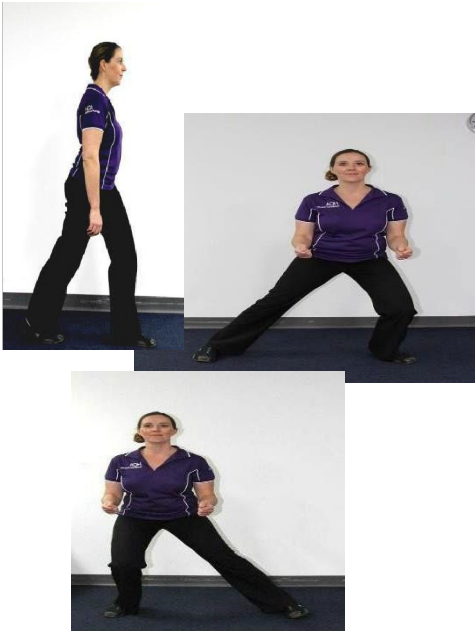
Pulling

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 90º) • 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
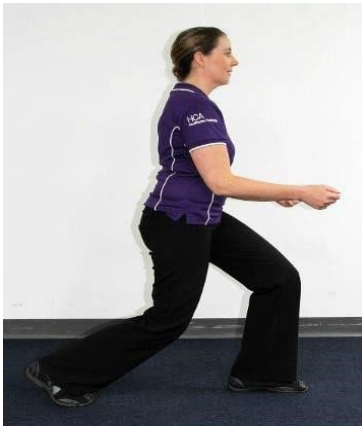
	Knights Position • Kneeling on one knee • Toes of rear foot curled forward • Maintain the neutral spinal curve; • Rest your knee on a soft surface if available.
	Walking Clients (Reliably Weight Bearing Clients) • Always walk with a reliably weight-bearing client close to hand rail where possible (on 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);
	Duckbill Hand Position • 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.

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 place 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

Empower Care Community Services 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

Infection Control

Empower Care Community Services 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 miro-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 Empower Care Community Services (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 o disposable gloves, goggles and apron o absorbent fluid
    o Scoop
    o 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*

Note:
Empower Care Community Services will check with the local council as they may have different requirements for waste disposal.

Fire and medical emergency

Empower Care Community Services 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 Empower Care Community Services 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 <u>only</u> 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 <u>only if</u> 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 o Address
  - o Details of the emergency

Travel and working alone

Empower Care Community Services 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 Empower Care Community Services.

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 Empower Care Community Services
  Care immediately if; o The clients does not
    answer the door
    o There is conflict and arguments coming from within the clients home
      o The person answering the door is unknown and gives you cause for concern
    o 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 Empower Care Community Services and say the code words " I forgot the red marker pen"
- Advise Empower Care Community Services 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.

Fatigue and Stress Management

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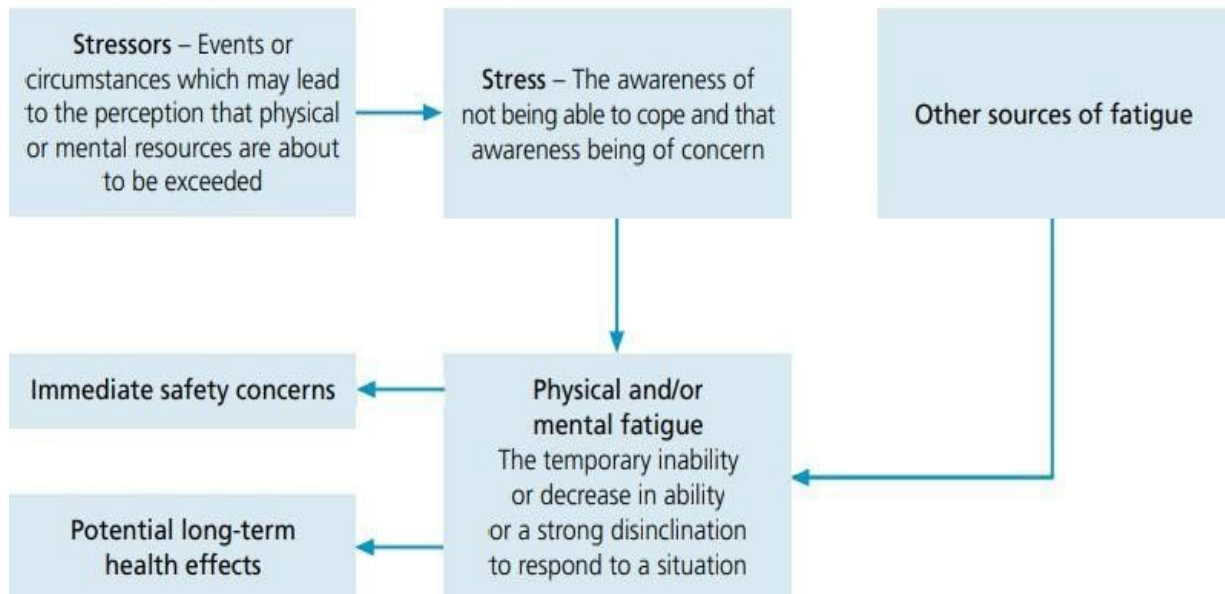
Stressors – events or circumstances which may lead to the perception that physical or psychological demands are about to be exceeded. They can be of several types and can arise in and out of work.

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

Stressors – Events or circumstances which may lead to the perception that physical or mental resources are about to be exceeded

Stress – The awareness of not being able to cope and that awareness being of concern

Other sources of fatigue

Immediate safety concerns

Potential long-term health effects

Physical and/or mental fatigue
The temporary inability or decrease in ability or a strong disinclination to respond to a situation

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 of 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.

Environment

Policy

Empower Care Community Services 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

Linen Managing Procedures:
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.

Training and Development

Policy

Empower Care Community Services is committed to ensuring that all staff are trained and participate in professional development opportunities to achieve the organisation's goals
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 Empower Care Community Services 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 Empower Care Community Services staff have one performance appraisal conducted each month.

- Maintain performance appraisal records for each Empower Care Community Services 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 Empower Care Community Services. At the discretion of

the Manager, Empower Care Community Services shall endeavour to support further professional development through:

- o Leave arrangement negotiations to attend the development opportunity o Granting study leave to attend exams.
- o 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:
  - o Manual Handling
  - o Emergency Procedures o Fire Safety in the Home
  - o Infection Control
  - o Client rights and responsibilities.
  - o First Aid
  - o Training is to be attended within working hours

Medication Administration

Policy

All staff members administering medications must have appropriate qualifications, training, and demonstrated current competency. The accreditation of such staff must be competency based and credentials should be annually revalidated.

Procedure

You must not administer medication without the relevant training and certification or without consent from a medically trained Registered Nurse/AIN or Supervisor.

- Medication is administered by the support worker/s on shift at the time the medication is required.

- Medication must be administered to one client at a time.

- Medication must be administered immediately after it is dispensed.

- Medication must be administered by the support worker who dispenses it.

- Wherever possible, medication should be administered by two support workers as a confirmation of the process and steps.

- Limitations may vary based on specific organisational policies, legal regulations, and the jurisdiction in which the support worker operates. It's important for support workers to adhere to their job description and seek guidance from supervisors when encountering situations beyond their scope of practice.

Medication Administration Steps

1. Before applying the following steps, always remember to wash your hands before and after the medication administration process.

Step 1	**Right person**	• Ask the person's first and last name • Does the medication match the patient?	✓
Step 2	**Right time**	• Does the administration of the medication match the information directed on their Individual Support Plan?	✓
Step 3	**Right dose**	• Does the strength and medication dose match the order? Has the label been checked (including the expiry date). Have you checked that the package is tamper free?	✓
Step 4	**Right medication**	• Does the name of the medication match the order? • Is the medication within the expiry date?	✓
Step 5	**Right route**	• Is the route is appropriate for the patient's current condition. (e.g. this is how the medication is given to the client).	✓
Step 6	**Right reason**	• Ensuring medication is being given for the correct reason.	✓
Step 7	**Right documentation**	• Document immediately after the medication has been administered.	✓

Refusal to Take Medication

A client has the right to refuse medication and must not be forced to take medication against his or her wishes. However, every effort must be made to give medication as prescribed.

If a Client refuses to take their medication, the support worker administering the medication must:

• Ask the client why they do not wish to take their medication.

• Explain to the client the reason for taking the medication and the possible effects on their health if medication is not taken.

• Wait 15 minutes and ask the client to take the medication again.

- If the client still refuses, then the issue must be escalated, and your supervisor must be notified.

- Record all details in the client's file.

Adverse rection to medication

All staff must report incidents, including near-miss incidents associated with medication Reporting and thorough documentation of adverse medication reactions is essential for preventing the re administration of a drug or related medication that has previously caused an adverse reaction in a particular client.

All adverse medication reactions must be:
- Recorded in the client's clinical record
- Clearly documented in the relevant section of a client's file.

Mandatory Reporting

Policy Statement
The purpose of the Mandatory Reporting Policy is to ensure the organisation complies with Empower Care's legal and moral obligations. As a result of this policy, staff will be aware of their mandatory reporting responsibilities and duty of care obligations. Staff can identify abuse indicators with the help of this tool.

Scope
This policy applies to staff, management and medical professionals of Empower Care.

Background
In Australia, designated professionals are required to report suspected "abuse and neglect" cases to government authorities.
An abuser can be physically abused, sexually abused, affected emotionally or psychologically, or even financially abused.
The term "neglect" refers to the deprivation of sustenance, shelter, medical care, and financial support.

There are mandatory reporting laws in all Australian states and territories. These laws, however, vary from jurisdiction to jurisdiction. Professionals are required to report, as well as the types of abuse and neglect that must be reported.
Reporting suspicions of physical abuse, sexual abuse, emotional abuse and neglect is mandatory in most jurisdictions.

The legislation in all jurisdictions protects the reporter's identity. As long as their report is made in good faith, the reporter cannot be held liable in any civil, criminal, or administrative proceeding.

Legislative Requirements
- Information Privacy Act 2014
- Privacy Act 1988
- Children, Youth and Families Act 2005.

Principles that Inform Our Policy

All decision-making about our Mandatory Procedure is carried out in accordance with the principles of our Mandatory Policy.

- We are committed to ensuring that information is used in an ethical and responsible manner.
- We recognise the need to be consistent, cautious and thorough in ensuring that information about clients, stakeholders, staff, board members, students and volunteers is recorded, stored and managed.
- All individuals, including clients, stakeholders, staff, board members, students and volunteers, have legislated rights to privacy of personal information.
- Empower Care recognises the importance of connecting clients with community services. Reporting abuse and neglect is Empower Care's duty to clients and at-risk youth. Identifying and responding to suspected abuse and neglect cases is Empower Care's legal and moral responsibility.
- In cases where privacy, confidentiality, or privilege may be claimed, mandatory reporting requirements take precedence over professional codes of practice. If abuse or neglect is suspected, staff respect confidentiality and are to minimise the number of people involved in the case.

Key Terms

Term	Meaning	Source
Physical Abuse	Physical abuse is a non-accidental injury or pattern of injuries to a child or young person caused by a parent, caregiver or any other person.	https://www.facs.nsw.gov.au/families
Neglect	Neglect is when a parent or caregiver cannot regularly give a child the basic things needed for his or her growth and development, such as food, clothing, shelter, medical and dental care, adequate supervision, and enough parenting and care.	https://www.facs.nsw.gov.au/families
Mandatory	Required by law or mandate; compulsory	Oxford Dictionary
Emotional Abuse	Emotional abuse is where serious psychological harm can occur where the behaviour of their parent or caregiver damages the confidence and self-esteem of the child or young person, resulting in serious emotional disturbance or psychological trauma.	https://www.facs.nsw.gov.au/families
Sexual Abuse	Sexual abuse is when someone involves a child or young person in a sexual	https://www.facs.nsw.gov.au/families

	activity by using their power over them or taking advantage of their trust	

Links to other Policies and Documents
- Child Safeguarding Policies and Procedures
- Whistleblowers Protection Policies and Procedures
- Code of Conduct
- Record-Keeping Policies and Procedures
- Staff Management and Professional Development Policies and Procedures

Induction and Ongoing Training
Empower Care requires that induction and ongoing training of all staff include the Mandatory Reporting Policy to enable staff to fulfil their roles effectively. In addition, management provides Mandatory Reporting training for all staff during their induction and orientation to Empower Care.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications
Implemented January 2023	New policy

Monitoring, Evaluation and Review
This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of Empower Care will conduct reviews in consultation with educators at staff meetings.

Mandatory Reporting Procedure

Indicators of Abuse
A number of indicators indicate that someone has been abused or neglected. A single indicator, or a combination of indicators, does not prove abuse or neglect is occurring. It is important for staff to be alerted to abuse and neglect when repeated occurrences or several indicators occur. Here are a few indicators:
- Withdrawal or reduced participation
- Risk-taking behaviour
- Self-mutilation
- Unexplained injury or bruising
- Agitation
- Absence

Staff must notify their manager immediately whenever a client requires protection from suspected abuse.

Reporting Procedure
Staff must notify their manager immediately whenever a client requires protection from suspected abuse.

1 . Document and report the incident
Injuries or behaviour of clients should be described and dated.
Include your own observations, client X's statement, or witness Y's statement as the source of concerns. Take note of the action taken.
Reporting to the supervisor, removing the individual from harm (where safe and appropriate), discussing the matter with senior peers, or reporting to the appropriate regulatory agency are some of the options.

2. Prepare the report
Describe the date(s), the referring organisation, the reporter's name and involvement, and the reasons for the concern.

3. File the report
File according to legislative guidelines and Empower Care's Record-Keeping Policy and Procedure. The police should be contacted if criminal charges are suspected. Discuss this with your immediate manager.

Style Guide

Purpose

The purpose of this document is to help individuals and departments to prepare company documentation consistent with the Empower Care Community Services style. The Style Guide explains the style to be applied to company documentation (i.e. not including specialised publishing requirements) together with information on typography, and advice for writing and producing documents. It is recognised that there will be documentation, which is outside these guidelines, but the general format should be followed wherever possible.

The Development of the Style

This Style Guide has been developed to encompass the character of Empower Care Community Services and reflects the new progressive approach to the expansion of the organisation whilst still maintaining the sense of tradition and history.

Style Guide elements

Documents

Documents can be in the form of a letter, fax, memo, report, invoice, quote, order and landscape style document. All documents should use black and white to colour headings, tables etc. Colour should only be used to highlight key outcomes in financial reports.

Writing Style

Composition should be concise, friendly, and professional in keeping with the mission statement of Empower Care Community Services. Documents should be visually appealing and use unambiguous language.

Standard Operating Environment

Empower Care Community Services Publishing's standard operating environment (SOE) is Microsoft Windows. Documentation should be produced using Microsoft Word or Microsoft Excel. This will ensure portability of files and consistency of operation.

Filenames

Empower Care Community Services Services Attire Publishing has adopted the following convention for file names:

Directory path:	\department name\client name

Text

All documents will use Arial Typeface.

Headers and footers

Headers

Headers are used for all documents of more than one page. They contain the Empower Care Community Services Attire logo, the title of the document and the title of the current section (if applicable).

Footers

Footers are used for all documents and must contain the automatic filename and path feature.

Email

Use a clear subject line: The subject line should accurately reflect the content of the email and provide a brief summary of the purpose of the email. This helps recipients quickly understand the context of the email and prioritize their responses.

Start with a polite and professional greeting: Use a proper salutation such as "Hello," "Hi," or "Dear [Recipient's Name]" depending on the formality of the email and your relationship with the recipient.

Be concise and to the point: Keep your emails brief and focused. Avoid lengthy paragraphs or unnecessary details. Use bullet points or numbered lists to organize information when appropriate.

Use a professional tone: Maintain a polite, respectful, and professional tone throughout your email. Avoid using jargon or technical language that may not be easily understood by the recipient. Use a friendly tone, but avoid overly casual language or slang.

Use proper grammar and spelling: Proofread your emails for grammar and spelling errors before sending them. Use a spell-check tool if needed. Sloppy writing can give a negative impression and undermine your professionalism.

Provide context: Clearly state the purpose of your email and provide any necessary background or context to help the recipient understand the issue or request. Include relevant details such as names, dates, and account numbers, if applicable.

Use a professional email signature: Include your name, title, and contact information in your email signature. This adds a professional touch to your emails and makes it easy for recipients to reach you if needed.

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