



# NATIONAL COMMUNITY CARE

# **Policies, Procedures**

# **& Processes**

National Community Care 2024-25

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use.

Apart from any use as permitted under the Copyright Act 1968, all other rights are reserved.

© *NATIONAL COMMUNITY CARE*

Requests and inquiries concerning reproduction and rights should be Addressed to:

Copyright, National Community Care  
3/85 Hoskins Street Mitchell ACT 2911

For further information, please contact:

TEAM NATIONAL  
3/85 Hoskins Street Mitchell ACT 2911  
(p) + 61 2 6242 4978  
(e) [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)  
(w) [www.nationalcommunitycare.com.au](http://www.nationalcommunitycare.com.au)





# Policy Development + Framework

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   GM	<b>Date of Issue</b>	Dec 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Dec 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2020	Tahla Small	CEO	New section: inclusion of policy review and policy committee
1.1	2/2022	N.Telfer	CEO	Policy Review Inclusion
1.2	12/2023	N.Telfer	CEO	<ul style="list-style-type: none"> <li>Separated to singular policy 'Policy Writing Framework' - Original location in 'All People + Culture Policy'</li> <li>Acronyms</li> <li>Definitions + Preferred Terminology</li> <li>Referenced Personnel</li> <li>Creation and Review of Policy Process</li> <li>Monitoring of Review Updated</li> </ul>

## In conjunction with:

- All National Frameworks



## Introduction

All governance documents at Team National and affiliated entities, including policies, must be clear, concise, and consistent. Documents should be able to be easily understood by their intended audience. They should also be transparent about the actions, behaviours and responsibilities they require.

Policies, procedures and related material are most effective, most useful and most likely to aid with

- a. meeting National’s compliance obligations when they:
- b. look and feel like they are part of the same “family” of documents to readers (ie are easy to
- c. identify as policies, and easy to tell what expectations they contain)
- d. are integrated and harmonised with other related policies, so all documents act to reinforce each other
- e. use a consistent voice, tone and style
- f. assume good faith on behalf of the reader
- g. are very clear in stating any compliance requirements created by the policy
- h. prioritise helping the reader to understand their obligations and any restrictions on their actions.

When preparing any policy or related document, drafters need to use the rules set out in in this policy and supporting documents including the **brand deck, and Style guides**. (included in this framework)

## Understanding the function of different document types

This Policy and its associated Procedure defines the types of documents in National’s policy suite and the kind of material they should contain. Policy developers must take care to place content at the right level, and understand the distinction between governance (policy), management (procedure) and guidance (guidelines/processes).

Within the documentation hierarchy:

- Policies are mandatory for all members of National.
- Procedures are mandatory for all people and activities captured within the scope of the Procedure. Please note, procedures identified within this suite are based on generalised best practice. Clients that have person centred care plans would include any individualised procedures specific to the persons care needs should these vary from generalised practices.
- Guidelines/Processes are advisory and explanatory, and do not contain mandated actions as these may be variable across person centred supports.

Essentially, the rule is:

- Policy contains the “why” and the high level of “what”.
- Procedure contains the detailed “what” and the process-level “how”.
- Guidelines/Processes contain the conversational and assistance-focused “how”.
- **Policies** contain:
  - high-level principles and rules that apply to a particular activity or theme roles, responsibilities
  - must clearly state their scope, including any exclusions to coverage, their source of authority and their review cycle



- a link to the Delegations Register for relevant delegations and instruction on what section of the Register the delegations can be found, for example, 'Delegations relevant to this Policy are listed in the Delegations Register under delegations Type 'Staff' and Function 'Recruitment'
- where relevant, rules for appeal and review processes.
- **Procedures** capture management process rules, and other provisions that a governance body cannot add much value to, along with relevant minor points of information and guidance. Procedures should be written so that what needs to be done can be easily followed by all users.
- **Guidelines** provide substantial guidance on factors to consider in making decisions, or how to go about an activity to achieve good practice. Guidelines are often conversational in tone.
- **Frameworks** are a structure for management and operational activities that brings together policy documents.
- **Plans** are documents that state National's strategic directions across its core activities. They may also give effect to legislation or other regulatory requirements.
- **Local protocols** are means operational-level procedures or practices that apply within a particular Sites, Groups, Divisions and/or affiliated companies and that must be consistent with all policy documents above them in the policy document hierarchy.

## Structure and Methodology

Policies and procedures must be developed, reviewed and maintained following identified style guide. They must be created within the prescribed templates and must use template-defined fonts, numbering conventions, styles, and section headings.

A policy or procedure about a specific activity should follow the 'life cycle' order of the activity, with sections for each stage of the activity. Typical life cycle stages are:

- defining the need and the principles to be applied
- roles and responsibilities
- set-up/configuration
- doing the thing
- assessment
- record-keeping
- complaints/appeals
- reporting and continuous improvement.

Procedures must be tied to one or more policies, and this relationship must be made explicit. When feasible, procedures should offer the user options.

Where the policy or procedure contains assertions of fact or law, careful accuracy checks must be performed. As a general rule, policies should avoid quoting legislation verbatim, but where necessary, should reference particular sections of Acts of Regulations as the authority.

Policies should avoid, where possible, naming specific individuals, positions, or business units (except within the Roles and Responsibilities identified within the *National Policy Reference Personnel Role* table) to reduce the chance of quickly falling out of date with staff movements and organisational change.



## Definitions

Terms used in policies and procedures need to be used consistently across National with a common understanding of what they mean in every instance.

Policy environments with multiple definitions for a single term, obscure acronyms or technical/professional jargon cause a great deal of confusion to users, who may inadvertently breach a policy through a lack of understanding about what was meant. It is also a major reason so many employees find it difficult or frustrating to read policy and procedures.

The lack of a shared common understanding of key terms (such as “participant” for example) can lead to real consequences for the application and reach of a policy. If “participant” is undefined, one reader may interpret it as “persons who have a recognized disability with funding from the NDIS” while another may consider it to only apply to people who participate in an activity and/or task. This can lead to both compliance and clarity issues.

When a word or phrase is either:

- **not** a commonly used English expression with a clear common understanding of its meaning; or
- is being used by National in a specific or different way to its common meaning, a definition must be provided, stating the way the organisation wants it interpreted so there can be no misunderstanding on the part of those looking for guidance in the document.

If the definition and/or acronym does not currently appear in the *National Policy Glossary, Definitions & Preferred Terminology* list, and/or the *National Policy Acronyms* list, it will be added as part of the policy review process. If there is an existing Glossary definition, it must be used unless a strong case for change or exception is made.

## National Policy Acronyms

D	Directors	NDIS	National Disability Insurance Scheme
CEO	Chief Executive Officer	NDIA	National Disability Insurance Agency
CFO	Chief Financial Officer	QSC	(NDIS) Quality & safeguards Commission
GM	General Manager	ACQSC	Aged Care Quality and Safety Commission
GLP	Governance Lead Partner	ACTRIDS	ACT Restrictive Intervention Data System
DOL	Daily Operations Lead	PRODA	Provider Digital Access
DOO	Daily Operations Officer	SIRS	Serious Incident Response Scheme
OI	Operational Intake (phone)	QA	Quality Assurance
CL / CT	Clinical Lead/Clinical Team	QRG	Quick Reference Guides (NNA/NHS specific)
CLRN	Community Lead Registered Nurse	SG	Service Guide (NCC specific)
SCL	Support Coord Lead	SDA	Special Disability Accommodation
SeC	Services Coordinator	SIL	Supported Independent Living
RN	Registered Nurse	ROC	Roster of Care
AIN	Assistant In Nursing	MOA	Moving on Audits
SW	Support Worker	OT	Occupational Therapist
SC	Support Coordinator	SP	Senior Practitioner
DUSK	SDA Property – 10 Apartments	BS	Behaviour Specialist
AH	Alex’s House (SDA SIL Property)	EAP	Employee Assistance Program

NATIONAL COMMUNITY CARE  
**2024-2026 POLICIES, PROCEDURES & PROCESSES**



AHRN	Alex's House Registered Nurse	ROC	Roster of Care
TN	Team National	COI	Conflict of Interest
NCC	National Community Care	NOK	Next of Kin
NHS	National Healthcare Services	NFR	Not for Resuscitation (NO CPR)
NNA	National Nursing Agency	PTG	Public Trustee & Guardianship
CC	Calista Collective		
CSN	Clinical Support Nurse		



## National Policy Glossary, Definitions & Preferred Terminology

**Advanced Care Directive** – An advance care directive is sometimes called a living will. The directive is a formalised version of a client's advance care plan. It outlines their preferences for future care along with their beliefs, values and goals. Having an advance care directive means the client can also formally appoint a substitute decision-maker for when they can no longer make decisions themselves.

**Advanced Care Directive Status** – Refers to status of their wishes, in relation to CPR

**Attending Employee** – Referring to the employee rostered to the client/participant's scheduled service, on site with the client/participant. Also can be known as the first-responder.

**Brevity / Brevity Core / Brevity Application** - Referring to the NCC Scheduling and Documentation application each NCC employee must access to view roster, client/participant care plans and service guides, clock in and out of shifts, document and raise incidents and complaints within the application. Additional internal resource: [Operational - Brevity App Onboarding.docx](#)

**Case Manager** – Refers to coordinator of client/participant services – most often referred to in Aged Care.

**Casualty** – Refers to a person who requires medical attention.

**Client** – refers to person receiving a service from the Service Provider. This can include an individual or a facility, provider, hospital.

**Committee** – refers to a group of employees (2 or more) with a common purpose / work project/ shared task.

**Company / Employer** – refers to direct entity in context of the document in which the employee holds an employment agreement with.

**Deceased** – Refers to a person who has been pronounced dead by ambulance, doctor and/or attending registered nurse who can verify death.

**Employee / Worker** – person who holds employment with one or more of the National entities.

**Essential Services** – encompasses any service that a participant requires to maintain immediate safety to wellbeing. This includes medication, meal support, personal care, complex skill supports, community nursing. For clarity, non-essential Services are listed below.

**Executive Management** – refers to decision making personnel with acting authority on behalf of the organisation. Inclusive of up to the following roles: Area Managers, General Managers, National Manager, CEO, CFO, Directors, owners.

**First Responder** – refers to the employee first on site and/or first to receive information and hold responsibility for upline actioning.

**Forward Scheduling** – Rostering employees to shifts in advance to publish roster in advance. Overseen by the Operations Team and Clinical Team/Approved sites (DUSK) – for relevant oversight.

**Funding Type** – Refers to the approved funding the client/participant has to pay for approved services. This could be NDIS, Aged Care, Private.





**Lead Roles** – Senior management positions responsible for leading and managing a team of employees to provide supports and services wholistically to an identified group of clients/participants. For example – Clinical Team oversees registered nurses and clients/participants with clinical requirements and group settings.

**National Community Care / NCC**– when a piece of information is specific only to this singular entity being National Community Care: specific to NCC employees in the NCC work environment being community setting.

**National Healthcare Services / NHS** - when a piece of information is specific only to this singular entity being NHS specific to NHS employees in the NHS work environment being hospital / facility / Aged Care setting as a registered AHPRA profession.

**National Nursing Agency / NNA** - when a piece of information is specific only to this singular entity being NNA specific to NNA employees in the NNA work environment being hospital / facility / Aged Care setting as an employed AIN.

**National / Team National** – referring to the collective entities NCC / NHS / NNA / CC. In the instance that National / Team National is expressed, suggests it is inclusive to all entities unless explicatively stated otherwise.

**Non-Service Delivery Employees** – Refers to employees who do not provide direct face to face services to a client/participant. This includes Support Coordinators and Admin Roles

**Non-Essential Services** – Nonessential services were identified in the height of covid to support the reduction of spread, and risk and to support staff shortages. Non-essential services include supports that can be rescheduled and/or cancelled without a life-threatening impact to the participant. These can include social supports; transport supports in relation to social supports.

**Nurse / Registered Nurse / RN / Enrolled Nurse / EEN / Clinical Team / Clinical Support Nurse**– refers to an employee that is a registered and/or enrolled nurse with a clinical scope of practice applied.

**Participant** – refers to client / customer / person receiving service from National Community Care under the NDIS.

**Re-deployment** – refers to the reassignment of an employee from one area of work to another. This may be a physical workspace, location and/or task/ priority.

**Referenced Personnel Role** – refers to the person employed in a senior position who is responsible for receiving up lining notifications including incidents, handover, mandatory reporting, complaints for follow up, actioning, notification, assessment and resolution processes.

**Responsible Reporters** – refers to all LEAD roles and executive management authorised by National to submit incident notifications via PRODA, Senior Practitioner and any other relevant agency in line with legislative requirements.

**Service Delivery** - refers to employees engaged to provide direct face to face billing hours support to participants/Clients.

**Service Provider** – refers to the company engaged to provide services to the client and/or participant

**Stand-Down** – refers to the short-term time frame in which an employee of National may be relieved from active duties until the identified cause can be rectified and/or risk reduced.

NATIONAL COMMUNITY CARE  
2024-2026 POLICIES, PROCEDURES & PROCESSES



**System Profile** – Refers to the relevant scheduling/documentation system utilised by the correlating company. For example: *NCC uses Brevity, NHS/NNS uses STARS.*

**Unplanned Scheduling** – the unplanned coordination of rostering to support participant need and employee coverage. (covering sick calls / last minute cancellations) undertaken by employee assuming the Operations Intake duties.

National Community Care Policy Reference Personnel Role

Role	Person	Mobile	Email
Directors	Natashia Telfer	0447607656	<a href="mailto:Tarsh@teamnational.com.au">Tarsh@teamnational.com.au</a>
	Lisa Walker	0429335587	<a href="mailto:lisa@teamnational.com.au">lisa@teamnational.com.au</a>
CEO	Natashia Telfer	0447607656	<a href="mailto:tarsh@teamnational.com.au">tarsh@teamnational.com.au</a>
CFO	Lisa Walker	0429335587	<a href="mailto:lisa@teamnational.com.au">lisa@teamnational.com.au</a>
GM	Tahla Moore	0459433969	<a href="mailto:tahla@teamnational.com.au">tahla@teamnational.com.au</a>
Governance	TBA	0427546924	
People + Culture	Bec McFarland		<a href="mailto:bec@teamnational.com.au">bec@teamnational.com.au</a>
Daily Ops	Guy Telfer	0431325442	<a href="mailto:Guy.telfer@nationalcommunitycare.com.au">Guy.telfer@nationalcommunitycare.com.au</a>
Daily Ops	Ben Osland	N/A	<a href="mailto:ben@nationalcommunitycare.com.au">ben@nationalcommunitycare.com.au</a>
Daily Ops	Raheena Deula	N/A	<a href="mailto:raheena@nationalcommunitycare.com.au">raheena@nationalcommunitycare.com.au</a>
Ops Intake	<i>On-call person</i>	0401439798	<a href="mailto:enquiries@nationalcommunitycare.com.au">enquiries@nationalcommunitycare.com.au</a>
Clinical Support	XXXXXXX	XXXXXXX	<a href="mailto:XXXXXXX@nationalcommunitycare.com.au">XXXXXXX@nationalcommunitycare.com.au</a>
Services Coordination	Brittany Kuncevic	0409911064	<a href="mailto:Brittany@nationalcommunitycare.com.au">Brittany@nationalcommunitycare.com.au</a> <a href="mailto:support@nationalcommunitycare.com.au">support@nationalcommunitycare.com.au</a>
S8 Checks / AHRN	<i>Alexs House Team Leader RNs</i>	0400976753	<a href="mailto:bunbury@nationalcommunitycare.com.au">bunbury@nationalcommunitycare.com.au</a>
Onsite SDA	<i>DUSK team</i>	0447128022	<a href="mailto:care@nationalcommunitycare.com.au">care@nationalcommunitycare.com.au</a>
Admin	Ash	0427643115	<a href="mailto:ash@teamnational.com.au">ash@teamnational.com.au</a>
	Daphne		<a href="mailto:daphne@teamnational.com.au">daphne@teamnational.com.au</a>
Community Lead RN	Clair Hirschausen	N/A	<a href="mailto:clair@nationalcommunitycare.com.au">clair@nationalcommunitycare.com.au</a>
Community RN	Jessica Sadler	0429599548	<a href="mailto:jess@nationalcommunitycare.com.au">jess@nationalcommunitycare.com.au</a>

**Policy and Procedures Committee**

Nationals Policy Committee review policies within positional scope to ensure a collective approach is taken when implementing relevant policies and procedures. The committee consists of minimum:

X1 company director OR GM, x1 Governance Lead, x1 support coordinator representative, X1 registered nurse representative or X1 carer/assistant nurse representative for relevant scopes.

The committee meets annually, and or as identified in the weekly Risk/Governance Meeting to review [Master Policy Review Register.xlsx](#) and identify any urgent amendments required based on data collection from sources such as incident reports, complaints, high risk register, general operational feedback, MOA.

In addition to this, all policies are reviewed a minimum of 2 yearly.



Points of Contact

Carriage	Organisation	Contact
Employee Assistance Program	Relationships Australia	1300 857 129
IT Support	OPC	<a href="mailto:Service.desk@opc.com.au">Service.desk@opc.com.au</a>

Brand Deck and Style Guide

When creating, reviewing and/or amending policies, processes and/or procedures and/or internal documents the [National Entities - Brand Deck and Style Guide.pdf](#) must be implemented.



# NATIONAL COMMUNITY CARE 2024-2026 POLICIES, PROCEDURES & PROCESSES



Canva **Canva Brand Deck for TEAM NATIONAL: All entities**

**Primary Logo**  
for all Team National Branding

- Team National Logo must remain together for all Team National branding
- Except in the event of an entity specific document / slide deck / policy. (See entity brand decks)
- Logos should be placed with transparent background - just the circles, with no white/coloured boxes - as pictured
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen.
- Team National and/or ALL entities must be named
- For slide decks and presentations, logo must appear with no text, at the right bottom corner of the screen.

Brand Palette Design

#EA028B	#8C52FF	#FFFFFF
#93D051	#1D2AC8	#FF814B
		#545454

**Secondary Logo**

- Logo may be used in lieu of Primary logo if subtle identity is required and/or colours contrast with the applied background.
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen.
- Team National and/or ALL entities must be named
- For slide decks and presentations, logo must appear with no text, at the right bottom corner of the screen.

**CANVA Fonts**

**TITLE: CANVA LOVELO**  
**Subtitle: CANVA league spartan**  
 Body: CANVA Montserrat Classic  
 Headers: Poppins

**team national.**

National Community Care  
 National Nursing Agency  
 National Healthcare Services  
 Calista Collective

Canva **Canva Brand Deck for NATIONAL COMMUNITY CARE**

**Primary Logos**  
for all National Community Care Branding

- Logo must have name added to it dependant of use and placement.
- Logos should be placed with transparent background - just the circles, with no white/coloured boxes - as pictured
- When utilised as a branding logo for external / public media, National Community Care must be applied as above within 3 lines of text.
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen with National Community Care to the left-hand side of the logo with National Community Care in one line.
- For slide decks and presentations, single logo may appear with no text, at the right bottom corner of the screen.

Brand Palette Design

#93D051	#FFFFFF
#049B47	#EA028B
	#545454

**NATIONAL COMMUNITY CARE**

**NATIONAL COMMUNITY CARE**

**NATIONAL COMMUNITY CARE**

**NATIONAL COMMUNITY CARE**

**DOCUMENT TITLE INSERTED HERE**

**CANVA Fonts**

**TITLE: CANVA LOVELO**  
**Subtitle: CANVA league spartan**  
 Body: CANVA Montserrat Classic  
 Headers: Poppins

**national community care.**

National Community Care      NATIONAL COMMUNITY CARE  
 NATIONAL COMMUNITY CARE      NATIONAL COMMUNITY CARE



**Canva Brand Deck for NATIONAL NURSING AGENCY NATIONAL HEALTHCARE SERVICES**

**Primary Logos**  
for all NNA / NHS Branding

- Logo must have name added to it dependant of use and placement.
- Logos should be placed with transparent background - just the circles, with no white/coloured boxes - as pictured >
- When utilised as a branding logo for external / public media, ENTITY NAME must be applied as above within 3 lines of text.
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen with ENTITY NAME to the left-hand side of the logo with ENTITY NAME in one line.
- For slide decks and presentations, single logo may appear with no text, at the right bottom corner of the screen.

**Secondary Logo**

- In addition to the above, secondary logo may be used in lieu of Primary logo if subtle identity is required and/or colours contrast with the applied background.

**Brand Palette Design**

#8C52FF	#FFFFFF
#1D2AC8	#EA028B
	#000000

**CANVA Fonts**

**TITLE: CANVA LOVELO**  
**Subtitle: CANVA league spartan**  
Body: CANVA Montserrat Classic  
Headers: Poppins

**national healthcare services.**  
**national nursing agency.**

National Healthcare Services  
National Nursing Agency

NATIONAL HEALTHCARE SERVICES  
NATIONAL NURSING AGENCY

**Canva Brand Deck for CALISTA COLLECTIVE**

**Primary Logos**  
for all CALISTA COLLECTIVE Branding

- Logo must have name added to it dependant of use and placement.
- Logos should be placed with transparent background - just the circles, with no white/coloured boxes - as pictured >
- When utilised as a branding logo for external / public media, National Community Care must be applied as above within 3 lines of text.
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen with National Community Care to the left-hand side of the logo with National Community Care in one line.
- For slide decks and presentations, single logo may appear with no text, at the right bottom corner of the screen.

**Secondary Logo**

- In addition to the above, secondary logo may be used in lieu of Primary logo if subtle identity is required and/or colours contrast with the applied background.

**Brand Palette Design**

#EA028B		
#FF914D	#FFD05A	#FFB3DC

**CANVA Fonts**

**TITLE: CANVA LOVELO**  
**Subtitle: CANVA league spartan**  
Body: CANVA Montserrat Classic  
Headers: Poppins

**calista collective.**

Calista Collective  
CALISTA COLLECTIVE

CALISTA COLLECTIVE



**Canva Brand Deck for NATIONAL IN-HOME CARE**

**Brand Palette Design**

- Color: #FF814B
- Color: #FFFFFF
- Color: #545454
- Color: #FFC855
- Color: GRADIENT

**Primary Logo**

for all National In-home Care branding:

- Logo must have name added to it dependant of use and placement.
- Logos should be placed with transparent background - just the circles, with no white/coloured boxes - as pictured >
- When utilised as a branding logo for external / public media, National In-home Care must be applied as **fig. A**
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen with National Community Care to the left-hand side of the logo with National Community Care in one line.
- For slide decks and presentations, single logo may appear with no text, at the right bottom corner of the screen.



**Secondary Logo**

- Logo may be used in lieu of Primary logo if subtle identity is required and/or colours contrast with the applied background.
- When utilised as a letter head, it must be placed in the right-hand side of the page on screen.
- Team National and/or ALL entities must be named
- For slide decks and presentations, logo must appear with no text, at the right bottom corner of the screen.

**CANVA Fonts**

**TITLE: CANVA LOVELO**  
**Subtitle: CANVA league spartan**  
 Body: CANVA Montserrat Classic  
 Headers: Poppins

**national in-home care.**

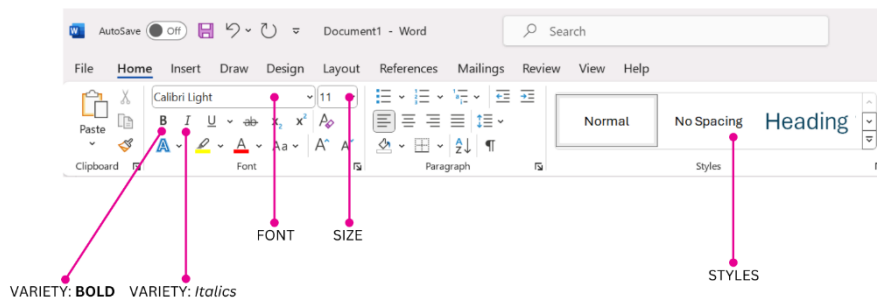
National In-home Care

NATIONAL **fig. A**  
 IN-HOME CARE

NATIONAL IN-HOME CARE

**WORD DOC Style Guide for TEAM NATIONAL ENTITIES**

**POLICY / DOCUMENTATION STYLE GUIDE**



**POLICY / DOCUMENTATION WORD DOCUMENT FONTS**

- |   |  |   |
|---|--|---|
| <p><b>1</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Framework Header</b><br/>                 STYLE: Heading 1<br/>                 FONT: Century Gothic<br/>                 SIZE: 48<br/>                 VARIETY: <b>BOLD</b>, black</p> </div> | <p><b>3</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Layout Headings</b><br/>                 STYLE: Normal<br/>                 FONT: Calibri (body)<br/>                 SIZE: 11<br/>                 VARIETY: Upper case, black</p> </div> | <p><b>5</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Theme Headers</b><br/>                 STYLE: Heading 3<br/>                 FONT: Calibri Light (heading)<br/>                 SIZE: 12<br/>                 VARIETY: <b>BOLD Italics</b>, black</p> </div> |
| <p><b>2</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Document Title</b><br/>                 STYLE: Heading 2<br/>                 FONT: Century Gothic<br/>                 SIZE: 13<br/>                 VARIETY: black</p> </div>                | <p><b>4</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Sub-Headings</b><br/>                 STYLE: Normal<br/>                 FONT: Calibri (body)<br/>                 SIZE: 11<br/>                 VARIETY: Upper case, black</p> </div>    | <p><b>6</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>Content - Main body text</b><br/>                 STYLE: Normal<br/>                 FONT: Calibri body<br/>                 SIZE: 11<br/>                 VARIETY: black</p> </div>                         |



**WORD DOC Style Guide for TEAM NATIONAL ENTITIES**

**Work Health Safety**

NATIONAL COMMUNITY CARE  
DISASTER AND CONTINUITY PLAN

Logo of relevant entity the document pertains to

**1 Framework Header**  
STYLE: Heading 1  
FONT: Century Gothic  
SIZE: 48  
VARIETY: **BOLD**, black

Areas covered by this framework

Who is responsible for this process

Current Version

Service Area	Disability, Mental health, Aged Care	Version	1.6
Process Owner	Governance Lead   Clinical Lead	Date of Issue	1 Feb 2024
Approved by	Chief Executive Officer	Review	Feb 2026

Latest Version

Document review date

Framework modifications including updates, reviews, changes, edits, additions, amendments.

Modification History

Version	Date	Author	Approved by	Description of change
1.0	1/8/2018	N.Talbot	Employment	Creation
1.1	10/2018	N.Talbot	Employment	Review only
1.2	2/2019	N.Talbot	Employment	COVID referencing, outbreaks
1.3	2/2020	N.Talbot	Employment	New SL Policies additions
1.4	4/2022	N.Talbot	Employment	Amendments to COVID related references
1.5	2/2023	N.Talbot	Employment	Mental Health Policy language change
1.6	2/2024	N.Talbot	CEO / GM	Review/SL change
1.7				

description of modifications made to document

designation and/or organisation who has reviewed and approved modifications.

Further to additional Policy Guidelines:

- Documentation and Record Keeping
- Emergency Management
- Employment Roles and Responsibilities
- Incident Reporting
- Infection Control
- Lines of Reporting
- Risk Management
- Training Performance and Development
- Disciplinary and Termination

supporting frameworks, policies, procedures, process and/or resources relevant to the document.

multiple page documents must be numbered in the footer of the page

**WORD DOC Style Guide for TEAM NATIONAL ENTITIES**

NATIONAL COMMUNITY CARE  
2024-2026 POLICIES, PROCEDURES & PROCESSES

Logo of relevant entity

**1 Framework Header**  
STYLE: Heading 1  
FONT: Century Gothic  
SIZE: 48  
VARIETY: **BOLD**, black

**2 Document Title**  
STYLE: Heading 2  
FONT: Century Gothic  
SIZE: 13  
VARIETY: black

**3 Layout Headings**  
STYLE: Normal  
FONT: Calibri (body)  
SIZE: 11  
VARIETY: Upper case, black

**4 Sub-Headings**  
STYLE: Normal  
FONT: Calibri (body)  
SIZE: 11  
VARIETY: Upper case, black

**5 Theme Headers**  
STYLE: Heading 3  
FONT: Calibri Light (heading)  
SIZE: 12  
VARIETY: **BOLD Italics**, black

**6 Content - Main body text**  
STYLE: Normal  
FONT: Calibri body  
SIZE: 11  
VARIETY: black

Quality Assurance Policy

**POLICY STATEMENT**  
National promotes high standards of behaviour and conduct for all employees and takes appropriate corrective action where those standards are not met. National believes that to promote good employee relations it is necessary to demonstrate that employees will be treated fairly, reasonably, promptly, impartially, and consistently in matters relating to discipline.

**SCOPE**  
This policy applies to all employees of National.

**PURPOSE**  
Quality Assurance is an organised process that evaluates, assesses and seeks to improve an aspect of National Community Care service delivery to participants and community. Such activities often involve the collection, use and disclosure of health, personal and sensitive information for the purpose of funding, management, planning, monitoring improvement or evaluation of provided services. Common activities include the ongoing monitoring of the incident register, root cause analysis, medical record review and clinical audit. Activities may include activities involving employees, participants and members of the community.

**POLICY**  
Regular and random Quality Assurance reviews will be undertaken to ensure employees are undertaking the appropriate care, documenting accordingly and client/participants can openly raise concerns and provide feedback. This provides opportunities for National to ensure that employees are being provided the appropriate information and equipment to ensure they can undertake the work they have been engaged to do and most importantly, that the participant is safe, respected, supported and heard. These may be undertaken by the clinical coordinator and/or NCC Management. Any feedback including participant changes, training or supports that the employee needs will be provided following these reviews. Several measures can include:

**Organisational Structure, Roles and Responsibilities**  
National Community Care have implemented roles appropriate to size and proportion of the operational requirements to support appropriate quality assurance measures. This includes General Manager, Governance Lead, Clinical Lead, Daily Operations Lead, People + Culture Lead.

**NCC - Moving on Audits Platform (MDA)**  
National Community Care have implemented a comprehensive audit program is designed to streamline compliance and promote best practice within our services while gauging NCC's growth and improvements. The program is designed to cover off the relevant standards through scheduled monthly audits. Auditing schedules are tailored for individual service types. This system is managed by National Management and run on a web-based platform [www.mca.com.au](http://www.mca.com.au). Each audit can cover a specific topic and may comprise several parts including:

- Structure and policies
- Reflective questions

Title of document, below the name of entity of relevance

Hyperlinks to external resources



## Recognising Company Specific Policies

Upon completion of the 2024 Policy review and amalgamation, each policy will have the relevant company logos for quick referencing indicated on the policy. Notification of this role out will be issued upon completion.

## Company Policies

The benefits of robust and well communicated workplace policies offer benefits such as:

- help employees understand your expectations with respect to standards of behaviour and performance, and gives them defined boundaries that are consistent with the values of your business.
- provide a set of guidelines for decision-making in everyday situations that employees can refer to, which can help to maintain stability even during periods of upheaval or change.
- allows you to treat all employees equally, ensuring uniformity and consistency in decision-making and operational procedures
- provide all and sundry with a documented method of dealing with complaints and misunderstandings, which should help avoid any undue claims of favouritism or discrimination
- can assist in assessing employee performance and establishing accountability

## Writing Policy, Procedure and Guideline Documents

Writing good policy, procedure and guideline documents is a skill that takes time to develop. However, there are five key pillars that can assist you to develop strong, useful documents:

- use plain English
- use a consistent and appropriate style and tone;
- use inclusive language
- use intuitive and succinct sentences
- edit your work.

### 1. Use plain English

National policies, and related documents must be written in plain English. Texts should be succinct, clear, and easy to read. See [National Entities - Brand Deck and Style Guide](#)

In a policy context in particular, the following principles apply:

- use short, common, informal words
- use precise words that will convey the meaning clearly
- avoid (or where you cannot avoid, explain) jargon, initialisms, and acronyms
- use verbs instead of verbal nouns (e.g. 'apply', not 'submit an application')
- remove redundant words that don't contribute to the meaning
- select a succinct title that is easily understood by most potential users





- use definitions and terminology consistently with the way the terms are used in the Policy Library Glossary, where relevant and possible.

Policies should be written in:

- third person (“it”, “they”, “the organisation”, “staff”, “members”, “volunteers” rather than “you / your” or “I / we”)
- active voice (“They will help you”) rather than passive voice (“You will be helped by them”).

Procedures and Guidelines may be written in the second person where that helps to convey a more directive and/or helpful tone (i.e. “You must do X” or “We provide resources to assist with Y”).

## 2. Use a consistent and appropriate style and tone

It is important that policies adopt a consistent voice and tone. Not all policies will have the same tone requirements, but within each document, tone should be consistent. While policies should not be stiffly formal and legalistic (they should never read like legislation), policies that embed legal compliance obligations may need to use a firm directive tone, which reinforces the need to comply in full. Such policies will typically use directive language (“must” or “will” instead of “should” or “may”).

Policies that are intended to be more aspirational or principles-based with a less defined compliance element should also prioritise a clear, professional tone, but may be less directive in their language (“should” or “may” are appropriate for some such policies).

## 3. Use inclusive language

Policies and other governance documents should be drafted with a human-centred approach. Language choices, content, style, and presentation should work together to deliver clear, reasonable, and equitable directions.

### Gender, gender identity and sexuality

- Gendered language should be avoided (use “they/them” rather than “he/she”, or a collective term for the group of people discussed e.g. “employees at National or “workers”).
- Avoid using unnecessary gender references, e.g. the male nurse or the woman physicist. Such references can be assigned to individual client preferences and care plan choices if necessary.
- Use gender-neutral position titles e.g. the Chair rather than Chairman.
- Don’t use language that makes assumptions about a person’s sexuality or relationship status. Use “partner” rather than “spouse”, or if there is a need to differentiate between the married and non-married partners, “spouse” rather than “husband/wife”.
- The acronym LGBTIQ may be used, but it is preferred to refer to “sexuality, sex and gender diversity” to be more inclusive where possible.
- Don’t use language or examples that exclude the experience and legitimacy of transgender and gender diverse people (e.g. “pregnant staff members may access sick leave to attend scheduled appointments” rather than “women are entitled to sick leave to attend scheduled pregnancy appointments”).

### Aboriginal and Torres Strait Islander people



- Always use Aboriginal and Torres Strait Islander people in full and don't abbreviate to 'ATSI'.
- Don't isolate or exclude Aboriginal and Torres Strait Islander peoples. For example, stating that 'all Australians have access to quality medical care' excludes the lived experience of many Aboriginal and Torres Strait Islander peoples.

### Disability and age

- Use people-centric language: the disability doesn't define the person, i.e., person with disability or people with disability. (Note: This is not universally agreed within the community of people with disabilities; sensitivity should be displayed if the identified client/participant prefer "disabled person", "an asthmatic" etc.)
- Policy should never use pejorative or inappropriate language for people with disabilities.
- Where disability needs to be referenced, policy and procedure should use a strength-based approach, such as 'person experiencing mental health challenges', rather than 'they are schizophrenic'.
- Policy and procedure should never make assumptions about the nature or legitimacy of disability.
- Only refer to age when relevant to the context, and when it is necessary, use people-centric language e.g. older adults, younger people, children under 15, persons over 65.

### Culturally and linguistically diverse communities

- Only reference someone's cultural background when it is appropriate for the context. Generally, in policy and procedure it is unnecessary to refer to people's cultural backgrounds, but if it is required, use people-centric language e.g. people of Vietnamese descent, international students from Eastern European countries.
- Where the policy or procedure will be relied upon by people whose first language may not be English, try to make language choices that can be readily understood by a person with IELTS 5 level English proficiency.

### 4. Use intuitive and succinct sentences

Policy can be difficult to read and understand. Sometimes this is because the subject matter is complex, but a frequent problem is the use of long, rambling sentences.

A good writing rule is that sentences should average 22 words. They can be longer than 22 words, but not often, and when they are, they should follow other plain English rules. Where long sentences contain a list of points, breaking them into subclauses usually makes them more readable.

Sentences should present information to the reader in the order that makes it easiest to understand. This will often be a chronological narrative: 'first this happens, then that happens' or 'if this happens, then that happens'.

Wherever you can, avoid using any sentence structure that divides the meaning of the sentence. This includes over-using parentheses to insert extra information, as well as using split infinitives. A split infinitive happens when you put an adverb between *to* and a verb – such as, "To boldly go where no man has gone before". While these sentence constructions can add flair and artistry to creative writing, clarity is the key goal in developing policy.



## 5. Edit your work

During and after drafting, rigorous self-editing is essential. In particular, look for places where the text breaches the plain English principles above, and correct this. But also consider the order of information in sections of the text – the reader’s experience of moving through the text.

- Is it a smooth, intuitive journey?
- Are the various sections consistent with one another – for example, in the terms they use for the same things?
- Does the document use a consistent voice and tone?
- Are all the clauses needed? (Shorter is almost always better.)
- Correct and consistent use of tense – past, present and future

Sometimes a fresh set of eyes is very helpful in identifying ways to improve a policy document. The Policy team can assist with reviewing and editing your work as you undertake development.



## Policy Creation Checklist

In essence, all you need to consider is that a workplace policy should:

- clearly state the aim of the policy
- explain in plain English why the policy was developed
- list who the policy applies to (i.e.: all employees/management only)
- set out acceptable and/or unacceptable behaviour
- list any contactable personnel role as per above table (page 5) supporting resource: [HR - Lines of Reporting.docx](#))
- clearly state the consequences of not adhering with the policy
- provide a date when the policy was developed or updated

Also remember that employment law does change, and any changes to your award or agreement may also require a review of your policies and procedures. You should strive to stay up-to-date with relevant changes to your industry by regularly checking with a workplace relations expert.

## Monitoring And Review of Policies

All policies and procedures have an identified review period established on each individual framework in line with legislative and process changes. The National Policy committee will manage the review, and employees and associates will be consulted in this process and all updates will be made available with the effective date of any changes noted to the employees and associates. This review will also be outsourced to National's employment legal and workplace relations advisor Employsure. These reviews consider relevant legislation including legislation mandated by Fair Work Australia, the Human Rights Commission and the Information and Privacy Commission such as the Nurses Award 2010, National employment standards, Workplace Health and Safety Regulations and the Privacy Act.

National will also continue to monitor for any other legislative changes that impact any of the contents contained in the policies and procedures through several avenues:

- advice from National's accounting and taxation adviser, Advice9, in relation to any taxation legislation, superannuation legislation or payroll legislation.
- advice from our Insurance agent, Freedom Finance, in relation to any legislative changes required to our existing insurance covers for Workers Compensation Insurance, Medical Malpractice, Public Liability Insurance and Cyber security.
- advice and updates as subscribed to from a number of industry and government bodies both Federal and Territory, such as the National Disability Insurance Agency and Quality Safeguards Commission, the ACT Chief Health Officer, ACT Health – Canberra Health Services and the Aged Care Quality and Safety Commission. These significant and important updates and information about any legislative or process changes are received directly from the source and are updated immediately as required.
- Updates from other business sources such as CPA Australia, Joanna Briggs Institution, AUSMed, Altura Online Learning Platform, Business Chicks, the Canberra Business Chamber, and HESTA superannuation fund are reviewed on a weekly basis and all information that is available assessed for any changes required.
- Clinical Policies are reviewed by National's Policy committee and referenced with a number of reputable institutions and government bodies as mentioned above to ensure best practice is National's only practice when delivering services.



**Effectiveness of the policies will be assessed through:**

- Feedback from employees and management
- Review of policy by National and committee to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation
- Relevant reviews through Employsure as required

## Communicating Policies to Staff

All newly developed and/or amended policies, processes or procedures must be 'published' and disseminated to all relevant employees. National can publish policy in a number of ways including:

- Team Meeting
- Brevity Systems Update
- Email notification
- SMS notification
- Social Media tiles
- Paper Copy – for specific sites / procedural areas where relevant
- Website Policy Library Access
- Team National SharePoint intranet

The key to success is regularly updating and reviewing workplace policies and procedures, and then holding regular training sessions with your employees to inform and remind them of relevant workplace policies. This way, you can ensure that, as a business, you are all 'pulling in the one direction'.

### ***Train all employees in your workplace policies and procedures***

All onboarding employees are trained in the operational specific policies in their induction. Any newly published policies are unpacked in the team meetings. Workplace policies and procedures are to be discussed regularly at team meetings, keeping them top of mind for all employees and reiterating their importance – and the importance that you place on them as a company.

All clinical policies or policies relating to duty of care such as mandatory reporting, emergencies etc are best practice policies and are refreshed and referred to in each year's mandatory training. This allows supervision for any practical skill-based policies.

### ***Consistently implement your policy***

Workplace policies are not just pieces of paper to be read once, then forgotten. They should follow the behaviours and methods of all employees, every day, as they go about company business. Therefore, supervision of the workplace to ensure proper implementation of workplace policies and procedures by all employees is essential.

This also implies that any failure to meet the agreed upon policy or procedure should be followed up on and addressed, and that full compliance with the stated requirements is needed to ensure a safe workplace.

It should go without saying, but all Leads, Team Leaders and Administration Personnel must lead by example when it comes to implementing workplace policies and procedures. Modelling expected behaviour via all



levels of management is the most effective demonstration of a workplace policy. After all, if management personnel condone practices which do not comply with a policy, it could later be argued that disciplinary action against an employee who fails to follow the policy is unfair.

***Enforce the workplace policies and procedures***

Finally, once workplace policies and procedures have been implemented, National need to enforce them ensuring National applies policies consistently, as this will mean everyone is guided by the same policies. See [HR - Disciplinary and Termination Policy.docx](#)

Policy Resources

*Templates - Fair Work Ombudsman*



Policy Review

02/02/2016	N. Telfer L.Walker	Review
12/02/2017	N. Telfer L.Walker	Review + social media policy inclusion
12/02/2018	N. Telfer L.Walker	Review
20/03/2019	N. Telfer L.Walker	Review + Training Pathway inclusion
09/01/2020	N. Telfer L.Walker T.Small	Review + COVID policy inclusion Medication Rights Review
19/02/2021	N. Telfer L.Walker T.Small	Photograph consent policy inclusion + Alex House Rules Review, + Dysphagia Implementation
4/02/2022	N. Telfer L.Walker T.Small	Review + Management Section Inclusion Support Coordination Section Inclusion Alex House Rules Review Flexible Working Arrangements Implementation Whistle Blower Policy Implementation Office Management Policies Implementation
14/9/2022	N. Telfer L.Walker C.Halliday S.Madden E.Kiely	Schedule 8 Drug Policy Review Medication Rights Review On-Call Procedure Review House Duties Review Emergency Management Review
01/11/2022	N. Telfer L.Walker C.Halliday S.Madden S.Barnetson	Reference to individualised plans for BiPAP / CPAP NIV Review of Cyber Processes
04/04/2023	N.Telfer	Reconfiguration of policies Creation of Brevity Processes for May/June roll out.
10/06/2023	N.Telfer	DUSK framework
1/12/2023	N.Telfer T.Moore	Amendments to all contact information across policies and implementation of: Policy Writing Framework Operational Intake Role Handbook.
02/2024	N.Telfer T.Moore S. Madden	Review of: entire suite of policies and frameworks



# HR People + Culture

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	June 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2023	Natashia Telfer	CEO	New policy (new system – Xero Me)
1.2	6/2024	Natashia Telfer	CEO	Grievance Policy: Clarification on appropriate communication styles when raising a grievance added in dot points. Siting Fair Work factsheets

## In conjunction with:

- Employment Contractual Obligations
- Daily Operations
- HR Recruitment + Onboarding
- HR Media Policy
- Brevity Onboarding: Scheduling Policy





## Diversity and Inclusion Policy

### **POLICY STATEMENT**

National is committed to supporting and ensuring an inclusive work environment in which everyone is treated fairly, and with respect and dignity.

### **PURPOSE**

The purpose of this Policy is to support and facilitate an inclusive environment that embraces all that makes us different and recognises the benefits that these differences make.

These differences can include gender, marital or family status, sexual orientation, gender identity, age, disabilities, ethnicity, nationality, religious beliefs, cultural background, socio-economic backgrounds, perspectives, experiences, and other areas of potential difference.

Our diversity and inclusion philosophy aims to:

- attract, retain and engage employees from the widest possible pool of talent;
- foster a culture that reflects our values;
- ensure an inclusive and safe environment that supports wellbeing, and inspires innovation, creativity and critical thinking;
- create a dynamic environment that leads to higher performance and greater employee engagement and satisfaction; and
- actively leverage the diversity of our workforce to anticipate the needs of our clients, our employees and the community.

### **SCOPE**

This Policy covers all National employees, contractors and consultants.

### **POLICY**

We are committed to a culture that embraces and fosters diversity and inclusion.

Diversity encompasses differences in backgrounds, qualifications and experiences, and also differences in approach and viewpoints. We ensure that individuals are provided with equal opportunity, while also creating opportunities for those groups that may be disadvantaged.

Inclusion means that employees operate in an environment where difference is respected and actively leveraged to challenge how our business better evolves to meet the needs of our clients.

We have a strong commitment to diversity and inclusion and the fundamental principle that all employees should be able to equally participate in our workforce, management and senior executive.

Our leaders are committed to providing opportunities that allow all employees to reach their full potential.

### **Supporting policies**

National's approach to diversity is supported by a range of policies, including:



- **Code of Conduct** – Our Code of Conduct sets out the minimum standards of behaviour and conduct expected of all National employees, contractors and consultants.
- **Equal Employment Opportunities** – Our commitment to maintaining a supportive, healthy and productive work environment, free from unlawful discrimination, harassment, vilification, bullying or victimisation and to maintaining appropriate federal legislative commitments.
- **Remuneration Policy** – We determine the remuneration for women and men undertaking similar work of equal value (considering position range, performance, qualifications, experience and market considerations). We will undertake a review of remuneration annually to ensure pay equity remains within a 1% tolerance of difference.
- **Flexible Workplace Arrangements Policy** – We provide an environment that supports a diverse, flexible and adaptive workforce.
- **Leave Policies** – A range of leave options are available to National employees to ensure they have appropriate options for time off work. This includes annual leave, carers' leave, personal leave, parental leave, community leave, domestic violence leave and long service leave.
- **Parental Leave Policy and Parental Leave Guide** – We provide a range of optional support programs and opportunities to employees whilst they are on parental leave and to help them plan their return to work.
- **Bullying, Harassment and Discrimination Policy** – We are committed to creating an environment that is free from bullying, harassment, vilification, discrimination and victimisation. We are committed to supporting and maintaining a healthy and safe workplace which promotes the physical and mental wellbeing of our employees.
- **Learning and Development Opportunities** – We support our employees to reach their full potential, by supporting employees to develop and review a development plan each year, taking into consideration 'whole-of-self' development. We offer a range of internal learning and development opportunities and support employees to undertake additional study, relevant to their position.

### How we promote Diversity & Inclusion

We foster diversity in all its forms, focused on:

- **Achieving the goals of our Healthier Work Place Initiative Action Plan** – We are committed to ensuring everyone at National has equal access to work opportunities, training and professional development, community participation, give back, and healthcare.
- **Support for Parents and Carers** – We are committed to ensuring equal access to parental leave for employees of all gender identities and sexual orientations, so that everyone can fully participate at home and at work. Our approach to parental leave provides a flexible suite of leave and support options for employees to support them to support their families. Similarly, we are committed to ensuring carers of all types are able to balance caring commitments alongside work.
- **Delivering on Gender Equality** – We are committed to ensuring that gender is not a barrier to career opportunities and advancement. We ensure representation of all gender identities throughout all recruitment processes and are committed to pay equity. We believe that through gender balanced diverse leadership and talent pipelines, we can better represent the needs of our clients.
- **Inclusion of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people** – We are committed to working with the LGBTI community to address health inequalities and ensure our policies, processes and practices are inclusive to all National employees, clients and stakeholders.
- **Representing the changing demographics of our clients** – As the Australian population ages and becomes more culturally diverse, we are committed to ensuring our workforce is representative of our clients so we can better anticipate their needs.
- **Recommendation for all registered nursing employees to join the Australian Nursing & Midwifery Federation** – The ANMF ACT Branch represents members and fights for safer workplaces and better work conditions, so our members can focus on doing the job they love. [Home | ANMF ACT](#)



These are supported by strong recruitment and selection practices, which ensure bias (real or perceived) is eliminated at all levels of the organisation (including external vacancies, restructures and promotion) regardless of employment type (fulltime, part time, casual, or contractor).

Recruitment and selection practices are also designed to consider a balance of gender and other forms of diversity in the range of candidates.

This is further supported by talent and development practices which ensure that, where possible, the pool of potential available talent is nurtured and developed effectively. Early identification and development of a diverse pool of talent ensures that there are appropriately qualified and experienced candidates from all backgrounds for consideration when positions including potential Senior Management or Board positions become available.

Robust and regular measurement of engagement and employee experience provide the checks in place which allow us to ensure a consistent experience for employees, regardless of their background.

## REFERENCES

The following legislation affects bullying, harassment, victimisation and discrimination in Australia:

*Australian Human Rights Commission Act 1986 (Commonwealth)*

*Racial Discrimination Act 1975 (Commonwealth)*

*Disability Discrimination Act 1992 (Commonwealth)*

*Age Discrimination Act 2004 (Commonwealth)*

*Sex Discrimination Act 1984 (Commonwealth)*

Each state and territory has legislation in relation to work health and safety. Further information is available from Safe Work Australia.

In addition, the Fair Work Act 2009 (Commonwealth) deals with other employment matters such as unfair dismissal.



## Health and Wellbeing Policy

### **POLICY STATEMENT**

National is committed to building and maintaining a workplace culture and environment that supports healthy lifestyle choices and increasing employee knowledge and awareness of health and wellbeing by facilitating active participation in a range of initiatives that support this policy.

### **SCOPE**

This policy applies to all employees.

### **POLICY**

National will encourage the following:

- Breaks are taken and employees will be rostered in a safe manner.
- Employees to be more physically active by facilitating active opportunities within the community.
- Provide healthy eating choices in the workplaces (when applicable) and include food preparation/storage education training.
- Implement a smoke free workplace environment and support employees to quit smoking
- To promote employee social and emotional wellbeing through workplace practices and policies.
- To increase employee knowledge and awareness around key health topics including drugs and alcohol
- Equality, Fairness and non bias treatment to employees and participants.
- Promote and encourage employees to access the Employee Assistance Program.
- Coordinate Time in Lieu flexibility for hours worked where a non-service delivery employee and/or a community clinical nurse is required to exceed their daily hours of work for operational reasons, and/or work outside of their contracted operational hours of work, National management will enact Time in Lieu within that same day and/or week in agreement with the employee to ensure contractual hours are within our recognised healthy work life balance plan of ensuring employees do not exceed 76 hours a fortnight. In the event overtime is required, executive management authorisation is required prior to undertaking overtime.

### **The *Employee* is responsible for:**

- Understand and seek clarification from National where required
- Support fellow employees in their awareness of this policy
- Support, contribute and participate in the Agencies aim in providing a safe, healthy and supportive environment for all employees
- Ensuring you are fit and healthy to attend work and fulfill all required duties

### **National is responsible for:**

- Ensuring all employees are made aware of this policy and it is easily accessible for employees
- Actively support, contribute and participate in the implementation of this policy, including its goals and objectives
- All Breaks are taken and employees will be rostered in a safe manner.
- Maintain Platinum Plus Status ‘Healthier Work’ recognition and implement our annual Healthier Work Place Plan.



- Maintaining an active account with the identified Employee Assistance Program.

### *Employee Assistance Program*

National Promote and encourage employees to access the Employee Assistance Program at their discretion. National selected Relationships Australia for the following factors:

- Relationships Australia do not provide any details to National on your confidential communications with the service.
- The only data National receive is the number of calls received by Relationships Australia within the quarter and the following quarterly retainer for service regardless the usage.
- The remaining retainer not utilised within the quarter is then dispersed to causes in need within the local area aligning with National core values.
- Relationships Australia Canberra & Region's Employee Assistance Program provides a safe and confidential place for employees to talk about concerns they may be having at home or at work.
- Through an Employee Assistance Program employees can access support independent of the workplace in a non-judgemental environment.

Relationships Australia hold experienced counsellors that can provide support, through individual, couples or family counselling, with issues including:

- stress, anxiety, fatigue or depression
- financial concerns
- relationships and family matters
- interpersonal conflict
- caring responsibilities
- working relationships
- workplace change
- substance abuse and/or addiction
- separation or divorce
- compulsive or addictive behaviours
- grief, loss and bereavement
- work-life balance
- violence or abuse.

The benefits of a workplace Employee Assistance Program arrangement include:

- a more satisfying work environment
- enhanced workplace harmony
- reduced stress
- increased employee productivity
- improved retention of staff.

### **Relevant legislation**

Human Rights Act 2004

Work Health & Safety Act 2011

Human Rights Commission Act 2005

Food Safety Standards 2014



## Right to Disconnect Policy

### **POLICY STATEMENT**

National recognises the importance of all employees being able to switch off and disconnect from work to obtain adequate rest. Rest and recovery are important to support employees' mental health and wellbeing and their productivity during working hours. This aligns with Nationals Wellbeing Policy, Healthier Work Place Plan, and Mental Health Policy. National is also committed to all employees achieving work-life balance, including by reducing the risks of stress and burnout and ensuring the health and safety of all employees in the workplace.

### **PURPOSE**

This policy's purpose is to address all employees' right to disconnect as set out in the Fair Work Act in accordance with the Employer's business needs and statutory obligations, and to provide rules and guidance to ensure:

- a culture where all employees feel that they can switch-off and disconnect from work outside of their usual working hours, and
- clear expectations about acceptable ways of communicating with clients, colleagues, employees, and managers at various times

### **SCOPE**

This policy applies to all of The Employer's employees and is subject to The Employer's right to contact and communicate with employees about their employment.

### **POLICY**

The right to disconnect is defined as an employee's right to refuse to monitor, read, or respond to contact or attempted contact from their employer, or a third party in relation to their work, outside of their ordinary working hours, unless it is unreasonable to do so. Examples of unreasonable refusal of contact could include but are not limited to where:

- the employee has identified they are available within the schedule board
- there is an emergency
- the employee holds critical information or property urgently required
- a manager is contacting an employee about their welfare or fitness to work
- an employee has agreed to be on-call, or
- the nature of the employee's role and responsibilities include reasonable expectations that they be contactable outside of their ordinary working hours.

'Contact' can include but is not limited to:

- emails
- telephone calls
- text messages, or
- Schedule Application notifications
- social media or instant messaging chat (Facebook, Google, Slack, Teams, and the like).
- This policy should be read alongside the Employer's associated policies on:



- home working and remote working
- social media
- annual leave
- personal/carer's leave
- other leave
- health and safety, including risk assessments, safe use of equipment, and ergonomic use of equipment, and
- any other policy that may become relevant.

## **WORKING HOURS**

The Employer's normal business hours are identified as 24 hours 365 days a year. As such, permanent employees ordinary working hours are set out either in your contract or in any applicable roster. Casual employees are required to identify their available working hours within the roster schedule board, noting communication to deploy to a shift needs to occur prior to the period of availability. For clarity, being contacted the evening before to be dispatched to a shift for the following morning is considered reasonable. As staff within the Employer's organisation may work different patterns of hours, be aware that the right to disconnect applies to individual employees' ordinary working hours.

## **RESPONSIBILITIES**

Both you and the Employer have a part to play in ensuring that the Employer meets its operational needs and complies with its obligations, and employees are able to enjoy their right to disconnect.

### ***Employee Responsibilities***

The Employer expects you to:

- manage your own working time efficiently to ensure that tasks, duties, and projects are completed within reasonable timeframes and ordinary working hours
- take reasonable care to ensure your own health and safety and the health and safety of others in the workplace
- be mindful of colleagues', clients', customers', and any other person's working hours when contacting or attempting to contact them and when setting deadlines. For internal communications, office team are required to check outlook calendars before booking meetings.
- follow all lawful and reasonable directions about working hours, whether working onsite, remotely, or from home, including a direction to log off or to record working time
- avoid scheduling meetings, calling, chatting, sending emails or messages to colleagues outside of their ordinary working hours, especially about work matters
- turn off company-issued devices such as laptops, mobile phones, or any other device used for communicating or accessing work matters remotely, outside of your ordinary working hours, as applicable and unless directed otherwise by your manager
- discuss with your manager excessive workloads, inability to complete work within requested deadlines, inability to take or difficulty with taking rest or meal breaks, or difficulties with disconnecting from work, and
- report any concerns with your right to disconnect to your manager.



### ***Nationals Responsibilities***

We will always take steps to ensure that all employees, regardless of their place of work, are:

- informed of what their normal working hours are reasonably expected to be
- able to take relevant rest breaks and rest periods
- able to take annual leave, personal/carer's leave, other leave, or other authorised absences and not be asked to conduct work during these times

Steps that we may take include, but are not limited to, ensuring that:

- Employees are contacted by their managers, so far as possible, within employees' working hours and that managers do not make a habit of contacting employees outside of their working hours, unless circumstances require it
- Employees required to monitor, read, or respond to contact or attempted contact outside of their ordinary working hours are directed to do so reasonably having regard to the reasons for the contact, method of contact, their pay, nature of their role, level of responsibilities, personal circumstances, and expected level of disruption or additional hours to be worked
- Excessive communication or logging in excessively outside of working hours is raised with employees to discuss any barriers to switching off
- Meetings are scheduled during employees' ordinary working hours (except for rest and meal breaks), except where this is not reasonably practicable, for matters directly relevant to an employee's work
- All employees are respectful of each other's schedules and working hours to allow others to disconnect from work matters when they are not at work
- Issues concerning excessive workloads or difficulties switching off from work are discussed between employees and their managers
- Managers take note of, approach, and discuss with employees engaging in regular communication or work outside of their usual working hours, and
- Less favourable treatment or other adverse action towards employees who exercise their right to disconnect is not tolerated

### **COMMUNICATIONS**

Where possible, e-mails should be checked or sent only during normal working hours. Due to differing patterns of work in the organisation, some employees may send communications at times which are inappropriate for other employees, eg weekends or outside of working hours. The sender should give due consideration to the timing of their communication and potential for disturbance, and the recipient should understand that they will not be expected to respond until they next start their working hours unless otherwise agreed between the parties.

All National office team members with a @National email address have supporting signature blocks stating *Please know at Team National, we respect boundaries around work, personal time and rest. Should you receive correspondence from me during a time that you're not working, please protect your time and wait to respond until you are next working.*





The Employer may contact employees outside of agreed working hours where circumstances require and it is reasonable to do so. Unless business and operational needs dictate that an immediate response is required, employees are not expected to read or respond to this contact until they next start their working hours.

## Mental Health Policy

### **POLICY STATEMENT**

National Community Care recognise the working environment can often present hazards that may impact on the mental health of employees, potentially causing the employee to suffer a psychological injury or exacerbating a pre-existing condition. This may occur at a physical workplace, or any location or situation related to work or in which work is performed.

Hazards in the workplace that may impact upon the mental health of workers, and therefore potentially result in psychological injuries, include the physical workplace environment, the nature and complexity of the work itself, work procedures, behaviour of workers towards one another, the structure of National, the potential exposure to violent or traumatic events and/or the introduction of work restrictions that are beyond the control of National.

### **SCOPE**

This policy applies to all employees.

### **POLICY**

National is committed to helping to support the overall mental wellbeing of its workers and ensuring that the risk of psychological and/or psychosocial injuries in the workplace are eliminated as far as is practical and is effectively and pro-actively managed through a risk management approach.

### **Identifying Mental health risks**

Workplace hazards that may result in mental health risks and psychological injuries include anything in the overall design or management of work and/or the workplace that increases the risk of work-related stress and results in a physical, mental or emotional reaction.

Such hazards may be identified by:

- having conversations with workers, supervisors and managers
- inspecting the workplace to see how work is carried out
- identifying how workers interact with each other during work activities
- reviewing relevant information and records such as reporting systems including incident reports, workers' compensation claims, staff surveys, grievance records, absenteeism and staff turnover data
- using surveys to gather information from workers, supervisors and managers, and
- ensuring regular feedback from isolated workers such as those working from home is taken into consideration.

National recognises that individuals respond to hazards in different ways and that individual differences such as age, existing disabilities, injuries or illnesses as well as life experiences may make some workers more susceptible to harm from exposure to the same hazard. It is also recognised that there may be more than



one aspect of the working environment or workplace that is contributing to the mental health of workers and the risk of psychological injuries.

To clearly identify the risk of psychological injuries to workers, National will ensure that the job, task and role hazards are identified, particularly where:

- work requires sustained high physical, mental and or emotional effort, including long work hours, shift work and related fatigue, excessive workloads, emotionally distressing work or episodes, exposure to traumatic events, and exposure to extremes in the work environment such as prolonged exposure to physical and environmental workplace hazards
- work requires only low levels of physical, mental or emotional effort, including repetitive and/or monotonous tasks
- workers have a low level of control over the work being undertaken and are not involved in decisions that may impact upon them
- work is performed in an area of the workplace that may have minimal support from supervisors and co-workers such as remote or isolated workers
- workers may not have received sufficient training, information and instruction to undertake the work required safely and correctly
- there may be known or potential poor relationships or conflict between management and workers or between co-workers. This includes the identification of workplace bullying, aggression, harassment (including sexual harassment), discrimination, or other unreasonable behaviour by co-workers, supervisors or clients
- there may be a perceived lack of fairness by workers in addressing organisational issues and resource allocation or where performance issues have been inappropriately or poorly managed
- the role being undertaken by workers is not clearly defined, involves frequent changes or conflicts in expectations, procedures or performance standards, and
- the workplace is undergoing structural or organisational change whether initiated by National or by demands or restrictions placed upon the workplace that are beyond the control of National

### **Assessing mental health risks**

As part of the risk management approach, National will ensure that any work-related hazards that could impact upon a worker's mental health are assessed to determine the seriousness of these hazards.

The first step in assessing mental health risks will be to focus on those parts of National where risks to the mental health of workers have already been identified or where a potential of such risk has been identified.

The most suitable assessment methodology must be used, taking into account the nature of the risk and the process must also take into account the workers views of any known or potential work-related mental health hazards.

In assessing these risks, the following factors should be taken into account:

- the social and physical environment, such as the individual or group of workers':
  - role within National
  - opportunities for career development and their overall status within National, including remuneration levels
  - conflicting home/work demands



- overall working environment, including physical and environmental conditions, the condition of plant and machinery used at work and the presence of workplace hazards such as hazardous noise, hazardous manual handling and hazardous chemicals
- the way that work and systems of work are organised, such as:
  - the complexity, content and demands of the work required
  - the workload expectations and pace of the work
  - work schedules and working hours
  - work procedures
  - the extent of participation and control that workers have over the work
- the way that work is managed, including:
  - the level and quality of supervision provided to workers
  - the level of information, instruction and training provided to workers and whether it is sufficient to enable workers to do their work safely and correctly and allows them to meet National's expectations
  - the level of resources allocated to undertake the work
- interpersonal relationships, particularly where there may be poor existing relationships resulting from:
  - breakdowns in relations between management/supervisors and workers
  - breakdowns in relationships between co-workers
- organisational or structural change within the business, including restructures, potential sale of the business or work restrictions placed upon National over which it has little or no control, and
- the introduction of new or additional resources or processes that may change the way work is undertaken.

### **Controlling mental health risks**

National recognises that the management of work-related mental health issues and the psychological health and safety of workers starts with a clear and open commitment from National. To this end, National will ensure as far as is practical that:

- any work-related factor that may impact upon the mental health of workers is identified, recognised, assessed and controlled, including where such impact is not able to be controlled by National such as a change in Government policy
- the work expectations of workers are clearly identifiable, for example through job descriptions, relevant policies and work procedures
- all workers are provided with an appropriate induction that includes information related to National's commitment to the mental health of workers and the workers responsibilities related to helping to ensure a healthy and safe workplace
- all workers have sufficient training, instructions, tools and equipment to do their work safely
- the skills and experience of workers is appropriately utilised by National, and workers are not routinely underutilised or used in areas of work where they have not been deemed competent
- all managers and supervisors are provided with sufficient training in the identification, prevention and management of mental health risks and in good management practices



- all managers and supervisors understand the procedures and processes in place, including those relating to the taking of reasonable management action, to eliminate or minimise the risks of work-related mental health risks and psychological injuries to workers
- there is adequate and appropriate supervision of workers and that there is a mechanism for consultation between management, supervisors and workers in relation to mental health risks in the workplace
- all managers and supervisors understand National's operations, including the hazards to the mental health of workers and the overall health and safety of workers
- all workers understand the applicable organisational operations that may impact upon their mental well-being and the processes and procedures in place to eliminate, minimise and report any mental health risks
- the physical work environment is safe with appropriate and adequate plant and equipment for workers to perform their jobs properly and safely
- the systems of work are safe when properly followed and that they take into account the establishment of realistic deadlines, access to adequate breaks and leave and include fair and equitable work scheduling and rostering
- there are appropriate resources and processes in place to eliminate or manage mental health risks and the risk of work-related psychological injuries
- the resources and processes designed to eliminate or manage mental health risks and the risks of work-related psychological injuries are effectively and efficiently implemented, managed and utilised
- there are appropriate processes for receiving, monitoring and reviewing information on incidents, hazards and risks related to the mental health of workers
- any reports or information related to potential work-related mental health issues are responded to in a timely way
- investigations in relation to mental health issues will be completed in a timely manner, and (if substantiated) appropriate action will be taken promptly to prevent re-occurrence
- it acquires up to date knowledge of work-related mental health matters, the risks to the psychological health of workers and general health and safety matters
- a process is in place to verify that resources and processes are provided and used to manage work-related risks to the mental health of workers
- there are sufficient resources in place to assist workers with non-workplace related mental health issues and their overall mental health, including the provision of confidential counselling for affected workers, whether work related or not
- workers receive adequate and appropriate feedback on work performance and that due recognition is given for positive performance
- it is able to offer a safe and effective return to work to any worker who may be returning to work following mental health issues or may have sustained a psychological injury, and
- regular monitoring and review of the effectiveness of measures are in place to eliminate or reduce mental health hazards and the risks of workers sustaining a psychological injury.

***Bullying and harassment – See Workplace Bullying and Harassment Policy***

A major risk to the mental health and wellbeing of workers is bullying or harassment at the workplace. Regardless of whether bullying or harassment occurs via physical, verbal or non-verbal conduct, it can be a



major risk factor for psychological injuries potentially resulting in anxiety, depression and suicide, and can adversely affect the psychological and physical health of a worker.

In line with its policy in relation to mental health risks, National will ensure that effective control measures are put in place to address and resolve workplace issues early, thereby minimising the risk of workplace bullying or harassment.

Bullying is repeated, offensive, abusive, intimidating, insulting or unreasonable behaviour directed towards an individual or a group, which makes the recipient(s) feel threatened, humiliated or vulnerable. Whether intentional or not, bullying creates a risk to health and safety and will not be tolerated by National. It includes, but is not limited to:

- abusive, insulting or offensive language or comments
- physical or emotional threats
- aggressive and intimidating conduct
- belittling or humiliating comments
- victimisation
- practical jokes or initiation
- unjustified criticism or complaints
- deliberately excluding someone from work-related activities
- withholding information that is vital for effective work performance
- setting unreasonable timelines or constantly changing deadlines
- setting tasks that are unreasonably below or beyond a person's skill level
- denying access to information, supervision, consultation or resources to the detriment of the worker
- spreading misinformation or malicious rumours, and
- changing work arrangements such as rosters and leave to deliberately inconvenience a particular worker or workers.

Harassment is any unwanted physical, verbal or non-verbal conduct based on grounds of age, disability, gender identity, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation which affects the dignity of anyone at work or creates an intimidating, hostile, degrading, humiliating or offensive environment. Whether intentional or not, harassment creates a risk to health and safety and will not be tolerated by National. It includes, but is not limited to:

- insensitive jokes and pranks
- lewd or abusive comments about appearance
- deliberate exclusion from conversations
- displaying abusive or offensive writing or material
- unwelcome touching, and
- abusive, threatening or insulting words or behaviour.

Where any incidents of bullying or harassment are identified, it will be addressed via a disciplinary procedure in line with our disciplinary policies and procedures.

If the behaviour involves violence such as physical assault or the threat of physical assault, the matter will be reported to the police.

### **Worker responsibilities**



National recognises that the management of work-related mental health issues and the psychological health and safety of workers starts with a clear and open commitment from National. However, the overall success of our risk management strategies is also dependent upon workers understanding their responsibilities in relation to helping to minimise the risks to their own mental health and the mental well-being of others at work.

To this end, workers are responsible for ensuring that they:

- have received an appropriate induction that includes information related to National's commitment to the mental health of workers and the workers responsibilities related to helping to ensure a healthy and safe workplace
- understand National's commitment to the overall mental health of workers and the policies and procedures developed to help identify, assess and control risks to mental health in the workplace
- understand their role at work, ensure that it has been clearly identified and it is clearly within the scope of their skills, knowledge and experience
- have received sufficient training, instructions, tools and equipment to do their work safely
- actively participate in the consultation mechanisms or forums designed to help ensure their health and safety at work, including those targeted at the overall mental health of workers
- understand the applicable organisational operations that may impact upon their mental well-being, including those beyond the control of National, and the processes and procedures in place to eliminate, minimise and report any mental health risks
- comply with all systems of work and procedures that are designed to help ensure their health and safety and the health and safety of others at work, including those specifically designed to eliminate or minimise mental health risks
- utilise the applicable reporting procedure to report any work-related hazard to their own mental health or the mental wellbeing of others at work as soon as it becomes evident, include any incidence of bullying or harassment (as outlined below) affecting themselves or another worker, and
- receive adequate, appropriate and timely feedback on work performance.

In minimising the mental health risks to others in the workplace, workers must not act or behave in a manner that could be considered bullying or harassment. Such behaviour creates a risk to health and safety and, whether intentional or not, will not be tolerated by National.

#### **References:**

Employment directed policy  
Work Health and Safety Act 2011  
Mental Health Act 2014



## Grievance Procedures Policy

### **POLICY STATEMENT**

National is committed to providing a harmonious work environment and will actively work to resolve grievances and complaints as quickly if possible.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

Most routine complaints and grievances are best resolved informally in discussion with National. Dealing with grievances in this way can often lead to a rapid resolution of problems.

#### **Raising a grievance informally**

It does not have to be in writing at this stage, however there are certain markers to meet.

#### ***Check the rules.***

Problems often happen because employers and employees don't know their workplace rights and obligations. This may be workplace policy, or a legal obligation such as a change in Award and/or law. An easy way to fix workplace problems is to find out what the law is and follow it.

#### ***Communicate.***

If you've checked the policies and/or law and still think there is a problem, the next step is to have a conversation with your employer or employee. Try talking to your employer or employee first in which you have the grievance with. This affords you both the opportunity to communicate and work together to come up with their own solutions, the problem can be an opportunity to collaboratively resolved without further support.

- Make time to talk to your employer or employee without interruptions.
- Be sure to identify you need to raise a grievance to allow the appropriate frame of mind of participating employees. This can be done by identifying you need to speak privately, scheduling a meeting in outlook or via the 'Book with me' function, verbally requesting when a suitable time might be.
- Grievance should be raised at the time it occurs with the direct person and/or if it is being raised to an Up Line, it should be done so within employees operational hours.
- Conversation should be undertaken in a safe and confidential workspace such as an office or meeting room. For clarity, not in the car park, or with clients, or raised in front of others.
- The conversation can be informal, however still needs to be professional. It should not be had casually on the way out the door, in passing and/or in online chats or sms.
- Noting a grievance is not the same as a Lead providing a direct report with a work directive, raising a work task concern in a open work discussion/meeting and/or discussion of performance related tasks. Should an employee feel such an interaction becomes a grievance it should be raised at that time.
- Be prepared: know the issues you want to discuss, bring along any relevant paperwork, for example pay slips or bank statements, have some suggestions for how the issue could be fixed.
- Listen, keep an open mind and consider all points of view.



- Let your employer or employee know that you've checked the relevant policies, entitlements or obligations

### ***Put it in writing***

When you've agreed on next steps or outcomes, it helps to put it in writing so everyone is clear on what you agreed on and what will happen next. For example, you could send a follow up email to your employer or employee with a summary of what you talked about and agreed to.

If you haven't been able to agree on next steps, it can help to put your concerns in writing. This is a good way to clearly identify the issues that haven't been resolved and what type of response you want.

If you put something in writing that needs an answer, make sure you give the other person enough time to respond. Remember to be polite and courteous. Most problems at work happen because of a misunderstanding.

### ***Take further action***

If you haven't been able to fix the issue by raising it with your employee or employer, you may want to take further action. The action you choose to take will depend on the issue you're trying to resolve and the type of help you want. This leads into raising a formal grievance.

## **Proceeding with a Formal Grievance Complaint**

Where the grievance cannot be resolved informally, it should be dealt with under the formal grievance procedure outlined in the relevant Industrial Award or Agreement (*the Award*).

National engage an external independent service 'Employsure' for 24/7 employment advise on all performance management, serious concerns and grievance matters. This process ensures an unbiased approach to any matters raised with a professional approach in line with the relevant legislation and operating awards.

The procedures for settlement of grievances while in the employ of National are as follows:

- The employee shall contact National and advise of the grievance or dispute in question. National will record all relevant details in writing and attempt an immediate resolution of the issue. The details of the discussion will be placed on file and a copy provided to the employee.
- If the dispute remains unresolved both parties will meet with a third party as mediator. A record of the meeting will be placed on file and a copy provided to the employee.
- If resolution is not achieved, then another meeting will be held with a mediator present. A record of the meeting will be placed on file and a copy provided to the employee.
- At all stages of the resolution process either party has the right to appoint another party to act on their behalf in an effort to resolve the matter.
- All parties commit to the pursuit of resolution of any matter in dispute in good faith and will continue to fulfil their respective obligations during the dispute resolution process.

## **Relevant references**

Nurses Award 2010

Social,Community,Home Care and Disability Services Industry Award 2010

[Employsure](#) | [Free Initial Advice](#) | [Workplace Relations & WHS Specialists](#)





[an-employees-guide-to-resolving-workplace-issues.docx \(live.com\)](#)



## Workplace Bullying & Harassment Policy

### INTRODUCTION

National is committed to the provision of a fair, healthy and safe workplace in which everyone is treated with dignity and respect and in which no individual or group feels bullied, threatened or intimidated.

Bullying or harassment in any form is unacceptable behaviour and will not be permitted or condoned.

We recognise that bullying and harassment can exist in the workplace, as well as outside, and that this can seriously affect workers' working lives by detracting from a productive working environment and can impact on the health, confidence, morale and performance of those affected by it, including anyone who witnesses or has knowledge of the unwanted or unacceptable behaviour.

### HARASSMENT

The intention of these procedures are to inform workers of the type of behaviour that is unacceptable and to provide procedural guidance.

We recognise that we have a duty to implement this policy and all workers are expected to comply with it.

Harassment is any unwanted physical, verbal or non-verbal conduct based on grounds of age, disability, gender identity, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation which affects the dignity of anyone at work or creates an intimidating, hostile, degrading, humiliating or offensive environment.

A single incident of unwanted or offensive behaviour can amount to harassment.

Harassment can take many forms and individuals may not always realise that their behaviour constitutes harassment. Examples of harassment include:

- insensitive jokes and pranks;
- lewd or abusive comments about appearance;
- deliberate exclusion from conversations;
- displaying abusive or offensive writing or material;
- unwelcome touching; and
- abusive, threatening or insulting words or behaviour.

These examples are not exhaustive and disciplinary action at the appropriate level will be taken against employees committing any form of harassment. Appropriate action in relation to an employee will include disciplinary action in accordance with National's disciplinary and disciplinary termination procedure. For other workers, appropriate action may include termination of their engagement with National.

### BULLYING

Bullying is repeated, offensive, abusive, intimidating, insulting or unreasonable behaviour directed towards an individual or a group, which makes the recipient(s) feel threatened, humiliated or vulnerable. Note single incidents of bullying will not be tolerated.

Bullying can occur in the workplace and outside of the workplace at events connected to the workplace, such as social functions or business trips.



Bullying can be a form of harassment and can cause an individual to suffer negative physical and mental effects.

Bullying can take the form of physical, verbal and non-verbal conduct. As with harassment, there are many examples of bullying, which can include:

- abusive, insulting or offensive language or comments;
- unjustified criticism or complaints;
- physical or emotional threats;
- deliberate exclusion from workplace activities;
- the spreading of misinformation or malicious rumours; and
- the denial of access to information, supervision or resources such that it has a detrimental impact on the individual or group.

These examples are not exhaustive and disciplinary action at the appropriate level will be taken against employees committing any form of bullying. Appropriate action in relation to an employee will include disciplinary action in accordance with National's disciplinary and disciplinary termination procedure. For other workers, appropriate action may include termination of their engagement with National.



## *Bullying and Harassment Complaint Procedures*

### **Advisement Service**

National engage an external independent service 'Employsure' for 24/7 employment advice on all performance management, serious concerns and grievance matters such as bullying and harassment. This process ensures an unbiased approach to any matters raised with a professional approach in line with the relevant legislation and operating awards to ensure positive outcomes.

### **Informal complaint**

We recognise that complaints of bullying, harassment, and particularly of sexual harassment, can sometimes be of a sensitive or intimate nature and that it may not be appropriate for you to raise the issue through our normal grievance procedure. In these circumstances you are encouraged to raise such issues with a senior colleague of your choice (whether or not that person has a direct supervisory responsibility for you) as a confidential helper.

If you are the victim of minor bullying or harassment you should make it clear to the alleged bully or harasser on an informal basis that their behaviour is unwelcome and ask the individual to stop. If you feel unable to do this verbally then you should hand a written request to the individual, and your confidential helper can assist you in this.

### **Formal complaint**

Where the informal approach fails or if the bullying or harassment is more serious, you should bring the matter to the attention of management as a formal written complaint and again your confidential helper can assist you in this. If possible, you should keep notes of the bullying or harassment so that the written complaint can include:

- the name of the alleged bully or harasser;
- the nature of the alleged incident of bullying or harassment;
- the dates and times when the alleged incident of bullying or harassment occurred;
- the names of any witnesses; and
- any action already taken by you to stop the alleged bullying or harassment.

On receipt of a formal complaint, we will take action to separate you from the alleged bully or harasser to enable an uninterrupted investigation to take place. This may involve a temporary transfer of the alleged bully or harasser to another work area or suspension of employees (with contractual pay) until the matter has been resolved.

The person dealing with the complaint will invite you to attend a meeting, at a reasonable time and location, to discuss the matter and carry out a thorough investigation. You have the right to be accompanied at such a meeting by your confidential helper or another work colleague of your choice and you must take all reasonable steps to attend.

Those involved in the investigation will be expected to act in confidence and any breach of confidence will be a disciplinary matter.



On conclusion of the investigation which will normally be within ten working days of the meeting with you, a report of the findings and of the investigator's decision will be sent, in writing, to you and to the alleged bully or harasser.

**GENERAL NOTES**

If the report concludes that the allegation is well founded, appropriate action will be taken against the bully or harasser.

If you bring a complaint of bullying or harassment you will not be victimised for having brought the complaint. However, if the report concludes that the complaint is both untrue and has been brought with malicious intent, appropriate action will be taken against you. Appropriate action in relation to an employee will include disciplinary action in accordance with National's disciplinary and disciplinary termination procedure. For other workers, appropriate action may include termination of their engagement with National.



## Relationships at Work Policy

### **INTRODUCTION:**

It is the expectation of the Employer that you will carry out your duties with integrity and avoid conflicts between any private interests, specifically personal relationships, and workplace responsibilities.

### **POLICY STATEMENT:**

This policy provides guidelines for family members, domestic partners, significant others, and/or similar personal and consensual relationships, in the workplace.

Personal relationships should not interfere with, be seen to interfere with, or influence practices in the workplace. The Employer expects you to avoid and minimise the likelihood of conflicts arising due to personal relationships. (See Conflict of Interest)

### **PERSONAL RELATIONSHIPS AND THE WORKPLACE:**

Personal relationships can include:

- family relationships (including spouse, children, siblings, cousins, relations by marriage, parents or other close relatives)
- emotional relationships (including sexual relationships and friendships)
- financial relationships (including commercial relationships where pecuniary interest is present)
- Personal relationships may involve you, client/participants, potential client/participants, business associates and work colleagues.

Personal relationships must not interfere with decisions or processes associated with the following:

- selection and promotion of staff
- confirmation of appointment
- performance review
- staff development opportunities

### **CONFLICTING EMPLOYMENT RELATIONSHIPS:**

The Employer permits the employment of qualified family members, domestic partners, significant others and/or similar personal relationship of employees as long as such employment does not create a conflict of interest.

In accordance with the Employer's standard employment policies, the basic criteria for employee selection or promotion shall be appropriate qualifications in terms of education, experience, training and performance, consistent with organisational needs.

Relationships by family, marriage, domestic partnership and/or similar personal relationship shall constitute neither an advantage nor a disadvantage to selection, promotion, salary, or other conditions of employment.



Persons involved in relations will not be rostered on shift together, or oversee the management of.

### *Declaring Potential Conflict of Interest and/or Relationship Status*

The Employer values an environment of inclusion, trust and respect as beneficial for the working and learning environments for all. The Employer acknowledges that romantic or sexual, business and other intimate relationships may develop and/or exist in a work environment. All relationships must be consensual but, even though the relationship is consensual, it can raise serious concerns about the validity of the consent, conflicts of interest, and favouritism.

If you become involved in a situation where a personal relationship may be a source of conflict you should declare any such possible conflict of interest to management. A source of conflict can include where you engage in a relationship with another employee who is in either a direct or indirect supervisory role.

If you become family members, domestic partners, significant others and/or a similar personal relationship, with another employee you may retain your position, provided that you are not the direct or indirect supervisor or under the supervision of the other employee.

If you are involved in a personal relationship and you are in a supervisory position to the other employee, it is your responsibility to advise management. A management plan must be formulated to address the supervisory relationship.

Employee to complete a Conflict of Interest Form and submit to employees direct lead at [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)  
See disclosure form - [COI Application 2024-25.docx](#)

Upon receiving COI Form, Lead must review the Conflict Register and enter into the COI tab and the Weekly Risk Register within the [All Register - NCC.xlsx](#) and identify actions / recommendations to be implemented to reduce risk.

#### **UNAVOIDABLE CIRCUMSTANCES:**

If you are unavoidably assigned to a position that creates a co-worker or supervisor-subordinate relationship, the Employer will use its discretion and sound judgement in order to avoid creating a conflict of interest. This can include additional employment with completing providers.

#### **RELATIONSHIPS WITH CLIENT/PARTICIPANTS:**

Relationships beyond professional relations with clients/participants is strictly prohibited. When you interact with client/participants, you are frequently in a position of trust and influence. These relationships must not jeopardise the effective functioning the Employer or by the appearance of either favouritism or unfairness in the exercise of professional judgment, boundaries, confidentiality and decision making.

In the event National is engaged to provide an employee's partner/relative with supports, to ensure professional and ethical boundaries are not in breach, the employee will not be approved to provide paid services to said relative under their employment with National.



**ALLEGATIONS AND INVESTIGATIONS:**

If you, whether or not involved in a personal relationship, believe you have been, or are being, adversely affected you are to raise concerns with management. If you are in a relationship that may be viewed as harassment or discrimination you should refer to the Grievance and Bullying and Harassment, and Disciplinary and Termination policies and consult executive management.





## People + Culture Processes:

### National Community Care Personnel

## Employee Request for Documents and Supplies

### **POLICY STATEMENT**

National is committed to providing quality, and responsive support and assistance to our employees and any document and/or supply requests.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

National have a legal obligation to provide all employees with a letter of service upon request. Any requests beyond this, National are happy to fulfill within reason.

Employees are required to put all requests to management in written and allow reasonable timeframes to respond and action requests.

This can include but is not limited to the following:

*Uniforms*

*Supplies: Gloves, masks, gowns*

*VISA Letters of Support*

*Letter of Service*

*Reference Reports*

*Post-Grad Applications*

*Reference Applications*

*Government Centrelink forms*

### **Employee Responsibilities:**

- Put in a written request within business hours and within reasonable time frames.
- Allow 7 days for uniforms an/or supplies. Collection is from National HQ within business hours to ensure supply is in stock (or longer depending on stock availability).
- Allow 7-days for all VISA and/or Support Letter Requests.
- Employee to provide the pre-filled statutory declaration and/or Letter of Support to National with all appropriate information for verification, approval and signing.  
In the event National need to adjust anything, you will be notified.
- Allow 7-days for all Government forms.
- Allow 7-days for all reference related applications, reports and checks.
- For all Grad Nursing References and Applications, National support our team in self-reflection and self-development and believe this is an important skill as a nurse. As such we promote all graduating nurses to complete the reference with an honest grading of their experience and time at National.



Upon submission to National for review, National will revise and make any necessary changes before signing and returning the reference.

- Please note, in some instances, particular forms and letters require verification from a Justice of the Peace. In this event, the management team are required to go off site to complete your request.
- National ask that employees are respectful of management working hours as we promote a healthy work life balance across all positions within National.
- All staff should be mindful and respectful of this process. Often such requests impact our management role daily operational duties within the business and disruptions to client services.

***National Responsibilities:***

- To fulfill employment requests in a timely manner.
- Utilise data captured within rosters and employee files to support document requests
- Prepare any uniform and supply requests for collection and notify employee when item(s) are ready for collection.
- In the event the item is out of stock, arrange orders and notify employee of situation and when new supply is available for collection.
- Administration Team is responsible for ensuring 10 day minimum of full PPE to be available across all National sites a breakout.
- Daily Operations Team is responsible for maintaining secondary overnight of PPE to prevent short supply.
- All finalised documents provided to employee should be scanned, saved and labelled appropriately on employee files in SharePoint. See [Operational - Documentation and Record Keeping Policy and Guidelines.docx](#)



## Flexible Work Arrangements: Non-Service Delivery

### **POLICY STATEMENT**

National is committed to providing a safe and supported workspace for employees within identified National spaces, and take into consideration employee circumstance when negotiating flexible work arrangements.

### **PURPOSE**

To provide a supportive alternative for eligible employees to maintain and/or improve on work related outcomes with flexible work arrangements.

### **SCOPE**

This policy applies to all employees of National, noting Employees are not entitled to make the request unless they have completed at least 12 months of continuous service with their employer immediately before making the request.

### **POLICY**

In relation to Flexible work arrangements, this must be captured within an employees contract and/or have an amendment made to the contract for eligible and/or approved flexibility.

At National, we consider two types of flexibility.

ONE – Time in Lieu flexibility for hours worked

Where a non-service delivery employee and/or a community clinical nurse is required to exceed their daily hours of work for operational reasons, and/or work outside of their contracted operational hours of work, National management will enact Time in Lieu within that same day and/or week in agreement with the employee to ensure contractual hours are within our recognised healthy work life balance plan of ensuring employees do not exceed 76 hours a fortnight. In the event overtime is required, executive management authorisation is required prior to undertaking overtime.

TWO – Permanent / Pre-Approved flexibility.

As per the National Employment Standards (NES), all employees covered by the national workplace relations system regardless of any award, agreement or contract have the right to request flexible working arrangements.

An employer can only refuse such a request on 'reasonable business grounds'.

Download the Fair Work Australia fact sheet (August 2023):

- [Request for flexible working arrangements](#)

### **Eligibility**

Employees are not entitled to make the request unless they have completed at least 12 months of continuous service with their employer immediately before making the request.



The employed position must not be an essential forward-facing role.

An employee may request a change in their working arrangements from their employer if they require flexibility because they:

- are the parent, or have responsibility for the care, of a child who is of school age or younger
- are a carer (within the meaning of the Carer Recognition Act 2010)
- have a disability
- are 55 or older
- are experiencing violence from a member of their family, or
- provide care or support to a member of their immediate family or household, who requires care or support because they are experiencing violence from their family.

In the event medical conditions require flexible arrangements, evidence and advice from health professional stipulating the requirements and/or limitations is required upon request to assist with consideration.

If an employee is the parent of a child or has responsibility for the care of a child and is returning to work after taking parental or adoption leave, the employee may request to return to work on a part-time basis to help them care for the child.

Examples of changes in working arrangements may include:

- changes in hours of work (for example, reduction in hours worked, changes to start/finish times),
- changes in patterns of work (for example, working 'split-shifts' or job-sharing arrangements)
- changes in location of work (for example, working from home or another location).

Casual employees are entitled to make a request if:

- they have been employed by the employer on a regular and systematic basis for a sequence of periods of employment of at least 12 months immediately before making the request
- there is a reasonable expectation of continuing employment by the employer on a regular and systematic basis.

**Request for Flexible Working Arrangements Template:**

[request-for-flexible-working-arrangements-template-sts.docx \(live.com\)](#)

**Approval Criteria as per NES:**

The request must be made in writing and set out details of the change sought and reasons for the change. Employers must give employees a written response to the request within 21 days, stating whether they grant or refuse the request. Employers may refuse the request only on reasonable business grounds. If the employer refuses the request, the written response must include the reasons for the refusal. For example: additional costs incurred on employer to facilitate request.

**Reasonable Grounds for refusal**



Reasonable business grounds for refusing a request for flexible working arrangements include but are not limited to:

- the role the worker has been employed as is identified as an essential forward-facing role meaning the employee is required onsite to fulfill onsite duties.
- the new working arrangements requested by the employee would be too costly for the employer
- there is no capacity to change the working arrangements of other employees to accommodate the new working arrangements requested by the employee
- it would be impractical to change the working arrangements of other employees, or recruit new employees, to accommodate the new working arrangements requested by the employee
- the new working arrangements requested by the employee would be likely to result in significant loss of efficiency or productivity
- the new working arrangements requested by the employee would be likely to have a significant negative impact on customer service.

### **COVID Allowances**

During the height of ACT COVID lockdown, forward facing roles were still deemed essential, as such supporting letters can be provided to workers and safe practices implemented in both service delivery roles and office management team. This includes access to PPE, adequate working space to maintain 1.5 metres in social distancing at all times. Office meeting rooms with a maximum of 3 people during such restrictions. Hand sanitation and disinfectant wipes made available at every workstation and shared spaces.

### **Negotiation**

The NES do not require the employer to choose between granting an employee's request in full or refusing the request. Rather, employers and employees are encouraged to discuss their working arrangements and, where possible, reach an agreement that balances both their needs.

### **Dispute of decision**

Employers must either approve or refuse an employee's request in writing within 21 days. If the request is refused, the employer must also include reasons for the refusal. It is a contravention of the Fair Work Act 2009 if an employer does not respond according to these requirements.

There is no requirement for an employer to agree to a request for flexible working arrangements. However, the Fair Work Act 2009 empowers the Fair Work Commission or some other person to deal with a dispute about whether an employer had reasonable business grounds for refusing a request. This generally only happens if the parties to the dispute have agreed in an employment contract, enterprise agreement or other written agreement for that to occur.

In addition, the Fair Work Act 2009 allows State and Territory laws to continue to apply to employees where they provide more beneficial entitlements than the NES in relation to flexible work arrangements. In Victoria, for example, provisions of the Equal Opportunity Act 1995 prohibit an unreasonable refusal to accommodate an employee's responsibilities as a parent or carer.

An employee may also have remedies under relevant discrimination legislation, including the discrimination provisions under the Fair Work Act 2009, if an employee considers they have been discriminated against by the employer's handling or refusal of their request.

For more information on unlawful workplace discrimination, please see Fair Work [Workplace discrimination fact sheet](#).

### **RESOURCES**

- Learn more about flexibility on our [Flexibility in the workplace page](#).



- Our [Flexible working arrangements templates](#) can assist you and your managers and employees in making and responding to requests for flexible working arrangements.
- Access our [free online training](#) for employers and managers - available courses cover best practice approaches to difficult conversations in the workplace, hiring employees, managing employees, managing performance, diversity and discrimination, workplace flexibility, record-keeping and pay slips.
- Find all our [Best practice guides](#) - these easy-to-follow and practical guides will help you transform your business from compliant to best practice, so you can get the most out of your employees.
- The Workplace Gender Equality Agency's [Workplace flexibility page](#) provides resources to assist you in developing and implementing flexibility strategies and policies for your workplace.
- The Australian Human Rights Commission's [IncludeAbility website](#) gives employers best practice advice for creating meaningful employment opportunities for people with disability, and creating accessible and inclusive workplaces for everyone.

### Links

- [Australian Human Rights Commission](#) – for information about preventing discrimination, respecting human rights and promoting diversity in the workplace
- [Fair Work Commission](#) – for information about bullying, sexual harassment, unfair dismissal and enterprise agreements
- [Workplace Gender Equality Agency](#) – for information about promoting and improving gender equality in Australian workplaces.
- [Australian Capital Territory Human Rights Commission](#) [www.hrc.act.gov.au](http://www.hrc.act.gov.au)

### REFERENCES

[Australian Human Rights Commission](#)

[Fair Work Commission](#)



# Recruitment + Employment

## Current Version

<b>Service Area</b>	Disability, Mental health, Aged Care	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   Clinical Team	<b>Date of Issue</b>	14 Jan 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Jan 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2023	Natashia Telfer	CEO	New policy (new system – Xero Me) Updates to onboarding processes simplified
1.2	8/2024	Tahla Moore	GM	WWVP prior to 2021
1.3				
1.4				
1.5				
1.6				
1.7				

## In conjunction with:

- Daily Operations
- Brevity Onboarding: Scheduling Policy



## Position Requirements

Position Descriptions are listed within Item 10 within the Schedule on employee contracts. All position descriptions are in line with the employees employed scope of practice and are considered essential roles to maintain effective services to the community.

<b>Service Delivery Roles:</b> <b>Will be clocking in and out of client shifts</b>	<b>Non-Service Delivery Roles</b> <b>Will be working within contracted hours in office</b>
Registered Nurse (RN)	Administration Officer (AO)
Endorsed Enrolled Nurse (EEN)	National Daily Operations Manager (NDOM)
Assistant Nurse (AN)	National Support Coordination Manager (NSCM)
Support Worker (SW)	Governance Manager (GM)
SIL Manager (SM)	Clinical Manager (CM)
Support Coordinator (SC)	Chief Operations Officer (COO)
On Site Team Leaders (TL)	Chief Financial Officer (CFO)
Services Coordinator	Chief Executive Officer (CEO)

## Employee Recruitment and Selection Requirements

### ALL National Employees

- Drivers Licence and own vehicle
- Minimum 3 months paid experience
- Legally entitled to work in Australia
- X2 Professional References
- 100 points of Identification
- Worker Screening Check
- ACT WWVP card
- ACT Police Check upon employment
- NDIS Worker Orientation Module
- COVID 19 Infection Control Training
- Annual Influenza Vaccination
- Annual COVID-19 Vaccination

### Carer / AIN / Support Workers

- Minimum of a relevant Certificate III  
OR Studying to a higher level
- Valid Senior First Aid (HLTAID011)
- Valid CPR (HLTAID010)
- NDIS Supporting Safe and Enjoyable Meals
- NDIS Effective Communication Module

### Nurse – Registered / Enrolled

- Bachelor of Nursing
- Valid CPR or equivalent
- NDIS Supporting Safe and Enjoyable Meals
- NDIS Effective Communication Module





(Basic Life Support / Advanced Life Support)

- AHPRA Registration

### **Administration / Management / Support Coordination**

- Training and Experience
- X2 Professional References

### **Selection**

National selection process seeks to identify the best candidate on merit.

National reviews all written applications and determines any applicants that they wish to interview. National assesses applicant's suitability based on the key selection criteria and the roles and responsibilities set out in the position description.

Interviews may be conducted face-to-face or over the telephone. Where a phone interview results in the best candidate, National will meet with the applicant before confirming the appointment.

If an applicant is found suitable for employment, a minimum of 2 referee checks will be undertaken to confirm previous roles and responsibilities and employment dates. Where possible, additional questions based on the key selection criteria are asked of referees. Background, registration and required security checks will also be undertaken.

### **After the Decision**

National contacts the approved candidate:

1. offering the candidate the position via email and invited candidate to induction
2. checking Immigration Law Compliance (if applicable)

New employees are invited to attend induction meeting where National prepares a contract for the approved candidate and arranges for it to be signed prior to commencing with National.

During this 2 hour orientation, the new employee will be inducted to workplace operations including policy overview, reportable incidents, complaints and feedback processes and daily operations relating to their employed roll.

National arranges for supply of uniforms, name badges and will provide mandatory orientation and kit bag.



## Worker Screening

The Worker Screening Check will set a single national standard for all NDIS workers, helping to improve participants' choice and control, and the quality and safety of their NDIS supports. Workers who receive an NDIS Worker Screening clearance to work in identified Risk Assessed roles will be subject to ongoing monitoring against police and other information. **National will be required to only engage employees who have an NDIS worker screening clearance in risk assessed roles including management and directors.**

We have deemed all roles at National as Risk Assessed Roles. All personnel are required to provide National with your COVID-19 EXTENSION letter with the 6-month extension post Public Health Emergency. Upon this period, when employee is due for a WWVP renewal, you will be required to apply through Access Canberra and will then be linked to the Worker Screening Register. You will be required to list the relevant National team (NHS, NNA, NCC) as your employer and we will be required to log on and verify your employment.

The NDIS Worker Screening Database will support the NDIS Worker Screening Check. The NDIS Commission is responsible for establishing, operating, and maintaining the database. The database will:

- have a register of cleared and excluded workers from all states and territories to enable national portability of clearances
- support national ongoing monitoring of the conduct of workers with clearances
- mean NDIS providers across the country can sponsor applications and check the clearances of prospective workers through the NDIS Worker Screening Database, without needing to contact individual state and territory worker screening units
- help NDIS providers with record-keeping requirements



## Working with Vulnerable People Policy

### **POLICY STATEMENT**

National is committed to protecting the rights, dignity, and interests of all. The protection of the rights of children, elderly and vulnerable people within the community is ensured by compliance with the legislated checking systems with appropriate safeguards for people who work with, or who want to work with vulnerable people.

The Working with Vulnerable People & Police Check Policy articulates the principles by which the requirements of the Aged Care Act 1997 and the Working with Vulnerable People (Background Checking) Act 2011 is to be managed within National.

### **SCOPE**

This policy applies to all National employees.

### **POLICY**

It is a Condition of Employment for all employees to hold a current certificate of a person's nationwide criminal history in line with the Aged Care Act 1997 and registration issued under the Working with Vulnerable People (Background Checking) Act 2011. The employee must provide the original certificate or a certified copy of the unconditional Working with Vulnerable People registration and current National Police Check Certificate to National prior to commencing employment.

The employee is responsible for obtaining, maintaining and payment of the Police Check and Working with Vulnerable People registration. The cost incurred by the employee may be claimed as a tax deduction as it is an expense incurred in the course of employment.

Where a certificate or registration expires, prior to a new one being provided, the employee will be withheld from providing services until a new certificate and registration is obtained. The National HR Systems contain the certificate issue dates and provide reminder emails to both the employee and National Management when a registration or certificate is due to expire.

Failing to provide ongoing evidence of suitability to work with vulnerable people, in the form of a Police Check Certificate and the Working with Vulnerable People registration may be irreconcilable with employment with National.

#### Assessing Police Certificate and Conditional Working with Vulnerable People Registrations

All Working with Vulnerable People Registrations and Police Certificates must be held unconditionally with nil to minor misdemeanour offences recorded only and each check will be assessed individually in line with the guidance provided in the Accountability Principles 2014 made pursuant to the Aged Care Act 1997. If a registration or certificate is rescinded by the authorised issuer employment may be reviewed immediately.

No person with a precluding offence noted on their certificate will be employed by National and no authorised issuer will provide a registration for any citizen with these offences.

If the employee ceases to hold the registration or the registration becomes conditional, or National has reason to believe that any subsequent check may have recorded outcomes of precluded offences the employee has an obligation to and must notify National immediately and National will make a decision about ongoing employment where required.



### *WWVP Registration Issued before February 2021*

The Act Government made an announcement regarding all Working with Vulnerable People Registrations issued before February 2021, stating a person can work with the current issued WWVP card (unrestricted) general registration in NDIS activities if it was either:

- issued before 1 February 2021, or
- an existing registration that was extended from 3 to 5 years (if the person received a letter from Access Canberra).

It states that the persons registration is considered a registration to work in NDIS activities.

### *WWVP Card Holder Procedure*

**\*WWVP CARD MUST BE ON PERSONS AT ALL TIMES\***

As per employment contract, all National employees are expected to arrive to a shift, adequately equipped and ready to start. This includes carrying your WWVP Card in your possession. Many sites may be subject to on-the-spot audit checks of all working personnel on site. In the event an employee arrives to a site without their WWVP card, the facility may request you be sent home to retrieve the card before you can commence work. In the event this occurs, the employee is not paid for this time.

### *WWVP SIL Property Requirements*

At commencement of shift all staff are to put their WWVP card on the whiteboard. The senior role, (RN) is responsible for ensuring the team for the shift have provided it.

In the event an employee arrives without their WWVP card, you will be sent home to retrieve the card before you can commence work and will not be paid for this time.

### *Penalties for employee:*

It is an offence if a person engages in a regulated activity for which they are required to be registered, and they are not registered. For an individual, penalties up to a maximum of \$7000 apply. It is an offence if a person engages in regulated activity for which they are required to be registered, is not registered and knows, or is reckless about whether the person is engaging in a regulated activity or is required to be registered. For an individual, penalties up to a maximum of \$28,000 apply.

### *Penalties for employer:*

It is an offence if an employer engages a person in a regulated activity for which they are required to be registered, and the person is not registered. For an employer, penalties up to a maximum of \$35,000 apply. It is an offence if an employer engages a person in regulated activity for which they are required to be registered and knows that the person is not registered or is reckless about whether the person is engaging in a regulated activity or is required to be registered. For an employer, penalties up to a maximum of \$140,000 and/or up to 2 years imprisonment apply.

### **Relevant Legislation:**

Working with Vulnerable People Act 2011  
Health Records (Privacy and Access) Act 1997  
Human Rights Act 2004  
  
Human Rights Commission Act 2005  
National Disability Insurance Scheme Act 2013  
Disability Services Act 1991  
Disability Services Regulation 2014

Discrimination Act 1991  
Fair Work Act 2009  
Work Health & Safety Act 2011  
Health Professionals Act 2004  
Information Privacy Act 2014  
Official Visitor Act 2012

NATIONAL COMMUNITY CARE  
2024-2026 POLICIES, PROCEDURES & PROCESSES



[www.legislation.act.gov.au/a/2011-44](http://www.legislation.act.gov.au/a/2011-44) [www.ors.act.gov.au/community/working\\_with\\_vulnerable\\_people](http://www.ors.act.gov.au/community/working_with_vulnerable_people).  
<http://www.legislation.act.gov.au/Human Rights Act 2004>

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>

<https://www.accesscanberra.act.gov.au/business-and-work/working-with-vulnerable-people/wwvp-and-the-ndis#WWVP-registration-issued-before-February-2021>



## Employee English Language Proficiency Policy

### **POLICY STATEMENT**

National is committed to providing quality, person centred health care in an environment of positive culture, professional practice, sound stewardship, integrity and respect.

National considers proficiency in the English language – written, spoken, reading and comprehension – to be essential for effective communication and the delivery of safe patient care. Demonstrated English language proficiency is a requirement for employment as a registered nurse or midwife, enrolled nurse or as a personal carer.

### **PURPOSE**

Health care providers, patients and their families need to be confident that nurses, midwives and assistants in nursing can communicate safely and effectively. In accordance with the Nursing and Midwifery Board of Australia *English Language Skills Registration Standard*, all nurses and midwives are required to demonstrate they meet the English Language Proficiency articulated in the Standard so as to meet the requirements for registration.

All applicants, including internationally qualified applicants, who seek initial registration as a nurse or a midwife in Australia, must demonstrate that they have the necessary English language skills as articulated in the standard.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

English is to be the only language spoken within the workplace between all employees. The only exception to this is if an employee has been assigned a pre-arranged bi-lingual client service to assist a bi-lingual client/participant.

The following English language requirements for internationally qualified applicants seeking employment with National are essential, and stipulated by the Nursing and Midwifery Board of Australia for the English language Skills registration standard:

- Evidence of completion of five years full time or equivalent study taught and assessed in English of tertiary and secondary, tertiary and vocational or a combination of both.
- The applicant was taught and assessed in English for five years or equivalent in the following countries: Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom and the United States of America.
- Completion of the *International English Language Testing System (IELTS)* examination (Academic) with a minimum score of 7 in each of the four components of listening, reading, writing and speaking.
- Completion of the *Occupational English Test (OET)* with an overall pass, and with grades A or B only, in each of the four components of listening, reading, writing and speaking.
- If an applicant has completed an *Occupational English Test (OET)* with an overall pass with A or B grades, they meet the English language requirements.
- English proficiency test results must have been received in the two years prior to registration.



- A IELTS or OET over two years old will be accepted if the applicant can also prove that they have either maintained continuous employment as a registered nurse/ midwife with English being the language practiced or has been enrolled in a program of study taught in English.
- Registered nurses, midwives and enrolled nurses are expected to achieve a minimum score of 7 in each of the four components of listening, reading, writing and speaking - Proficient English level - in the IELTS. This is a minimum requirement for an applicant seeking registration with the Nursing and Midwifery Board of Australia. New Zealand registered nurses are exempt from this requirement under the Trans-Tasman Mutual Recognition Act 1997.

### ***Assistants in Nursing***

National has set the minimum standard of 5 in each of the four components of listening, reading, and writing and speaking - Vocational English - of the IELTS as the requirement for any applicant seeking employment as an assistant in nursing.

### **RESPONSIBILITIES**

It is the responsibility of the prospective employee to ensure they fulfil the requirements of the English Language proficiency as per the position applied for. The employee must provide evidence of the acquired English Level and submit with the application for employment.

### ***Bi-lingual &/or Non-English-Speaking Clients/Participants***

National will implement resources where possible to improve service accessibility for bi-lingual and/or non-english speaking clients/ participants. Please see Section 6 Client Focused: Supporting NES Cultures

### **References**

Acacia Immigration Australia

International English Language Testing System Australian Nursing & Midwifery Accreditation Council Nursing and Midwifery Board of Australia

### **Immigration/Visa Holders**

It is the employee's responsibility to manage and maintain their visa with work rights. Should their visa status change or is renewed at any time they need to notify us and provide evidence or be in breach of the terms of their employment contract.

It is the employee's responsibility to ensure that they are managing any other hours of work performed for National and other companies. Each employee needs to update their availability to manage their hours and any other employment to ensure they are not in breach of their own visa.

National does not offer VISA sponsorship of any kind.



## Equal Employment Opportunity Policy

### **POLICY STATEMENT**

National is committed to the principles of Equal Employment Opportunity and supports the creation of working environments that ensure all employees have an equal chance to seek and obtain employment, promotion, training and the benefits of employment.

National is an equal opportunity employer and all employees are treated on their merits, without regard to race, age, gender, marital status or any other factor not applicable to the position.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

National does not tolerate any form of discrimination. National fosters an environment whereby all employees have the right to work in an environment free of discrimination and harassment.

Under Commonwealth and State and Territory anti-discrimination laws, discrimination against team members, clients/participants or suppliers on the following grounds is against the law:

- gender
- relationship or parental status
- race
- religious belief or activity
- political belief or activity
- impairment
- family responsibilities
- sexuality
- Age.

All patients and employees are to be treated equitably and are not subject to unlawful discrimination. Any reports of discrimination or harassment will be treated seriously and investigated promptly, confidentially and impartially.

Disciplinary action will be taken against anyone who unlawfully discriminates against a colleague or patient. Discipline may include a warning, counselling or up to and including dismissal, depending on the circumstances.

### **Relevant legislation**

[Discrimination Act \(1991\) ACT](#)





## Modern Slavery Act

### **POLICY STATEMENT**

National is committed to the principles of the Modern Slavery Act 2018 and supports the creation of working environments that ensure all employees have the opportunity to work free of threat, coercion and exploitation.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

National does not tolerate any form of Modern Slavery. National fosters an environment whereby all employees have the right to work in an environment free of threat, deception and exploitation.

Under the Modern Slavery Act 2018 (Cth) modern slavery includes eight types of serious exploitation:

- trafficking in persons,
- slavery,
- servitude,
- forced marriage,
- forced labour,
- debt bondage,
- the worst forms of child labour, and
- deceptive recruiting for labour or services.

Modern slavery describes situations where offenders use coercion, threats or deception to exploit victims and undermine their freedom. Modern slavery is only used to describe serious exploitation. It does not include practices like substandard working conditions or underpayment of workers.

A review of National's business operations has been undertaken and a no/low risk contribution to Modern Slavery has been assessed. All National employees are required to hold their own visa as a condition of employment and National do not sponsor any visas (see Immigration/Visa Holders policy). National adhere to all requirements of the Nurses Award 2020 and Fair Work Legislation as a means to safeguard employees from Modern Slavery.

All National Employees must ensure that they understand, and comply with the Policy and as such all National Employees:

- Are required to avoid any activity relating to National's business operations or supply chain that might lead to, or suggest, a breach of this Policy. If a staff member does come across any instances of potential modern slavery, they must escalate as soon as possible to National Management;
- Must notify their immediate manager, as soon as practicable, should they suspect that a conflict with the Policy has occurred, or is likely to occur in the future; and



- Are encouraged to speak up regarding concerns about any issue or suspicion of the existence of modern slavery in any part of National's business operations or supply chain.

#### **Relevant legislation**

[Modern Slavery Act 2018 \(legislation.gov.au\)](https://www.legislation.gov.au)

#### ***Conditions of Employment***

All National employees must maintain ACT WWVP, National Police Check, First Aid + CPR at their own expense and attend mandatory training provided by National on a minimum of an annual basis (See mandatory training policy) in line with contractual obligations and any obligations set upon the industry by territory and/or industry standard as they arise.

Any employee with VISA requirements and/or restrictions is required to notify National and ensure information is updated as required. Failure to provide updated requirements will result in the employee being removed from active roster until evidence is provided.



## Behaviour and Code of Conduct: Service Delivery

To ensure the best possible care to client/participant, the public and to provide a positive work environment, National expects employees to comply with *the Code of Conduct*. National Code of Conduct encompasses NDIS Code, Aged Care and Charter of Rights and APRHA. It articulates the following:

### Respect for Ourselves and Others

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- Respect the privacy of people with disability.
- Provide supports and services in a safe and competent manner with care and skill.
- Act with integrity, honesty and transparency.
- Treating others with respect and dignity
- Embracing diversity and respecting the dignity, culture, ethnicity, values and beliefs of the patients we care for and the colleagues we work with.
- Working respectfully, cooperatively and collaboratively with colleagues to best meet patient needs.
- Not acting in a way which is intended to bully; harass or intimidate our colleagues or others.

### Respect for the Law and Lawful Instructions

- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct.
- Maintaining current registration with the Australian Health Practitioner Regulation Agency where applicable.
- Complying with Professional Codes of Conduct and Ethics
- Complying with any laws relating to work undertaken by National.
- Complying with National policies and procedures.
- Complying with reasonable and lawful instructions of a Manager.
- Complying with workplace health and safety regulations.

### Integrity

- Maintaining trust by providing safe and competent care.
- Maintaining currency of professional knowledge and skills.
- Recognising and practicing within our scope of practice.
- Declaring any real or perceived conflict of interest.

### Diligence

- Exercising due care, diligence, responsibility and sound judgment when carrying out our roles and responsibilities.
- Providing care based on best available evidence and best practice.



- Correctly reporting work hours, being punctual and reliable.
- Not carrying out our duties if we are under the influence of alcohol or any other drug that inhibits performance.
- Maintaining the privacy, confidentiality, and security of patient information.

Care Recipients are also required to treat all staff with respect, integrity and diligence. Care recipients are to adhere to the house rules of their SIL property, in relation to fostering a welcoming and positive environment for themselves, others, visitors, families, care employees and health professionals.

**References:**

[APRA Code of Conduct](#)

[NDIS Code Conduct](#)

[NDIS Practice Standards and Quality Indicators](#)

[Aged Care Code of Conduct](#)

[Quality Standards - Aged Care Quality and Safety Commission](#)



## Employment Type and Hours of Work

When any employee is on shift with National, it is expected that only National tasks will be completed during this time unless exclusively approved by executive management in writing. For clarity, this includes undertaking study while on shift, undertaking tasks for other employment while on National paid time, undertaking on-call duties for other employment while on National paid time.

### *Casual Employment*

National generally employs all staff on a casual basis unless otherwise contracted. As such, casual employees will be required to comply with the following:

- A probationary period of 3 months from employment start date
- The employee must negotiate working hours solely with *National*.
- The employee is required to perform the hours of work allocated by *National*

Employees must advise *National* of any other employment or professional obligations with any other parties in writing prior to this new arrangement commencing to ensure there is no conflict of interest or breach of the policies.

### *Contracted Employment*

National may require ongoing employment with individuals to ensure we can meet the needs of the participants and clients. The offer of ongoing employment is at the discretion of National. As such, contracted employees will be required to comply with the following:

- A probationary period of 3 months from employment start date for all contracted employment. Employment will roll over, unless Management request a performance review.
- The employee must negotiate working hours solely with National and is expected to meet the contracted hours required.
- A full-time employee is an employee who is engaged to work 38 ordinary hours per week.
- A part-time employee is engaged to perform less than 38 hours per week but may pick up additional casual hours at the permanent rate should employee wish to do so.
- Changes in hours may only be made by agreement between National and employee. Any agreed variation to the regular pattern of work will be recorded in writing.
- Work a minimum of two consecutive hours on any shift

All employee rosters will be provided weekly via email in advance in line with the client/participant/house requirements. Should the employee's with any contractual hours not be met- National may utilise the employee across our affiliated entities to fulfil the contractual hours. (See Rostering & Shift Principles) The rostered hours of part-time employees may be altered at any time by mutual agreement between the National and the employee to best meet the needs of the client/participants.

All permanent/part time employees will receive an emailed roster with shifts assigned in line with their availability prior to the commencement of the roster period, being the first Monday of each fortnight. It will also be available 24/7 through employee login access. It is the employee's responsibility to know when their rostered shifts are scheduled. Non-attendance of these shifts with no notification will count towards the National Non-Compliance Policy.



All permanent/part time employees are requirement to maintain a timesheet and submit it on a fortnightly basis. (See Timesheet Procedure)

The contracted employee is required to contact National in writing for the following:

- i. Change in availability / rostered days off
- ii. Requesting annual leave with 4 weeks' notice and submitting of Annual Leave Application (available in "Documents" through employee login) See "Annual Leave Policy".

### ***Transitioning Employment***

Transitioning within National can occur in two ways.

- National may have AN role transitioning to EEN, RN positions and in line with National Learning Pathway.
- Employee may wish to transition to a fellow National Company at same scope of practice, and/or transition up and across

In the event a casual employee wishes to transition, the employee will be required to apply for transition. Upon approval, employee will be invited to sign a new employment contract and participate in the required transition induction process. (See RN Transition Program Policy in applicable)

### ***Conversion Employment***

In line with Fair Work, National may offer casual employees offer of conversion to permanent Part time / Full time employment after a minimum of 6 months of consistent employment to ensure we can meet the needs of the participant and is at the discretion of participant and National.

#### ***How do I become a permanent employee if I'm a casual employee?***

Under the National Employment Standards (NES), some casual employees have the right to become a permanent (full-time or part-time) employee. This is known as 'casual conversion'.

Some casual employees must be offered casual conversion by their employer while others can only request it. You must have completed 12 months of work and meet other criteria.

Under the NES, all offers, requests, refusals, and responses for casual conversion must be in writing. 'In writing' can include handwritten, printed, and electronic (for example, email) formats.

#### ***Conversion Eligibility Requirements:***

- you've been employed by them for 12 months (ascertained by Admin / Systems)
- you've worked a regular pattern of hours on an ongoing basis for at least the last 6 months, (ascertained by Leads)
- you could continue working that regular pattern of hours as a permanent employee without significant changes. (ascertained in letter of offer)

#### ***Your employer doesn't have to offer you casual conversion if one of the following applies to you:***

- there are reasonable grounds for your employer not to offer you casual conversion, or
- you haven't worked a regular pattern of hours for at least the last 6 months.

### ***NCC Management Responsibilities***



- Upon employment, new onboarding employee is provided with the following supporting evidence in their welcome induction pack:  
[Fair Work Casual Employment Information Statement.pdf](#)  
[Fair Work Information Statement.pdf](#)
- National will maintain records of employment dates, specifically when an employee reached 12 months employment.
- Make the offer to you, in writing, within 21 days after your 12-month anniversary IF you are eligible for casual conversion
- If they aren't offering casual conversion – Tell you the reasons why in writing, within 21 days after your 12-month anniversary.

### ***Employee Responsibilities***

- If your employer offers you casual conversion – Respond in writing within 21 days. You can accept or decline the offer.
- If you disagree with their decision not to offer you casual conversion – Follow the steps outlined in the 'What if there is a disagreement?' section on the next page.

### ***How does Conversion Occur:***

#### **12 Months of Employment**

Upon the 12 month anniversary of employment, NCC are required to notify the employee of their eligibility to convert from Casual to Permanent employment.

The Admin team will need to verify from the Leads, the employees eligibility:

- Has the employee worked a regular pattern of hours on ongoing basis for at least the last 6 months?

If **YES** - Admin team will issue the appropriate letter of offer:

[LETTER\\_Casual Conversion Offer to Eligable Employee.docx](#)

If **NO**, the employee is ineligible and the following letter should be provided:

[LETTER\\_Employer refusal to offer casual conversion.docx](#)

#### **Employee Accepts Offer and/or Requests Conversion there after:**

- The Admin team can proceed with the acceptance letter with the provided pattern of work from the Daily Ops Team.  
[LETTER\\_Employer Acceptance Letter to Request.docx](#)
- Apart of any conversion within National requires new employment contracts to be signed.

#### **Employee Requests Conversion but they are not eligible:**

The Admin team will need to verify from the Leads, the employees eligibility. Should the employee be identified as not meeting the criteria, the following letter response should be issued:

[LETTER\\_Employer refusal to offer casual conversion.docx](#)

For clarity, What counts as 'reasonable grounds' will depend on employee circumstances and NCC circumstances. They can include that within the next 12 months:

- your position won't exist



- your hours of work will significantly reduce
- the days or times your employer needs you to work will change significantly, and you won't be available to work the revised schedule.
- Reasonable grounds can also include that making the offer or granting the request would not comply with a recruitment or selection process required by or under a Commonwealth, State or Territory law.

## National Uniform Policy

### POLICY STATEMENT

National is committed to providing quality, person centred health care in an environment of positive culture, professional practice, sound stewardship, integrity, and respect.

Employees are to be professionally presented and well-groomed at all times they represent National. Employees are to dress in accordance with their professional position, with workplace health and safety standards and infection control standards.

### SCOPE

This policy applies to all employees of National.

### POLICY

**General Appearance & Hygiene:** All Employees are required to maintain a physically clean and well-groomed appearance and be neatly and professionally dressed for every shift. Employees must comply with any request by the facility if dress is deemed hazardous and/or unsuitable in any way.

- Hair should be neat and clean.
- Minimal jewellery should be worn (for example a watch, studs or sleeper earrings).
- Make-up should not be excessive.
- Perfume should not be overpowering, body odour to be maintained appropriately.
- Closed-in toe and heel footwear need to be worn in clinical areas to comply with WHS
- No long sleeves to be worn while delivering personal/clinical care.
- No eating or chewing gum while undertaking care.
- Ensure all cuts and abrasions are covered with a waterproof dressing.

**Care/ Nursing Employees attending client/participants within the community:** Will be provided with a National Community Care shirt and name badge. To be paired with grey, navy, black slacks, trousers, ¾ pants, scrub pants or business skirt. Shoes are to be protective, closed toe and low or flat heels. In winter, employees will be provided with a NATIONAL winter vest.

Community Nursing team may wish to wear scrubs. Grey is preferable.

**Employees attending Approved SIL properties / EN/RN Clinical:** providing any form of personal care, clinical care, manual lifting - are to wear smart casual attire. Shoulders to be covered. Shoes are to be protective, closed toe and low or flat heels. Name badge provided. The following items are prohibited:

- **NO** tracksuit pants, pyjamas, yoga pants, leggings or gym tights
- **NO** singlets, mid drift, off the shoulder tops
- **NO** dresses, short skirts or short shorts
- **NO** Slippers, Ugg Boots, Open Toe Shoes





**Employees attending 24/7 support properties:** Will be provided with a National Community Care shirt and name badge. To be paired with grey, navy, black slacks, trousers, ¾ pants, scrub pants or business skirt. Shoes are to be protective, closed toe and low or flat heels. In winter, employees will be provided with a NATIONAL winter vest.

Community Nursing team may wish to wear scrubs. Grey is preferable.

**Administration/Management/Coordination Positions:** are invited to wear neat, smart professional attire.

In the event any employee is required to be forward facing with clients, employees, and/or stakeholders, the office Team National shirt must be worn with tidy black bottoms. When delivering any form of personal care, clinical care, manual lifting of any kind, appropriate footwear is to be protective, closed toe shoes. Employees are welcome to NCC shirts should they wish.

**Returning NCC Property:** Upon completion of employment, National requires all property to be returned within 2 weeks of last working day. For security purposes, we CAN NOT donate or repurpose uniform shifts/vests/bags with logos. This is in the best interests and security of all clients/participants, facilities and hospitals.

## NCC Recruitment Procedure

### *Cold Call Applications &/or Referrals*

If NCC receive a call or emailed resume, the candidate should be directed to access the NCC applications. These can be accessed via the website - [Apply Now | NCC \(nationalcommunitycare.com.au\)](#) and should be emailed to [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au) for review.

Referrals should indicate in the email who has referred the candidate.

All digital files available here: [https://nationalhealthcareservices.sharepoint.com/:f:/g/EnupgTbfr3dXtZ-9ZuxiOtABr9r-dP6wyeggEVP\\_IF4mvQ?e=ijXKYJ](https://nationalhealthcareservices.sharepoint.com/:f:/g/EnupgTbfr3dXtZ-9ZuxiOtABr9r-dP6wyeggEVP_IF4mvQ?e=ijXKYJ)

### *Running an Advertising Campaign*

From time-to-time NCC will engage in a bulk recruitment drive and do so by running an advert on SEEK.com.au.

- All advertised roles are to be approved by CEO prior to the appropriate manager proceeding with the advert.
- Upon approval, login details for authorised personnel is available through the SharePoint Recruitment Excel:  
<https://nationalhealthcareservices.sharepoint.com/:x:/g/ESidJyhRbThUtM70FVr9zKABmTiPJPAAusphH1XMHNXlqBQ?e=DLCq5c>
- Advert may be posted by the relevant manager and/or administration personnel.
- Manager to verify the roles required to be advertised and the advert templates are currently available within the NCC SEEK login.
- Upon approval, management and/or admin personnel may post the advert following the website directives.
- The advert runs for a maximum of 30 days, during this time, it is the responsibility of the recruiting relevant manager and administration to monitor the SEEK advert and commence processing the applicants accordingly in line with the mandatory requirements for employment.



- Administration and hiring relevant manager are to determine and finalise suitable candidates and commence with interview waves. (Number of interview waves in dependant on positions required to be filled)
- Manager and Administration personnel to coordinate suitable interview days and timeframes and book in accordingly utilising the email templates available on SharePoint:  
[https://nationalhealthcareservices.sharepoint.com/:w:/g/EXkY\\_YIkeGtaml5yjXdE1DYBjNeSJHZS0gUKGKTvTQP23A?e=KT4M9M](https://nationalhealthcareservices.sharepoint.com/:w:/g/EXkY_YIkeGtaml5yjXdE1DYBjNeSJHZS0gUKGKTvTQP23A?e=KT4M9M)
- Proceed with ***Review of Application Candidates Procedure***



## Employment Applications & Interviews

### *Review of Application Candidates*

#### **STEP 1: Review of received application.**

Upon receiving the application pack, administration team may review candidates' application for suitability referencing the Application pack front cover page. Does the candidate possess the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Resume  | <input type="checkbox"/> x2 Professional References           |
| <input type="checkbox"/> Complete application form attached                          | <input type="checkbox"/> Drivers Licence and car              |
| <input type="checkbox"/> Qualifications – Minimum Cert III                           | <input type="checkbox"/> Registered Vehicle                   |
| <input type="checkbox"/> ACT WWVP Card   | <input type="checkbox"/> Studying Transcripts (if applicable) |
| <input type="checkbox"/> Smart Phone / Internet / Data                               | <input type="checkbox"/> APRHA Registration (if applicable)   |
| <input checked="" type="checkbox"/> Valid First Aid and CPR (or hospital equivalent) | <input type="checkbox"/> VISA documents (if applicable)       |
| <input checked="" type="checkbox"/> COVID-19 Infection Control Module                | <input type="checkbox"/> 100 Points of ID                     |
| <input checked="" type="checkbox"/> NDIS Worker Orientation Module                   | <input type="checkbox"/> Up to Date Vaccination Summary       |

#### **100 POINTS OF IDENTIFICATION**

100 points proof of ID is required to be provided – This may consist of a combination of at least one primary identification document and one secondary identification document. Secondary identification documents must include your full name, and your photograph or signature.

Primary identification documents (70 points each) include:

- Current AHRPA Registration
- Birth Certificate
- Citizenship Certificate
- Current Passport / was current within the preceding two years

Secondary identification documents (40 points each) include:

- Australian Drivers Licence
- Identification card for an Australian public employee
- State or Territory issued personal identification card
- Student card issued by an Australian tertiary education institution
- Identification card issued by the Commonwealth, a State or Territory as evidence of entitlement to a financial benefit

#### **STEP TWO: Determination of application suitability**

- **NO** – decline of employment email to candidate. Template link below.
- **UNSURE** - if you require further information, email request for further info to candidate.
- **Highlighted Items** can proceed with application *if* the candidate can complete prior to commencement. Utilise email templates to provide candidate with feedback and links to access required training etc.
- If information is adequate proceed to provide short listings to management for review.
- **YES** - proceed to provide short listings to management for review.



[https://nationalhealthcareservices.sharepoint.com/:w:/g/EXkY\\_YlkeGtamI5yjXdE1DYBjNeSJHZS0gUKGKTvTQP23A?e=3mcoig](https://nationalhealthcareservices.sharepoint.com/:w:/g/EXkY_YlkeGtamI5yjXdE1DYBjNeSJHZS0gUKGKTvTQP23A?e=3mcoig)

### **STEP 3: Management Determination**

Management team will determine staffing levels and suitability of candidate notifying Administration team of the decision.

### **STEP 4: Administration to notify candidate**

Upon decision of management team, administration team can utilise the email templates to notify candidate of next steps. Decline offer, OR invite to interview.

Upon notification of invite to interviewee and cc in appropriate manager. (Brittany, Guy, Caitlin, Natasha)

### **STEP 5: Add to share calendar**

tentative booking and meeting room space to shared outlook calendar. Confirm once candidate confirms.

Upon tentative booking, place a tentative meeting within the shared outlook calendar for booking of shared meeting spaces. *For example, Mary Smith is an AN suitable for NCC employment and invited on 31 Jan 2022 and meeting will be held in Meeting room 1. Outlook entry would be: "NCC AN Mary Smith: Meeting room 1 -Tentative" set on the appropriate date and time.*

Upon confirmation of candidate, edit the outlook entry removing the word tentative. "NCC AN Mary Smith - Meeting room 1". This will signify to all outlook users that the candidate has confirmed.

Note details in the "NCC Recruitment Process" excel.

<https://nationalhealthcareservices.sharepoint.com/:x:/g/ESidJyhRbThUtM70FVr9zKABmTiPJPAAusphH1XMH NXlqBQ?e=dvscrT>

### **STEP 6: Day before scheduled interview, print resume ONLY and "Employee Application Checklist"**

[https://nationalhealthcareservices.sharepoint.com/:w:/g/EWjatZCS4YFUnAN9bo\\_Ds94BtcmQ8XIPXOuZ2QcJ8XbSjw?e=JI1271](https://nationalhealthcareservices.sharepoint.com/:w:/g/EWjatZCS4YFUnAN9bo_Ds94BtcmQ8XIPXOuZ2QcJ8XbSjw?e=JI1271)

### **STEP 7: Conduct Interview**

People + Culture Lead and/or Management to conduct interview. Upon completion, will provide Administration team with interview notes and make a determination on how to proceed, verbally notifying the administration team of action to be take. (proceed, wait or decline application)



## *Reference Checks*

### **STEP 8: Referee Checks**

These can be conducted by administration team and recorded in the “NCC Recruitment Process” excel.

<https://nationalhealthcareservices.sharepoint.com/:x:/g/ESidJyhRbThUtM70FVr9zKABmTiPJPAusphH1XMHNXIqBQ?e=dvscrT>

The generalised reference questions are within the spreadsheet and listed below.

- *Length of time known in a professional role?*
- *What are the candidates strengths?*
- *Can you identify any weaknesses and/or areas for growth?*
- *Is the carer compassionate? empathetic? professional? liable?*
- *To your knowledge, has the candidate ever been performance managed?*
- *Would you hire the candidate to care for your own loved ones within your home?*
- *Any further information you feel as a potential employer we should be aware of?*

National request a minimum of 2 reference checks from candidates. 2 references are preference; however, we acknowledge that obtaining two may be difficult. If one reference is a strong reference and there is evidence of attempting the second reference, NCC management team may determine the 1 check is sufficient. Administration team to relay feedback to NCC Management team member for determination and document within “NCC Recruitment Process” excel.

## *Offer/Decline of Employment*

### **STEP 9: Management Determination**

Management team will determine outcome based on application, references, client requirements and current roster requirements. Management are to notify Administration team of the decision.

### **STEP 10: Administration to notify candidate**

Upon decision of management team, administration team can utilise the email templates to notify candidate of next steps. Decline OR offer of employment / invite to induction.

### **STEP 11: Add to share calendar**

tentative booking and meeting room space to shared outlook calendar. Confirm once candidate confirms. Note details in the “NCC Recruitment Process” excel.

<https://nationalhealthcareservices.sharepoint.com/:x:/g/ESidJyhRbThUtM70FVr9zKABmTiPJPAusphH1XMHNXIqBQ?e=dvscrT>

**STEP 12: Day before/Day of scheduled induction, add candidate to the appropriate system.**



## Entering Employee Details to System

- Authorised personnel to complete the employee data entry in platform including TFN, threshold option, Superannuation fund, bank account details, email and mobile number.  
**Please take care during the entry of all number data as any errors can create significant follow-on effects with external agencies including ATO, LSL Scheme, Employee superfunds and internal communications with employee.**
- Should there be an instance where National may have multiple employees with the same or similar name, the employees date of birth should be used as the identifying data and extra care should be taken by all authorised personnel to ensure the correct employee file is utilised as required.
  - For all paper-based files, the DOB can be added to the file.
  - For all digital files, only employee name should be used, and additional care taken when checking files.
  - Under no circumstance should an employee's name be changed in the data base system. It must reflect the employee's legal name.
- Admin to activate system login access at the commencement of the induction, as the inducting employee will walk the new employee through setting up their profile and availability.
- Scan in all relevant documents, label and save in the correlating company file in SharePoint, upon confirmation all details are entering in system and original documents are saved in SharePoint employee file, the paper copies can only be destroyed by shredding on site after this is confirmed.
- **(also see Brevity CORE Onboarding Procedure)**

## Induction Process

### STEP 13: Prepare Induction Documents

Administration team to print new employee contract and prepare kit bag and set up Meeting room for booked induction.

- **Kit Bag** – found in white cube cupboards
  - **X1 Name Badge** – Prepare label on Dymo labeller located on top shelf of cube cupboard. First name only. Apply to badge and trim access.
  - **X1 Pen** – located in cube cupboard - Colour coded.
  - **NCC ONLY: X1 Box of Gloves** – located in CLINICAL cupboard.
  - **NCC ONLY: X1 Hand sanitizer** - located in Cube cupboard
  - **NCC ONLY: X1 NCC Lanyard and contacts card** – located in Cube cupboard
  - **NCC ONLY: X1 CPR Face shield attached to lanyard** – located in Cube cupboard
  - **X1 Copy of Employment Contract** – Created in system, printed, and clipped together.
  - Clips found at Print Station in stationary cupboard.
  - **NCC ONLY: X1 Copy of induction documents QR postcard** – access to policy, application setups and FAQs.
  - **X1 Vest** – located in cupboard. Excess stored in shower in appropriate company boxes and sizes. (WINTER ONLY)
  - **X2 Scrubs** – located in uniform cupboards.
- Admin Personnel to greet and sit the new employee in the waiting chairs and/or meeting room if available. Notify relevant inducting manager of employee arrival.



- Ensure all evidence has been obtained from new employee and follow up anything that required clarification.
- Take employee to the hanging uniforms and confirm sizes for shirts. (Gloves for **NCC ONLY**)
- Update Uniform register:  
<https://nationalhealthcareservices.sharepoint.com/:x/g/ET51uW6YDRVcqCOQftyhMw4BmOWRHQAeM0MC-H3EbZJR2g?e=6cTDau>
- Commence induction process and slides.



## NCC Rostering

Rostering dispatch is the responsibility of daily operations personnel. All NCC Managers and Team Leaders may also have input of rosters to ensure best outcomes are sought for client needs they may oversee and employee availability.

Some contracted employee roster hours may be offered on a fortnightly cycle in line with their agreed upon permanent part time contracts. As such, this will operate in line with a pay period cycle with Payslip Monday being the first day of the new 14-day cycle.

Rostering priority is as followed:

1. Client Requirements + Employee Skill Set
2. Availability + Permanent Contractual Hours
3. Client and Employee preference
4. Location + Travel required

No client service should be moved to a different time and/or day without authority from Daily Operations Manager and sought approval from client for service to be shifted. The rostering platform will not allow any person to move the service outside of the booked time without a pop up notification for confirmation.

**New Operational Updates to come:**

***Assignment of Services***

***Confirmation of Services***

***Dispatch of Employee Rosters***

***Dispatch of Client Rosters***

***Rejection of Shift***



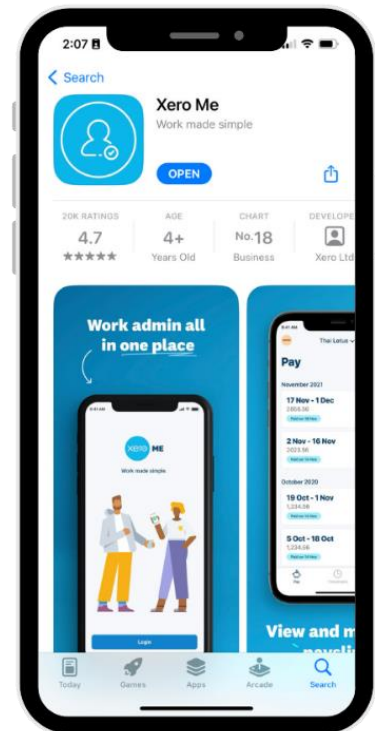
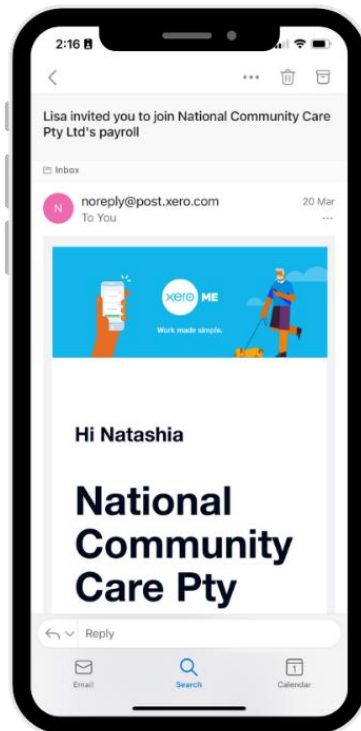


### Setting Up Your Employee Payslip Access: 'Xero Me'

All employment payslips and those eligible for leave requests can access this via the Xero Me app. In order to link the Xero Me app, employee will receive an email titled **"XXX invited you to join National Community Care Pty Ltd's payroll"**

The email entails the following steps in order to activate your employee access:

1. Accept the invite and enter a few details to set up your account. You will have 14 days from the date the email is dispatched.
2. Once your account is set up, you can choose to use Xero Me on the go with the app. You'll just need your Xero username and password to log in.



Once the employee has activated the app, employees can access payslips, submit timesheets (office personnel), view leave balances and submit applications (permanents)



# Lines of Reporting & On-Call

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.3
<b>Process Owner</b>	Governance Lead   Clinical Team   COO	<b>Date of Issue</b>	Oct 2022
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Oct 2024

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	3/2016	Natashia Telfer	Employsure	Additional resources added
1.2	3/2018	Natashia Telfer	Employsure	Diagrams added
1.3	10/2022	Natashia Telfer	CEO / GL	Changes to key personnel



## NCC Employee Lines of Reporting

### **POLICY STATEMENT:**

In fostering a safe and harmonious work environment, National seeks to provide all employees and participants with clear lines of reporting to ensure effective and timely actioning.

### **SCOPE**

This policy applies to all employees of National Community Care noting this has a community-based approach applied. **Also see NNA/NHS Employee Lines of Reporting.**

### **POLICY**

Reporting lines set out the direction in which employees report to one another. It's essential to understand the layout of reporting lines because this tells you who reports to you and who you report to. Reporting lines keep employees accountable and ensure all employees have a clear understanding of who they should reach to if they're in need of support, guidance, or help.

The policy provides the guidance for NCC to plan for, respond to and manage concerns, feedback, suggestions, incidents to ensure that NCC meets its duty of care obligations in providing the highest possible standard of health and safety and upholds its legislative obligations in relation to its employees and participants. It is to be read in conjunction with National's **Incident Reporting Policy and Guidelines.**

This policy captures the daily operations of employee / management reporting responsibilities.

In the event any situation, concern and/or event occurs on shift, NCC employee is required to up line said incident/concern/feedback immediately.

### ***Employees Responsibilities***

- Understand who your direct upline is, and upline accordingly.
- Understand your duty of care
- Understand your reportable incidents and the related processes.
- Advocate appropriately for the participant

### ***Nationals Responsibilities***

- Induct all employees through up lining processes, and provide the on-call contact details to all employees via various methods: kit bags, business cards, email signature blocks, employment contract.
- Provide on-shift phone support to employee.
- Support employee through any serious up lining events.
- Provide access to Employee Assistance Program.

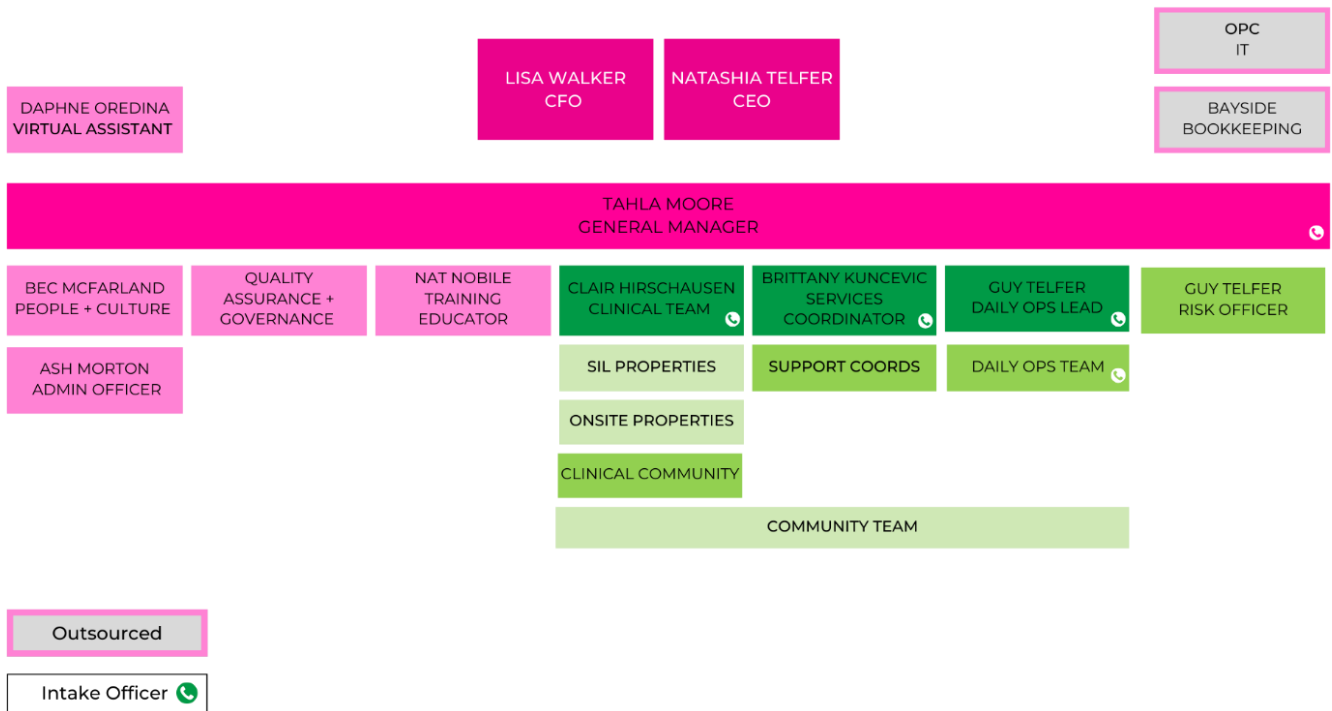


*Process for reporting and monitoring upline events*

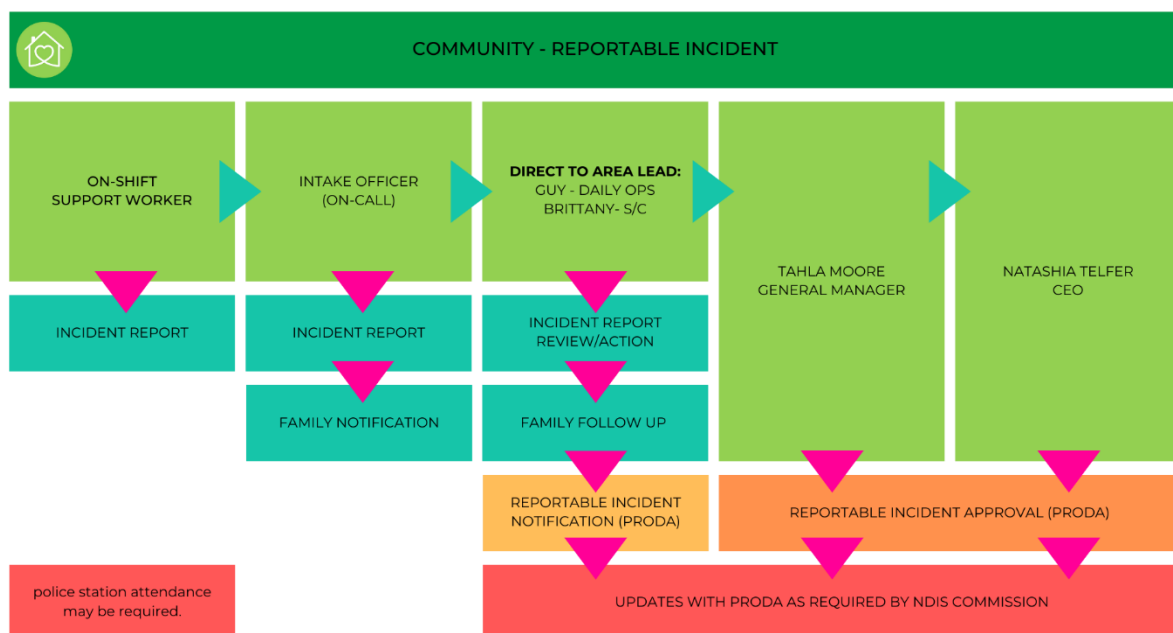
- At the first instance, employee, ensuring it is safe to do so, should contact NCC Operational Intake (OI) to advise of event. Depending on the event, OI will assist the employee in navigating the incident.
- Once any immediate danger/threat has passed the attending employee is required to document the incident in the Brevity application ensuring all fields of the form are complete with accurate and factual documentation of event. [\[See Incident Reporting Policy and Guidelines\]](#)
- Incident will appear on the Brevity Notifications board and notification issued to the admin users for incident report review and NCC Leads/Officer for completion and proceed with any necessary action and follow up with employee, participant, provider etc.
- Employee is supported and provided with EAP access.
- Relevant lead to follow up incident with employee, participant, relevant party.
- Inclusion in [All Register - NCC.xlsx](#) weekly meeting.
- Review actions and outcome and close off when appropriate to do so.
- Relevant NCC Lead/ Team Leader /Key Worker is to contact participant to advise on outcome and subsequent action in relation to incident.



## National Community Care Organisational Structure

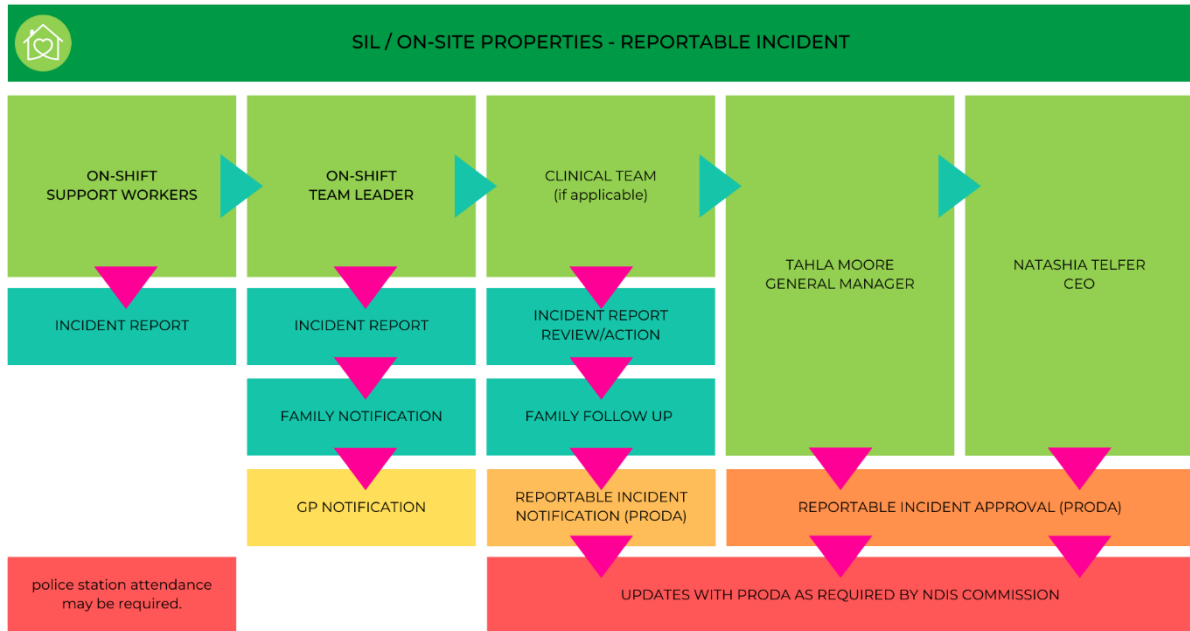


## NCC Service Delivery: Reportable Incidents Lines of Reporting





## SIL/On-Site Properties: Reportable Incidents Lines of Reporting



## NATIONAL Administration Lines of Reporting

- All admin personnel report directly to the General Manager.
- All admin personnel are responsible for managing their workload appropriately and identifying priorities.
- Admin personnel will work alongside other management roles including but not limited to Daily Operations Lead / Officer, Clinical Team, Community RN, Support Coordination Lead in relation to recruitment and training requirements.
- All outstanding tasks should be up lined in the event urgent follow up is required by another employee. Otherwise, it is assumed the task will be completed upon next rostered shift.
- All Admin personnel are to ensure breaks are taken accordingly.



## NCC Lines of Reporting for Clients/Participants and Families

To ensure National Community Care can action your enquiry effectively, we request all communications are directed through the appropriate channels. As per Service Agreement, all agreements directly between client and National will have direct communication from National regarding all serious matters. As per reportable instances and/or information access, this information may be shared with your identified parties, however all final decisions and determinations will be strictly expressed between provider and client directly.

### General Enquiries / Service Bookings

The general enquiries intake line is available 9-5 Monday to Friday. Please note to ensure healthy work life balance, any communications received outside of this will only be actioned within business hours.

Can be made via phone 62429478 or

email [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

If a client/participant feels the result up lining a concern within National has been inadequate or feel they need assistance when working through a complaint with National, there are a number of support services that may be able to assist and are provided the ACT Government Advocacy ACT Agencies Fact Sheet on commencement of services within the **Client Welcome Pack** and can also be found [here](#).

### NDIS Quality and Safeguards Commission

As a registered NDIS provider and best practice, National Community Care have a robust complaints management and resolution system in place. However, in the event you feel National Community Care have not rectified your complaint sufficiently, you have the right to raise the concern further with the NDIS Commission. A complaint can be made to the NDIS Commission by:

- Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
- National Relay Service and ask for 1800 035 544.
- Completing a [complaint contact form](#).

### Aged Care Quality and Safety Commission

- Phone 1800 951 822
- Completing a [Aged Care Quality and Safety Commission Complaint form](#).

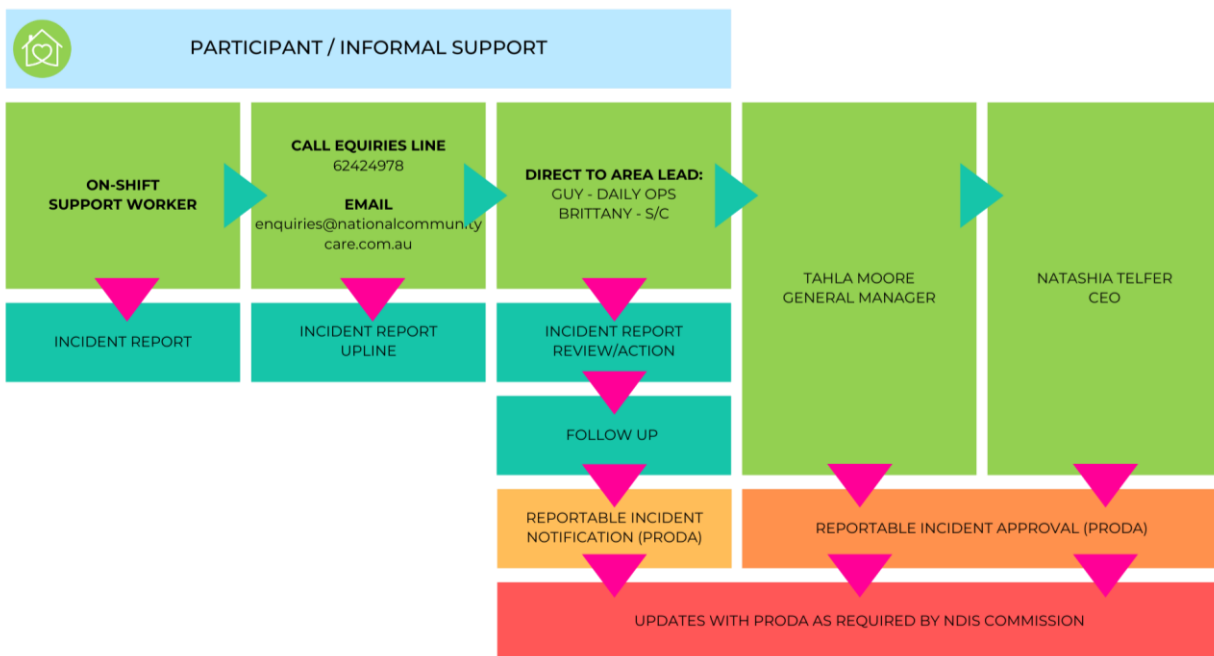
**ACT and Commonwealth Ombudsman** Investigates complaints from people about administrative actions or decisions made by ACT and Federal Government departments or bodies. The Ombudsman can also receive and investigate Public Interest Disclosures along with the Auditor General and Attorney General. An independent, confidential, and impartial body with recommendation powers if complaints are found to be justified.



**ACT Civil and Administrative Tribunal (ACAT)** The ACAT consolidates 16 jurisdictions and tribunals including Administrative Appeals Tribunal, Discrimination Tribunal, Guardianship and Management of Property Tribunal, Mental Health Tribunal and Residential Tenancies Tribunal.

**ACT Human Rights Commission** Encourages and assists in the resolution of complaints and promoting rights, assisting users and providers of disability services, health services, services for children and young people and services for older people to make improvements in the provision of services. Members of the commission include Children and Young People Commissioner, Disability and Community Services Commissioner, Discrimination Commissioner, Health Services Commissioner and Human Rights Commissioner.

### NCC Participant/Client Lines of Reporting







## NCC Operational Intake Phone

### Scope

All employees

### Purpose

To ensure employees have reasonable access to prompt and responsive advice in the event of general and/or clinical incidents, accidents and/or concerns as well as a contact point for all employment queries while on shift.

### Operational Hours

- **Business Hours** – Monday to Friday 9am to 4pm (office hours) for clients and HR related requests
- **Operational Intake Hours** – Phone staffed daily 6am to 10pm for on shift employee support / sick calls.
- **Inactive Hours** – Phone unstaffed afterhours being 10pm to 6am
- **Operational Hours** – National provide service delivery to clients 24/7

	On shift support	HR / Payslip + Training enquiries	Roster enquiries	Emergencies
<b>Monday to Friday</b> Business Hours: 0900 – 1600		admin@ teamnational.com.au		
<b>Daily Intake Phone</b> Operation Hours: 0600-2230	0401 439 798	0401 439 798	0401 439 798	<b>Call emergency services:</b> Notify NCC via CALL and incident report
<b>Inactive Hours:</b> 2230-0600			<b>For sick calls only:</b> Call 0401439798 The RN on shift at SIL will note your absence ready for 0600am operational hours.	<b>Call emergency services:</b> Notify NCC via email and incident report

### General Enquiries / Non- Clinical Parameters

The intake line is available for employees on shift from 0600 through to 2200 hour daily. Please note to ensure healthy work life balance, NCC request enquiries outside of on-shift enquiries are to be made during business hours only.

Any support required between the inactive hours of 2000 and 0600 should be directed to emergency services in medical attention is required, and/or followed up within standard operating hours. Any communications received between this time will not be received until the following day.



### *General Enquiries Procedure*

Employees with general enquiries including non-urgent feedback, non-urgent roster requests, HR or payroll enquiries can be directed to NCC intake personnel via email or phone call + follow up email.

NCC will address these enquiries within business hours only (0900-1600).

All HR/Admin enquiries including training requirements, personal detail updates, employment enquiries, reference requests, uniforms and supplies can be directed to [admin@teamnational.com.au](mailto:admin@teamnational.com.au)

Payroll, Roster, Client enquiries can be directed to NCC Intake Officer on 62424978 or 0401439798 or email at [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

See Lines of Reporting.

### *On-Shift Advise Procedure*

Employees on shift requiring advise on how to proceed with a situation between 6am and 10pm.

Any support that could be required between 10pm and 6am could only be emergency, therefore emergency services should be contacted and message left with the intake phone for follow up the next morning.

*For example a non-response client visit, medication error, incident, client decline service, injury, illness etc.*

For Operational Management requirements, see [Operational - OI Handbook.docx](#)

1. Employees on shift with community clients requiring advise are to contact the NCC general intake number: **0401439798**.
2. Provide intake officer with factual information including client name, concern, advise you are seeking and any additional parameters that may be necessary to allow the intake officer to make an informed determination on how to best proceed.

*For example, if the entry door is locked, and there is non-response attending employee would call the intake line to enact the non-response protocol. The Intake officer will provide you with guidance on how to proceed in line with the relevant clients care plan.*

3. Employee to await further instruction on how to proceed:
  - I. NCC Intake officer to use first aid judgement in line with Incident Matrix to grade level of assistance required.
  - II. If determined a Category 3 NCC intake personnel to contact designated Clinical contact for instruction to relay to employee awaiting directive. Alex House RN: 0400 976 753
  - III. In the event, the scenario is complex, Category 1-2-3 NCC intake may determine the employee needs to liaise with ACT Emergency Services or the clinical RN directly and put both relevant parties in contact with one another.
  - IV. Intake Personnel to document the intake call and advice provided within the relevant client notes and/or employee notes if employee related (such as employee injury). Follow up with outcome when possible.
  - V. Reporting Employee to complete all necessary documentation including incident/accident report. (See Incident Accident Reporting)
  - VI. Intake to complete incident/accident process. Management and/or admin team to enter completed date into relevant Incident Accident Register entry. (See Registers Procedure)



### *Alex's House Support*

Given the complex nature of the participants within Alex's House SIL Property, clinical on-call cannot be facilitated effectively. Contacting ACT Emergency Services would provide a higher level of support in the event of a medical emergency. RN to call 000 and relay immediately if the participant requiring medical attention has a compromised airway / tracheostomy as this will impact the response from ACTES.

**Please note, any emergency requiring medical attention should always be directed to 000 as the employees first point of call. Employee should implement first aid and make the determination as per Medical Emergency Policy.**

### *On-Shift Clinical Advice*

Within the Alex House SIL Property, NCC currently contribute to a portion of the Nursing budget, as such NCC is able to provide our NCC community carers/nurses with clinical consultation services and advise for incidents, accidents, clinical emergencies, and notification of mandatory reporting for any clinical component of care.

In line with the registered nurse and enrolled nurse employment contract, employees can be rostered to participate in Clinical on-shift advice and on-shift services. RN/ENs will be required to provide National employees with support, guidance, advice regarding a variety of situations. In the event the situation involves advise to contact ambulance, fire or police or any serious allegations, RN is to notify NCC mobile 0401439798 immediately.

In the event employees are required to be on-call outside of providing on-shift support, shall be entitled to allowances in line with the Nurses Award for RNs Level 1 to 3. As per Nurses Award, Levels 4 and 5 salary packages are inclusive of this entitlement.

**Please note, any emergency requiring medical attention should always be directed to 000 as the employees first point of call. Employee should implement first aid and make the determination as per Medical Emergency Policy.**



# Pay, Bonuses and Leave Entitlements

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.3
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	Dec 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Dec 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	1/2023	Natashia Telfer	CEO	New DV entitlements
1.2	5/2023	Natashia Telfer	CEO	New Brevity & Xero Me requirements
1.3	12/2023	Tahla Moore	CEO	Leave Coverage for Lead Roles

## In conjunction with:

- **Xero Me**
- **Brevity App Onboarding**
- **Vehicle and Transportation Policy and Framework**
- [Quality Assurance Reimbursement Checks.xlsx](#)
- [Reimbursement Claims & Evidence](#)



## Pays & Pay Records

### *Time Sheets*

For all National **Service delivery employees**, your timesheet is automatically created by the roster in the relevant rostering system in line with your responsibility of clocking in and out of shifts.

For all **permanent Non-Service Delivery employees**, your timesheet template is set in the payroll application. Your only responsibility is to ensure all leave applications for both personal and annual leave are submitted and approved prior to the payroll.

If you are a **permanent service delivery employee (Nurse/Carer)** you are also required to identify your leave requests in Brevity and Xero Me to support rescheduling your shifts in your absence.

### *Remuneration*

National's pay period is Monday through 2 weeks to Sunday (fortnightly). Each new fortnight, National will provide the employee with a pay cycle newsletter email on Monday prompting employees to review completed rosters and any leave balances taken.

All employees are to review their roster and any leave taken in the 2 week cycle to ensure payment will be processed correctly. If any amendments are required, these are to be relayed to National and corrected. Noting failure to submit roster reimbursements or KMs by the required Sunday 6pm is not inclusive within the 24-hour review period. (See *Conditions of Employment Policy* and *Claiming Kilometre Reimbursement Procedure, Reimbursement Policy*)

National will pay wages into the bank account nominated and verified by the employee according to the Payment Arrangement specified in the Schedule.

**Please note, pay day is fortnightly THURSDAY.**

The employee is responsible for ensuring all details provided to National are accurate. Employee has capacity through employee login to review, change and nominate bank accounts employee wishes wages to be paid into. National accepts no responsibility for any error in those details and requires written notification when an Employee chooses to may account changes. All National teams can direct notifications to [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au)

### *Bonuses*

Employees may be eligible for a bonus. National currently pays three types of bonuses, at their discretion. This includes:

**Referral bonus:** Paid to an existing employee who has referred a new, experienced, qualified employee and the new employee has adhered to National's policies and worked for National for a minimum of 6 months.

**Loyalty bonus:** Paid to an employee at the discretion of National to those individuals who display unwavering loyalty to National. This includes maintaining up to date availability, attending team meetings, providing productive feedback, being an exemplary team player and contributes to the greater outcomes of Team National. All employees can become eligible for Loyalty bonuses after 12 months of consistent



and reliable employment, with a minimum of 12 months between eligibility of bonuses. ***Noting this bonus is not an 'anniversary bonus' and is rewarded for loyalty.***

**Training/skills bonus:** Paid to an existing employee who undertakes skills assessment for new employees or provides training to new employees.

**Birthday bonus:** Those who work on their actual birthdays will receive a birthday bonus.

Bonuses are generally issued at the next upcoming scheduled team meeting and employee is required to attend to receive the bonus. Unless in the event the employee was on shift for National, non-attendance to meeting will void eligibility of said bonus.

Payment and eligibility for a bonus remains at the discretion of National and depends on environmental circumstances and future forecasts and profitability of National.

### ***Tax File Numbers***

National will deduct taxes prior to payment in line with the information each employee includes in the Tax Declaration Form prior to commencing work with National.

Unless National receives the employee Tax File Number within 28 days from the start date, tax at the highest tax rate may be deducted from the employee's salary.

### ***Personnel Files***

Employee personal information will only be collected

- As is necessary for function of employment with National.
- By lawful and fair means, and not in an unreasonably intrusive way.
- On collecting information, the individual giving the information must be made aware of who is collecting the information, for what purpose, consequences if the information is not provided and to whom the information may be disclosed.
- Personal information will be gathered only from the person the information relates to.

In line with the Privacy Act 1988, National maintains all employee records and treats the handling of your personal information very seriously.

National may collect and maintain the following records for each employee:

- full name, date of birth, address of the employee and personal and emergency contact details;
- the date of commencement of employment;
- termination of the employment of the employee;
- terms and conditions of the employment of the employee;
- employee's performance and conduct;
- employee's hours of work, salary or wages;
- employee's member of professional or trade association;
- employee's trade union membership;
- employee's recreation, long service, sick, personal, maternity, paternity or other leave;
- employee's professional Registration records; and
- employee's taxation, banking or superannuation affairs.



It is the employee's responsibility to notify National of any changes in the personal information listed above. Employees have the ability to access and manage their employment details through their employee login. We do ask, any changes in relation to numbers including contact number, superfund and/or bank account details are provided in writing to [admin@nationalhealthcare.com.au](mailto:admin@nationalhealthcare.com.au) so we can ensure appropriate changes have been made across our systems and processes.

National will not release employee information to third parties unless the recipient has a business reason to know and/or at the permission of the employee to disclose information (such as rental reference with notice provided to National). National will take all reasonable steps to keep personnel files confidential to the extent permitted by law.

### *Updating Mandatory Requirements*

It is the responsibility of each employee of National to maintain their records are correct and up to date. All information is available to the employee through their employee portal and the system will issue a notification 2 weeks prior to a mandatory requirement expiry date.

In addition National may send you a detailed email requesting to provide updated information on any expired information, you are to provide this requested information within seven business days of receiving the email.

Failure to provide employer with evidence of updated documents/certificates can result in being stood down until updates are completed to ensure compliance is met across the various territory, disability and aged care sectors.

All updated information can be emailed to [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au) or images sent to 0401 439 798



## Employee Reimbursement Policy

### **POLICY STATEMENT**

National is committed to ensuring all employees receive all reimbursement costs incurred in a time effective manner.

### **SCOPE**

This policy applies to all National employees

### **POLICY**

NCC expect an employee may be required to pay in advance for reasonable expenses from time to time. This includes paid parking where free parking is not available.

At no point, are employees of National expected to pay for any items, appointments or services provided to the participant in support. No employee is authorised to pay for such services. Should a participant request this of any employee, the employee is to immediately call NCC.

#### **National is responsible for the following:**

- Providing employees with adequate information regarding National protocol for reimbursements
- Manual payment process of all Employee incurred reimbursements.
- Client incurred expenses are to be approved via the Brevity Dashboard for invoicing and payroll processes.
- National to maintain records of all reimbursements and supporting evidence.
- Question any reimbursements that appear excessive and/or query fraudulent.

#### **The employee is responsible for:**

- Ensuring upon arrival of any shift, employee parks lawfully. NCC are in no way liable for any and all loss or damages to employee vehicle and/or any fine incurred by the employee for breaching territory and/or state road laws or parking rules of entry.
- All employees are responsible for ensuring kilometres are truthful, random Kilometre checks are undertaken each week. Dishonest submissions are a form of client/participant abuse and will not be tolerated and are reportable to the NDIS as fraudulent claims against a vulnerable person.
- Entering all client related expenses via the Brevity App in the on-shift notes reimbursement section.
- Submitting any APPROVED employee incurred expenses via email to [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)
- Failure to declare your reimbursements prior to Sunday 5pm each week is deemed forfeited for the current pay cycle.





### *NCC - Management Fraudulent Detection and Quality Assurance Measures*

- Each Monday, the on-duty Manager will collect all received employee claims for reimbursement and approve accordingly in the Brevity Dashboard.
- All manual claims and Employee related expenses must be reviewed manually through process period.
- 10% of claims must be audited against employees scheduled shift, shift notes and shift requirements to validate the claim of reimbursement.
- Audited claim must be identified in the excel master.  
[Quality Assurance Reimbursement Checks.xlsx](#)
- Any fraudulent claims will enact the disciplinary process with manager to notify People and Culture Lead

### *NCC - General Reimbursement*

Participant related authorised reimbursements include:

- kilometres travelled with participant in your personal vehicle and
- any paid parking tickets you may be required to purchase when transporting the participant.

These expenses are to be claimed via the employee Brevity app. (See Brevity Process)

Approved non-participant related reimbursements are:

- paid parking (should no free street parking be available at the participants home)

Any other expenses require authorisation PRIOR to purchase. This includes but is not limited to:

- Participant groceries
- Employee/Office groceries
- Participant appointments
- Office Supplies
- Stationary
- Petrol
- Gardening
- Postage
- External Training

Strictly prohibited expenses:

- Illicit substances or content
- Alcohol, tobacco, vapes
- All forms of gambling.

At no point, are employees of National expected to pay for any items, appointments or services provided to the participant in support. No employee is authorised to pay for such services. Should a participant request this of any employee, the employee is to immediately call NCC.



However NCC understand the practicality of the support we aim to provide, and some occasions may call for a service delivery employee to purchase the participant a small item such as a carton of milk.

### *NCC - General Reimbursement Procedure*

All authorised and approved reimbursements will only be paid within each pay cycle. All authorised and approved late submissions will be held over until the following cycle for reimbursement in line with the HR - Pay, Entitlements and Leave Policy and Guidelines.

Employee is required to submit evidence of proof of purchase via email to their direct upline with a brief summary of the expense, date, time, participant it is in relation to and who authorised the purchase.

CLINICAL – [caitlin@nationalcommunitycare.com.au](mailto:caitlin@nationalcommunitycare.com.au)

SERVICE TEAM – [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

SUPPORT COORDINATION – [Brittany@nationalcommunitycare.com.au](mailto:Brittany@nationalcommunitycare.com.au)

All approving leads are required to approve or decline the reimbursement prior to the upcoming paycycle and provide the reimbursement via email to CFO Lisa Walker [lisa@teamnational.com.au](mailto:lisa@teamnational.com.au)

### *Administration and Management Roles*

- Where an NCC account card is not available, the employee may pay for expense and seek reimbursement in the coming pay cycle.
- Item that requires reimbursement must be work related/client related.
- Item must have proof of purchase with date, and total amount and the place of purchase details on receipt
- Receipt must be legible.
- Receipt must be submitted via email with photo evidence prior to Sunday 5pm to be reimburse within the current pay cycle to [lisa@teamnational.com.au](mailto:lisa@teamnational.com.au) (for payroll payment) and the hubdoc email associated with account for all accounting record keeping:  
[Calista.efaf@app.hubdoc.com](mailto:Calista.efaf@app.hubdoc.com)  
[Nccd3f9@app.hubdoc.com.au](mailto:Nccd3f9@app.hubdoc.com.au)
- All approved reimbursements submitted within the payroll time frames, will be issued within the next pay cycle.



## NCC Claiming Kilometre Reimbursement Procedure

- **ALL CLIENT RELATED TRAVEL EXPENSES MUST BE SUMMITTED VIA BREVITY ONLY**
- **ALL EMPLOYEE APPROVED TRAVEL RELATED EXPENSES MUST BE SUMMITTED VIA EMAIL TO [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au) FOR REVIEW, APPROVAL & REIMBURSEMENT**

### ***ALL Employees***

All employees are responsible for ensuring upon arrival of any shift, employee parks lawfully. NCC are in no way liable for any and all loss or damages to employee vehicle and/or any fine incurred by the employee for breaching territory and/or state road laws or parking rules of entry.

All employees are responsible for ensuring kilometres are truthful, random Kilometre checks are undertaken each week. Dishonest submissions are a form of client/participant abuse and will not be tolerated and are reportable to the NDIS as fraudulent claims against a vulnerable person.

### ***Administration and Management Roles***

Are to maintain a kilometre logbook for fortnightly submission. NCC will provide employee with logbook for record keeping. Fortnightly submissions are to reflect accurately in line with logbook.

### ***Service Delivery Employees***

#### ***Travel between eligible shifts***

In line with the Brevity App features, all eligible travel is automatically calculated in line with your rostered shifts. The Brevity app will utilise the address location of the two shifts the employee is eligible for kilometre reimbursement and utilising google map features, will calculate the average kilometres required to reach the second shift. This will automatically be added to the shift data for reimbursement within the next pay cycle.

In the event, there is some kind of unavoidable road closure, and the indicated routes or travel are not available, and additional travel is required, in completing Brevity shift notes, there is the ability to manually claim additional travelled kilometres. The claim will need to be approved by management and employee is required to report to on-call of any delays they experience at time of incident.

#### ***Travel WITH participants in your vehicle***

For all travel whereby the participant travels in the employee vehicle and/or you are required to travel on behalf of the participant (for example – collecting webster packs from pharmacy, driving to the participants GP to collect the participant etc) the employee is required to manually enter this travel via the Brevity application for submission and management approval.

#### ***Participant associated parking expenses***

Any paid parking tickets the employee is required to purchase when travelling with or on behalf of the participant may be uploaded to the shift notes for review, approval and reimbursement.



**Please note:** this is only for travel WITH or on BEHALF of participant. This DOES NOT include parking at the participants home for a normal shift.

**Please note:** this DOES NOT include any parking fines the employee may incur should employee disregard parking rules, laws and policy of said parking areas.

### ***Employee associated parking expenses***

Where possible, an employee should always seek to find free and legal parking at the site of shift. Some areas may only offer paid parking spaces (particularly in the CBD areas). Employee is expected to pay for the appropriate timeframe of required parking (meaning the duration of your booked shift) to ensure the employee is parking safely and legally.

- Each day, OR by the completion of the working week, employees are required to submit any employee associated expense by Sunday 5pm EACH WEEK.
- All incurred paid parking tickets may be emailed to [equiries@nationalcommunitycare.com.au](mailto:equiries@nationalcommunitycare.com.au) for reimbursement in the following pay cycle
- Reimbursement claims must be submitted within the working fortnight they were incurred to ensure schedule quality assurance checking can occur. Employees may not be stored and collected in lump sums.
- Alternatively, can be kept and claimed at end of financial year upon completing your personal tax returns.

### ***NCC Management of 'Employee Reimbursement' Claims***

- In line with Government Record Keeping Laws, all emailed claims and evidence must be appropriately stored by the approving scheduler to the relevant years SharePoint folder located in the NCC Library  
[2023-2024 Reimbursement Claims & Evidence](#)
- Upon each Fortnightly MONDAY pay cycle, the Daily Operations Manager will collate and transfer the Weekly Reimbursements to CFO for pay cycle additions.

### ***NCC Management of Employees 'Client Travel Related Reimbursement' Claims***

- Each Monday, the on-duty Manager will collect all received employee claims for reimbursement and approve accordingly in the Brevity Dashboard.
- Manager is to select 10% of claims to undertake a quality assurance check before approving the claim. The check must include the manager cross checking the claim with shift notes and/or shift type to ensure the claim is legitimate before approval.



## NCC Annual Leave Policy

### **POLICY STATEMENT**

National is committed to ensure, as far as is reasonably practicable, the health, safety and welfare of its employees and to encourage annual leave to be taken.

### **SCOPE**

This policy applies to all contracted Permanent Part time and Full-time employees of National.

### **POLICY**

All Part and Full-time employees are entitled to accrue annual leave and encouraged to take all holiday entitlement in the current year as a part of National's Healthier Workplace commitment.

Annual leave dates will normally be allocated on a "first come, first served" basis whilst ensuring fairness and operational efficiency and appropriate staffing levels are maintained throughout the year. National can only accommodate a limited number of employees per role taking annual leave at any one time.

During peak periods such as Easter and Christmas, only a limited number of employees can be on leave, as such these peak periods will be granted on a "first come, first served" basis with a rotational approach to ensure fairness.

National is a 24/7 Agency, as a result, shifts are required on public holidays and will be assigned in line with usual rostering and shift principles. If any employee takes annual leave on a public holiday, the standard base rate is paid.

Employees may not take more than TWO working weeks consecutively unless there are exceptional circumstances.

Any employee that has accrued 6 weeks or more annual leave will be requested by National to take annual leave to reduce leave levels below 6 weeks.

All Annual leave is paid at employee's normal base rate.

#### ***National's responsibilities:***

- To ensure leave is processed in a timely manner
- To pay annual leave pay accordingly and record leave balance accurately on employee payslips.
- To ensure adequate cover in the absence of employee on leave



### *Applying for Leave Procedure*

#### ***Annual Leave Application Conditions***

- Any employee wishing to take leave must complete the Leave Request application via their *Xero Me* application AND in Brevity App.
- For clarity, the *Xero Me* app will process you are paid for your leave should it be approved, however the Brevity App will remove your shifts from you during your approved leave period.
- Employee must provide at least FOUR weeks' notice of intention to take annual leave during peak holiday periods or if requesting a week or more
- Employee must provide at least ONE weeks' notice for odd single days
- Employee to have all leave requests approved by management before making any firm holiday arrangements as approval is not guaranteed.
- Applications requesting peak periods such as holiday periods will only be approved upon adequate staffing levels to cover leave absences.
- Peak Period Leave applications will be processed on a first come first served basis, but also considering fairness across the team during such periods.
- In the event Annual Leave is exhausted, Personal Leave will be utilised for any outstanding balances.

#### ***Office Team Leave Applications***

- To best streamline workflow, priorities and responsibilities, office personnel should upline their leave requests to their immediate Lead.
- Leave forms are to be submitted via Xero Me Application for their reporting Lead to review.
- The Lead will be able to determine the practicality of approving and/or declining leave requests, taking into consideration factors such as available team members to cover any outstanding work loads and ensuring leave is fairly provided to each team member.
- (noting – the employee must utilise paid leave before Leave without pay can be approved)

#### ***Lead Role Leave Application Conditions***

- To best streamline workflow, priorities and responsibilities all Lead Roles will be required to upline their leave requests to the General Manager.
- Lead Roles with direct reports are responsible for engaging their one of their suitable and willing reports to step into 'Higher Grade Duties' while the lead is on leave (if more than one week and/or there is a project of high urgency that requires immediate attention).
- It is the responsibility of the Lead to develop a handover inclusive of day-to-day duties and responsibilities of the person covering their role on Higher Grade Duties and submit to both the person covering and General Manager.
- Lead must have tentative if not confirmed roster coverage for any responsible rostering duties in their absence.
- Lead must ensure any consumable orders are ordered in advance and/or are scheduled to be overseen.
- Lead must communicate their leave and directives in place to reporting teams. For example: support Coordinator Lead to the support coord team, Clinical Team to the RNs, and site employees.
- Leads must communicate points of contact to clients/participants overseen. Noting National is not an emergency oncall service. All clinical concerns should be directed to GP and/or emergency services.



- Leads must set voice mail message redirecting clients and employees and must set an out of office automatic reply email in outlook.

## Personal Leave Policy

### **POLICY STATEMENT**

National is committed to ensure, as far as is reasonably practicable, the health, safety and welfare of its employees and to encourage sick leave should an employee require it.

### **SCOPE**

This policy applies to all contracted Permanent Part-time and Full-time employees of National.

### **POLICY**

All Paid personal leave accrues over the course of your employment and will be credited to you, progressively throughout the year and recorded accurately on employee payslips.

Unused personal leave will not be paid out on termination

If entitlement to paid leave (Personal and Annual) is exhausted, employee may take TWO days' unpaid carers leave for each occasion

### **Entitlements:**

#### ***Casual employees***

- Casual employees do not have access to paid sick leave
- Entitled to take up to two days unpaid carer's leave for each occasion of family or household member\*\* illness or emergency.

#### ***Permanent Part-Time & Full Time Employees***

- Full-time employees will accrue up to TEN days of paid personal leave for each year of continuous service.
- Part-time and fixed-term employees are entitled to this entitlement on a pro-rata basis.
- In the event Personal Leave is exhausted, Annual Leave will be utilised for any outstanding balances.

## Types of Leave

### ***Sick Leave***

Not fit for work due to personal illness or personal injury affecting your ability to perform usual duties. National reserve the right to ensure your health and safety and request medical clearance to return if deemed a risk.

In the event of an illness such as gastro or influenza employees are immediately excluded from work for a minimum of 48hours and a clearance to return to full duties is required from your GP and notify National immediately so we can report to ACT Health in line with our obligations. In the event of a serious injury (eg- car accident, fall, head injury, back and/or neck injury) employee is required to seek medical treatment and advice on time off work, potential work restrictions/limitations and/or fit to return to work clearance prior to being activated within the rosters.



### *Bereavement Leave*

Permanent Employees are entitled to 2 paid days of bereavement leave on the death of a family or household member\*\*

### *Compassionate Leave*

Employee is entitled to paid 2 days of compassionate leave should the employee or a family or household member\*\* contract or develop an illness OR sustains and injury that poses a serious threat to their life

### *Carers Leave*

To provide care or support to a member of your immediate family, or a member

\*\* of your household who requires care or support because of illness/injury/emergency \*\*

An immediate family member is: spouse, de facto, child, parent, grandparent, grandchild, sibling or those of your partner/de facto. A member of your household is someone you live with- does not need to be family.

### *Family and domestic violence leave*

Employees of non-small businesses (including part-time and casual employees) in the Fair Work system are entitled to 10 days of paid family and domestic violence leave each year.

For small business employees in the Fair Work system, paid family and domestic violence leave starts from 1 August 2023. Until then, employees of a small business can access up to 5 days of unpaid family and domestic violence leave. A small business for these purposes is one that had less than 15 employees on 1 February 2023.

Employees who are experiencing family and domestic violence can take this leave to deal with the impacts of family and domestic violence where it is not practical to do so outside their work hours. This might include:

- making arrangements for their own or a family member's safety (including relocation)
- attending court or accessing police services
- attending counselling, or appointments with medical, financial, or legal professionals.

Employees can access the full amount of leave from the day they start work. The leave can be taken as single or multiple days, or as part days by agreement. An employee's leave balance renews each year on their work anniversary but doesn't accumulate from year to year if it isn't used.

### **What is family and domestic violence?**

Family and domestic violence, for the purposes of the Fair Work Act, means violent, threatening or other abusive behaviour that seeks to coerce or control the employee and causes them harm or fear.

It can include behaviour by an employee's close relative. For the paid leave entitlement, it also includes behaviour by a current or former intimate partner, or a member of the employee's household.





Family and domestic violence can present in many forms, and not all forms are visible. Violence can be physical, sexual, emotional, psychological, social, cultural, spiritual or financial. It can also be facilitated through technology. For more information, visit 1800RESPECT.

### **How is the leave paid?**

For full-time or part-time employees with a paid entitlement, family and domestic violence leave must be paid at the employee's full rate of pay for the hours they would have worked had they not taken leave.

Casual employees with a paid entitlement must be paid at their full rate of pay for the hours they were rostered to work in the period they took leave.

The employee's full pay rate is their base rate plus any loadings, allowances, overtime and penalty rates, bonuses, incentive payments or other separately identifiable amounts.

### **What are the notice and evidence requirements?**

Employees must let their employer know as soon as possible if they need to take family and domestic violence leave. Sometimes this will be after the leave has started.

An employer can ask for evidence to show that the employee needs to do something to deal with family and domestic violence and it's not practical to do it outside their work hours. Types of evidence an employee can provide includes:

- a statutory declaration
- family violence support service documents
- documents issued by a police service, or
- documents issued by a court.

### **What are the privacy requirements?**

Employers must take reasonable steps to keep information about notice or evidence for family and domestic violence leave confidential.

Employers can only use this information to satisfy themselves that the employee is entitled to family and domestic violence leave, unless the employer is using or dealing with the information where:

- the employee consents
- it's required by law, or
- it's necessary to protect the life, health or safety of the employee or another person.



### Pay slips

Pay slips must not mention paid family and domestic violence leave, however employers must keep a record of this leave balance and any leave taken by employees.

This leave must be shown on a pay slip as ordinary hours of work, or another kind of payment for performing work such as an allowance, bonus or overtime payment. It is best practice to show this time on the pay slip in a way that makes it appear that the employee has not taken leave.

However, the pay slip may record the time as another type of leave (for example, annual leave) at the employee's request. Find out more on our Pay slips page.

### Support services

If someone is in immediate danger, call 000.

- **1800RESPECT (or 1800 737 732)** is the national domestic, family and sexual violence counselling, information and support service.
- **No to Violence** – Men's Referral Service (or 1300 766 491) works with men who use family violence to change their abusive and violent behaviour.
- [Family and domestic violence leave](#)

### UNEXPECTED LEAVE PROCEDURE

- An employee should notify National by phone as soon as possible if they are unable to attend work due to illness or injury.
- Text messages and emails are not acceptable methods of notification. The notification to National should include where able the likely timeframe for the absence.
- Employees eligible for paid entitlements must submit a leave application along with any supporting documentation via the Xero Me/ Brevity Apps.
- In the event you are on shift, and are unable to complete your assigned tasks due to poor health, your shift may be concluded early at the directive of the team leader if the welfare of participant is not put at risk. Upon return employee may be requested to provide a fit to return to work clearance from your GP.
- Casual employees will only be paid for time in which service was delivered.

### Evidence

A medical certificate from a registered health practitioner is required from the employee setting out the reasons for the absence in circumstances where the personal leave is:

- On TWO or more consecutive days
- On a single day prior to, or the day after a public holiday, weekend or non-working day
- After any day taken that was a requested leave date approved or rejected.



- On-shift claim of injury

Evidence should be emailed to [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

### *Return to work Clearance*

You should notify your manager as soon as you know on which day you will be returning to work, if this differs from a date of return previously notified. On return to work after any period of personal leave, you may be required to attend a return-to-work interview to discuss the state of your health and fitness for work. Information arising from such an interview will be treated with strictest confidence.

National retains the discretion to request a certificate from employee doctor stating that employee is fit to return to duties. This is to ensure employee can return to full duties without putting self or others at risk. This will always be required where you have suffered a workplace injury/illness that required medical treatment. In the event you have been off due to a workplace injury, please see *Workplace Injury Policy*.

If you have been suffering from an infectious or contagious disease or illness, you must not attend work without clearance from your own doctor.

### *Returning to Work after a period of Leave*

All returning employees must identify when they are due to return to the work force and/or upon their return, if there are any reasonable limitations, restrictions, allowances or accommodations that must be considered by National as your employer. This can include but is not limited to the following:

- Return to work post an injury
- Return to work post a workplace injury
- Return to work after a long period of absence.
- Return to work after parental leave.

### *General National Discretion*

Submission of a medical certificate may not always be regarded as sufficient justification for accepting your absence. Sickness is just one of several reasons for absence and although it is understandable that if employee is sick and may need time off, continual, or repeated absence through sickness may not be acceptable to National.

In deciding whether employee absence is acceptable, National will take into account the reasons for employee's absences and extent of them, including any absence caused by sickness/injury. National cannot operate with an excessive level of absence as all absence, for whatever reason, reduces National's ability to operate successfully.

National will not tolerate any non-genuine absences, and any such instances will result in disciplinary action being taken.

If considered necessary, National reserve the right to ask employee permission to contact doctor and/or for you to be independently medically examined deemed fit to return.



## Other Entitlements Policy

### **POLICY STATEMENT**

National is committed to ensure, as far as is reasonably practicable, the health, safety and welfare of its employees and others. Employees also have a duty to co-operate with and implement National's policies in this respect.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

An employee should notify National as soon as possible if they are unable to attend work by phone call. The notification to National should include where able the likely timeframe for the absence.

National, at its discretion, may request evidence such as a medical certificate or a statutory declaration, supporting documentation showing that the employee was entitled to take personal leave during the relevant period.

### **TYPES OF LEAVE**

#### **Community Service Leave**

Employee is entitled to Community Service leave in certain circumstances for activities such as SES/volunteer fire fighting and is unpaid.

#### **Jury Duty Leave**

Full-time and part-time employees have to be paid 'make-up pay' for the first 10 days of jury selection and jury duty. Make-up pay is the difference between any jury duty payment the employee receives (excluding any expense-related allowances) from the court and the employee's base pay rate for the ordinary hours they would have worked.

Before paying make-up pay, an employer may request evidence from the employee to show:

- that the employee has taken all necessary steps to obtain jury duty pay
- the total amount of jury duty pay that has been paid or will be payable to the employee for the period.

If the employee can't provide evidence, they won't be entitled to make-up pay.

#### **Time Off**

Circumstances arise where you need time off for medical/dental appointment or for other reasons. Where possible, such appointments should be made outside employee's rosters working hours. If this is not possible, time off required for these purposes may be granted at the discretion of National and will be without pay.

#### **Parental Leave**

If employee or partner become pregnant or are notified of a match date for adoption purposes, employee should notify National at an early stage so that employee entitlements and obligations can be arranged. Employees who will have at least 12 months of continuous service as at the expected date of the birth of the child, are entitled to 52 weeks of **unpaid** parental leave.



Other forms of leave, such as annual leave and long service leave, may be taken concurrently with parental leave, but when combined with the unpaid parental leave must not exceed the 52 week period.

Leave is available only to the primary caregiver of the child, except at the birth of the child where the other parent is entitled to 8 weeks of concurrent unpaid leave. Any parental leave taken by the other parent will be deducted from the total entitlement of 52 weeks unpaid leave.

You must give the Employer at least ten weeks prior notice of your intention to take unpaid parental leave. This can be done in accordance with the Employer's leave application procedures.

When advising of your intention to take unpaid parental leave you must provide the following:

- a medical certificate indicating the expected date of birth of the child, or, where the leave is adoption related, the expected date of placement
- an expected return date and
- details of any parental leave your partner intends to take.

Employee may be entitled to government funded parental leave. The Paid Parental Leave scheme is fully funded by the Australian Government. Employees who are expecting a child or adopting a child are eligible for up to 18 weeks of paid Parental Leave at the rate of the National Minimum Wage if they meet the Eligibility criteria. For further details, eligibility criteria and to apply for this payment please refer to the Department of Human Services.

Two weeks of *Dad and Partner Pay* will be paid by the Government at the minimum wage if you're on unpaid leave from work, after having a baby or adopting a child. Requests are to be made via the Parental Leave Request Form, and the employee and the Employer will need to reach an agreement as to your unpaid leave period. For further details and to apply for this payment please refer to the Department of Human Services.



## Long Service Leave Policy: Nurses & SCHCADS Industry Awards

### **POLICY STATEMENT**

National is committed to ensure compliance with relevant long service leave legislation such as the Long Service Leave Act 1976 and the Long Service Leave (Portable Schemes) Act 2009.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

National is registered with the Community Sector Industry Long Service Leave Portable Scheme (the Long Service Leave Portable Scheme) under the Long Service Leave (Portable Schemes) Act 2009 (ACT). The Long Service Leave Portable Scheme provides a portable long service leave entitlement to employees undertaking relevant work across the community and aged care sector industry for any employer within the industry.

### **ENTITLEMENT**

Under the Scheme, employees are entitled to 8.67 weeks leave after 10 years of consecutive service in the Industry. Existing employees (pre 2016) will have their long service leave entitlements accrue under a combination of the Long Service Leave Act 1976 (ACT) and the Long Service Leave Portable Scheme. All Nursing Award employees (post 2016) will accrue long service leave under this scheme.

### **APPLICATION**

On commencement of employment with National employees are required to provide their member number from the ACT Long Service Leave Authority. For any employee who has not previously been enrolled with the Authority, National will enrol the employee and the employee will receive their information from the Authority.

In line with the Authority's requirements, National will make quarterly contributions for employees who have met the required criteria. Where an employee has accrued an entitlement through service that is covered by a combination of the Long Service Leave Act 1976 and the Long Service Leave (Portable Schemes) Act 2009, the payment to the employee is to be made by National, in accordance with the Long Service Leave Act 1976 and the employee is required to apply for long service leave in writing to National.

All payments to employees based solely on service accrued after the commencement of the portable scheme will be made directly by the Authority under the Long Service Leave (Portable Schemes) Act 2009. Employees who wish to access this long service leave need to contact the Authority directly to apply.

Employees can access the form via: <https://actleave.act.gov.au/wp-content/uploads/ClaimForm.pdf>

Form is to be submitted to National for review, approval and/or negotiation. Upon an approved decision, LSL form will be returned to employee to complete lodgement with the LSL Authority.



# Training, Learning, Performance and Development

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.5
<b>Process Owner</b>	Governance Lead   General Manager   CEO	<b>Date of Issue</b>	August 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	August 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	3/2019	Natashia Telfer	Employsure	Additional resources added
1.2	03/2021	Natashia Telfer	Employsure	Learning Pathway Created
1.3	10/2022	Natashia Telfer	Employsure	RN Transition Program implementation
1.4	2/2023	Natashia Telfer	CEO	Restructure of policies (content unchanged)
1.5	8/2024	Tahla Moore	CEO	Altura Process expanded with duties



## Training Performance, Learning & Development

### **PROCEDURE STATEMENT**

National recognises education and training as a core component of developing the capability of all employees and is committed to providing learning and development opportunities for employees in support of growth of their practice.

#### *Capability procedure Introduction*

We recognise that during your employment with us you may find yourself less capable of conducting your duties. This might commonly be because either the job changes over a period of time and you fail to keep pace with the changes, or you change (perhaps because of health reasons) and you can no longer cope with the work.

#### *Job changes/general capability issues*

If the nature of your job changes, or if National has general concerns about an employee's ability to perform their job, National will try to ensure that employees understand what is expected of them and receive adequate training and supervision. Concerns regarding capability will normally first be discussed in an informal manner and the employee will be given time to improve.

If an employee's standard of performance is still not adequate, you will be warned in writing that a failure to improve and to maintain the performance required could lead to your dismissal. We will also consider the possibility of a transfer to more suitable work if possible.

If there is still no improvement after a reasonable time and we cannot transfer you to more suitable work, or if your level of performance has a serious or substantial effect on the Employer to its detriment, you will be dismissed with the appropriate notice.

#### *Personal circumstance/health issues*

Personal circumstances may arise which do not prevent an employee from attending for work but which prevent them from carrying out normal duties (e.g. a lack of dexterity or general ill health). If such a situation arises, we will normally need to have details of your medical diagnosis and prognosis so that National has the benefit of expert advice.

Under normal circumstances, this can be most easily obtained by asking a doctor for a medical report. An employee's permission is needed before National can obtain such a report and National expects employees to co-operate in this matter should the need arise. When National has obtained as much information as possible and after consultation, a decision will be made about the employee's future employment in the current role or, where circumstances permit, in a more suitable role.

There may also be personal circumstances which prevent an employee from attending work, either for a prolonged period or for frequent short absences. Under these circumstances, National will need to know when you will become available. This may again mean asking a doctor for a medical report or by making whatever investigations are appropriate in the circumstances. When National has obtained as much information as possible regarding an employee's condition, and after consultation, a decision will be made about future employment with National.

#### *Short service staff*

National retains discretion in respect of the capability procedures to take account of length of service and to vary the procedures accordingly. An employee with a short amount of service may not be in receipt of any warnings before dismissal but will retain the right to a hearing.





## Learning & Development Policy

### POLICY STATEMENT

National supports opportunities for professional development and fosters an environment of lifelong learning.

### SCOPE

This policy applies to all employees of National.

### POLICY

Learning & development covers training and development, orientation and induction. Training focuses on skills and knowledge directly connected to a particular position or occupation, whereas development refers to learning or the acquisition of skills that may or may not be related specifically to the employee's role.

### Types of Development

Development activities can be categorised according to the needs they meet:

- **Organisational needs:** inducting employees, promoting links between employees in different locations, recognising excellent employees, preparing employees for change, training employees for new duties and positions, learning from external experts and legislative requirements.
- **Occupational needs:** skills and knowledge connected with performing the duties of a specific position, maintaining professional expertise in the relevant occupation or discipline, extending professional expertise to encompass new developments in the area, and maintaining current professional registration.
- **Individual needs:** job satisfaction, skill development and professional career paths.
- If training is considered **mandatory** (See *Mandatory Training Policy*) for the successful completion of the employee's role, then this time will be counted as time worked paid at base rate.

National recognises that responsibility for performance and development lies with the individual employee and with National.

#### **Employee responsibilities are to:**

- take ultimate responsibility for professional development
- seek and use opportunities for development and learning
- develop training and development goals that meet National's and the employee's needs, in consultation with National
- Assist as required, with workplace training and development initiatives, which may involve coaching other colleagues through on-the-job training.

#### **National's responsibilities are to:**



- determine the learning needs of employees as individuals and as a group, coordinate and develop an overall education plan for National, implement this plan, and evaluate its effectiveness
- ensure equity in the management of employee development
- discuss development needs with individual employees
- influence performance with mentoring and support
- provide feedback on performance
- through the Performance Review process, identify training and development needs, in consultation with the employee
- Ensure that relevant information arising from audits, grievances and disciplinary procedures are, in consultation with the employee concerned, incorporated into training.
- ensure the effective implementation, co-ordination and monitoring of this policy, including the provision and distribution of resources to support employees development
- Maintain records relating to external training activities, including the cost and duration of the training.



## RN Transition Program

### **POLICY STATEMENT:**

National recognises education and training as a core component of developing the capability of all employees and is committed to providing learning and development opportunities for employees in support of growth of their practice and on occasion, with further formal education, transition of employment positions may be offered.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

National are committed to investing in our team and professional development. We endeavour to support those eligible for our Transition Program, supporting AINs/ENs transition to a RN role.

### **Eligibility Criteria**

- 12 months employment in initial role
- Completion of formal education, followed by APRHA registration evidence submitted
- Merit. Individuals who display unwavering loyalty to National. This includes maintaining up to date availability, attending team meetings, providing productive feedback, being an exemplary team player and contributes to the greater outcomes of Team National
- Operational requirements including client need and current roster capacity and employee availability.

### **Transition Conditions**

In line with transition program being offered, the following conditions apply and are reflected as contractual conditions of transitioning contract:

- Transparency with future career planning
- Commitment of 6 months within new transitioned role
- Undertake necessary training requirements
- In the event the new employee contract is terminated by employee prior to the obligatory 6 months, employee may be required to cover any incurred training expenses invested in the employee's professional development.

### **Additional &/or Specialised Training**

Supporting National RN transitions may include specialised requirements. In some instances, employees will be required to undertake specialised training and competencies to ensure best practice is delivered in services. These are outlined in the relevant specialised policies and can include PEG, tracheostomy, complex bowel care, stoma care, catheter etc. Other training funded through National will be available to all staff. If it is found that the training will enhance the practice of the employee in the workplace, however attendance of employee is within employee's own time. Failure to attend, may result in any related costs being directed to employee. Individual applications from employees are to be referred to National for approval and will be decided on merit, taking into consideration employee length of service, the number of shifts worked regularly and whether the course will enhance performance and opportunities for the employee. For further information see *Training Skills Pathways*.

### **Employment Requirements**

Employee is responsible for completing Mandatory training in line with the National Training Policy and employment conditions.



## Mandatory Training Policy

### **POLICY STATEMENT:**

National is committed to providing the highest quality care to all patients. To foster a culture of delivering safe, effective care all employees are required to attend training and education that is identified as Mandatory. Mandatory training refers to an identified set of essential skills and knowledge determined by legislative and accreditation agencies.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

During the employment process, employees are requested to provide evidence of current mandatory training in line with employed position requirements. Where there are gaps identified education and training are arranged as a priority. National outsources mandatory training to a variety of reputable Training Organizations to meet the variety of learner needs.

Mandatory training is compulsory training required to be delivered to all employees as mandated by relevant: Commonwealth or state legislation, Code of Practice or regulation linked to legislation and *National* policies. Where National is an employee's secondary employment, and the employee receives training through other means such as primary employment or study, evidence must be provided to show the training has been undertaken within the 12-month period and filed accordingly. Management personnel, who have either qualification in training or related experience, deliver in-house training. National will audit employee completion of Mandatory Training and support employees to complete training and education as per the schedule articulated in this policy and Training Skills Pathway.

### **Service Delivery Additional &/or Specialised Training**

Participants with specialised requirements will only be assigned carers who hold the required training and experience, and the training will be sourced as required and/in demand with client/participant needs. In some instances, employees will be required to undertake specialised training and competencies to ensure best practice is delivered in services. These are outlined in the relevant specialised policies and can include PEG, tracheostomy, complex bowel care, stoma care etc. Other training funded through National will be available to all staff. If it is found that the training will enhance the practice of the employee in the workplace, however attendance of employee is within employee's own time. Failure to attend, may result in any related costs being directed to employee. Individual applications from employees are to be referred to National for approval and will be decided on merit, taking into consideration employee length of service, the number of shifts worked regularly and whether the course will enhance performance and opportunities for the employee. For further information see *Training Skills Pathways*.

### **ALL Employment Requirements**

Employee is responsible for completing Mandatory training.

National will cover costs and wages for all mandatory training however, employee is responsible for cost of and maintenance of HLTAID003 Provide First Aid, HLTAID001 Provide Cardiopulmonary Resuscitation, COVID-19 Infection Control, NDIS Worker Module and employee VETTING requirements including: ACT Police Check, Worker Screening: Working with Vulnerable People card at own expense. Failure to meet employment requirements may result in being stood down from shifts until such time training is completed.



*Service Delivery: Mandatory Training Schedule*

WHO	REQUIREMENTS	FREQUENCY
ALL	Induction including OH&S presentation	On commencement
ALL	NDIS Worker Orientation	Upon employment
ALL	HLTAID003 Provide First Aid	Upon employment, 3 yearly
ALL	HLTAID001 CPR	Upon employment and annually
ALL	COVID-19 Infection Control	Upon employment and annually
ALL	Work, Health & Safety	Annually
Service	Manual Handling	Annually
ALL	Elder Abuse/Mandatory Reporting	Annually
ALL	Fire Safety	Annually
ALL	Infection control	Annually
ALL	Workplace Bullying & Harassment	Annually

*Non-Service Delivery: Mandatory Training Schedule*

WHO	REQUIREMENTS	FREQUENCY
ALL	Induction including OH&S presentation	On commencement
ALL	NDIS Worker Orientation	Upon employment
ALL	HLTAID003 Provide First Aid	Upon employment, 3 yearly
ALL	HLTAID001 CPR	Upon employment and annually
ALL	COVID-19 Infection Control	Upon employment and annually
ALL	Work, Health & Safety	Annually
ALL	Fire Safety: Evacuation of office	Annually

*Employee Undertaking Training at Primary Employment*

At National we recognise, many of our valued employees hold multiple employments. Where related training is undertaken in an employees primary employment, and evidence can be provided to National within the valid 12 month period, this will waiver the employee from having to complete that module via National Employment for that period of validity. For clarity, this could be a carer working in a nursing home, undertaking manual handling and can provide National with evidence of certification. Another example is a registered nurse working within a hospital setting would must likely undertake Basic Life Support and Advance Life Support within that employment. This is recognised by National and is acknowledged as CPR requirements and an active registration is acknowledged as First Aid.

***Failure to Comply with Training Requirements***

Failure to comply is a serious breach of employment obligations and poses risk to self, fellow employees and participants. Amply notice is provided when training is issued, as such, failure to complete training requirements will result in a formal warning.

Continued non-compliance will lead to being stood down from service until employee can meet obligations. Failure to uphold training can be deemed as a reportable incident in some cases and may lead to termination.



### *Lead and Executive Management Professional Development*

At National we recognise, amongst our management team we have a diverse level of skills and qualifications and when it comes to professional development, this varies person to person. As such, National Community Care welcome the management team in bringing forward training and professional development opportunities for consideration. In addition to this, National Directors and GM may identify suitable training, resources, and professional development for the management team at access.

Development has included but is not limited to:

- Outsourced Wound Management
- Continence Assessment Training
- Training and Assessors Course
- Outsourced Leadership Workshops
- Outsourced Leadership 1:1 with Specialists
- Mental Health First Aid
- Access to DSC online (Fora)
- Access to Altura online
- Heart of Healthcare Conference
- NDS Conferences
- HESTA Conferences
- National Disability Summit
- POP Your Business Conference
- Women Changing the World Leadership Conference
- Business Chicks 'Movers and Breakers' Conferences
- CPA Australia Conferences
- Canberra Innovation Network: Female Founders Series

### **References**

Anti-Discrimination Act 1991

Australian Aged Care Quality Agency,

Accreditation Standards accessed from <https://www.aacqa.gov.au/for-providers/accreditationstandards> 25 February 2018

Australian Standard, (AS4083), Planning for emergencies – Health care facilities. Building and Fire Safety Regulation 2008

Crime and Corruption Act 2001

Disaster Management Act 2003

Information Privacy Act 2009

Multicultural Recognition Act 2016 NMBA, Professional Standards, <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx> Accessed 25 February 2018

Public Health Act 2005

Work Health and Safety Act 2011

Work Health and Safety Regulation 2011

Workers' Compensation and Rehabilitation Act 2003

Industrial Relations Act 2016



## NCC - Training Allocation & Altura Learning Platform

In line with National Employment requirements, Training Policy and Learning pathways, all employees (Service Delivery and Non-Service Delivery) are required to undertake mandatory training on an annual basis. National use Altura learning platform for online mandatory training and refreshers in conjunction with face to face annual delivery of mandatory training onsite + annual individualised competencies.

National's Rostering Systems have an inbuilt function to allow Employee Compliance Reports to be extracted. National management will conduct an audit weekly, and disseminate audit findings to Lead roles, Education Trainer, Daily Operations and Administrative Team for assignment and follow up.

Once identified, check employee profile (Brevity) to seek if alternate employment or study is listed it may provide the training for National to follow up. Employees will be notified via email, SMS or directly by the platform, when training and/or mandatory requirements are expected for renewal and or overdue, this is this responsibility of National Administrative Team.

National Acknowledge we often partner with ACT Health to provide induction and onsite training in individualised participant needs and their equipment to support discharge from hospital or long stay settings

### **ALTURA Learning Platform**

National use the Nationally recognised learning platform – Altura. National Management Team review the relevance and effectiveness of the training platform annually prior contract renewal. National Management Team have created two user guides for internal and external use to assist all employees with navigating the learning platform:

1. [Altura Admin - Procedure](#)
2. [Altura instructions 2021.pdf](#)

Altura has a twenty-license permission at any one time, this is to be strictly adhered to by all National Employees to prevent penalties being incurred. If Altura has a vacant license available, add the outstanding employee to the system and appropriate modules to complete.

#### *Responsibilities for Altura Management*

**General Manager** – Annual review of suitability of learning platform to meet Nationals training and workforce requirements. Collate and provide the weekly compliance reports to People & Culture to coordinate Altura enrolment for National.

**People & Culture** – Manage and coordinate the administrative team to ensure licensing limits are maintained, weekly enrolment of non-compliant employees and enrolment of all new starter employees across National is attended and followed up in a timely manner.

To check if NNA/NHS employee is studying (exemption for higher level training attended at an RTO or University with evidence of completion such as a certificate or transcript). If evidence of training is provided in their current studies and provided to National, then employee is exempt from undertaking Nationals mandatory training modules.

**Administrative Officer** - Weekly enrolment of both non-compliant employees / all new starter employees.



Updating relevant systems with all completed courses, ensuring all employees have their required annual training module evidence saved on the appropriate records. Evidence includes a Certificate, and/or the competency workbook/sheet:

- **Saved evidence in SharePoint** (it's not in SharePoint, it doesn't exist!)
  - Employee File > 2. Annual Requirements > 2024 (relevant year folder)
  - Move any expired evidence to the historical year folders accordingly.
- **Update Employee Training data in Brevity / STARS to ensure mandatory reporting is correctly captured.** This will **replace** the previous expired training data within the system.
- **Please note:** some Mandatory training module names do vary across platforms, and training organisations. See possible names below:

External Provider	Altura Training Platform / DSC / Team National		
Theme / Subject of Training	Theory	Practical Assessment	Valid Period
ACT WVVP	✓		3-5 years
Police Checks	✓		3 years
First Aid - HLTAID011	✓	✓	3 years
CPR - HLTAID009	✓	✓	1 year
NDIS Orientation Worker Module	✓		N/A
NDIS Supporting Safe and Enjoyable Meals	✓		N/A
NDIS Supporting Effective Communication	✓		N/A
New NDIS Induction Module	✓		N/A
COVID Module	✓		N/A
Manual Handling	✓	✓	1 year
Infection Control	✓	✓	1 year
Fire Safety / Emergency Management	✓	✓	1 year
Food Safety	✓		1 year
Elder Abuse / SIRS / Mandatory Reporting	✓		1 year
Incident Reporting	✓		N/A
Medication Support / Websters	✓	✓	1 year
Tracheostomy	✓	✓	1 year
Ventilation / BiPap / C-Pap	✓	✓	1 year
Diabetes	✓		1 year
Enteral Management / PEG / PEJ	✓	✓	1 year
Epilepsy / Seizure Management	✓		1 year
Dysphagia	✓		1 year

- Payment of Altura modules, National pay employees to complete individual modules which are paid according to the completion time. It is the responsibility of the administrative office to calculate the completion time (which the course determines) and provide an email to Daily Operations Officer and General Manager for NNA/NHS weekly with the employee's name and total minutes to be paid.
- Responsible for unenrolling employees who have completed all of their training from Altura. Sending reminder emails to employees overdue in Altura to complete the training within 5 business days from receipt of email.
- Up lining to the People and Culture Lead, a summary of any employees failing to adhere to completing their mandatory training after being issued with a reminder email.





**National Trainer** – Delivery of face to face mandatory training and or competencies required either outside of the Altura learning platform or due to a group of new starters.

**Daily Operations Officers** – To monitor shared inboxes for updated training and compliances documents, saving to SharePoint folder and updating relevant employee system, and achieving the actioned email.

**Daily Operations Lead** – Responsible for payment of all NCC employees.

## NCC Service Delivery: Training Skills Pathway

<p><b>Learning Goals</b></p>	<ul style="list-style-type: none"> <li>• Workplace induction</li> <li>• Holistically oversee clients and or participants within scope of practice</li> <li>• Understand and deliver Tracheostomy management</li> <li>• Understand and deliver PEG and Enteral management</li> <li>• Understand and deliver Wound Management</li> <li>• Undertake complex bowel care within scope of practice</li> <li>• Diabetes management</li> <li>• Injectable medications</li> <li>• Behaviour support training</li> <li>• Understanding of restrictive practices</li> <li>• Demonstrate Leadership skills and ca responsibilities</li> <li>• Risk assessments</li> <li>• Moving on Audits (compliance and governance system)</li> <li>• Incident management policy and procedures</li> <li>• ONGOING competencies to ensure best practice</li> </ul>
<p><b>Benchmark/units of competency</b></p>	<ul style="list-style-type: none"> <li>• Evidence of required mandatory training (certificate, competency, or observation)</li> <li>• Evidence of workplace competencies</li> <li>• Safe and appropriate tracheostomy care is attended</li> <li>• Safe and appropriate PEG / Enteral care and management is attended</li> <li>• Administrative documents completed within specified time frames.</li> <li>• Contribute to client and participant care planning</li> <li>• Performance appraisal</li> </ul>



- Reduction in related incidents



Pathway continued...

<p><b>Instructions to facilitator</b></p>	<ul style="list-style-type: none"> <li>• Employee will undertake Orientation prior to commencing work (workplace introduction to office and SIL property, hours of work and expectations, policies and procedures, lines of reporting, uniforms etc).</li> <li>• Access to computer systems and logins required to perform tasks.</li> <li>• Access to policies and procedures.</li> <li>• Flexible work arrangements.</li> <li>• PPE – gloves, sanitizer, masks etc</li> <li>• Holds ACT Police Check, ACT WWVP card, NDIS Orientation Worker Module, COVID-19 Infection Control Training</li> <li>• AN/CSW hold a minimum Cert III and or studying to higher level such as Bachelor of Nursing relevant to training</li> <li>• Nursing staff hold a minimum EN and/or Bachelor of Nursing</li> </ul>
<p><b>Implications for the workplace</b></p>	<ul style="list-style-type: none"> <li>• Costs associated with training</li> <li>• Available resources within the scope of practices NCC requires to effectively meet participant needs. (eg Tracheostomy provider)</li> <li>• Availability of external training providers and lining up with client rosters to ensure effectiveness of client roster VS employee training</li> <li>• Disruption to client services</li> <li>• Decline in availability for rostering days of training</li> <li>• Long term increased productivity and scope of practice</li> <li>• Nurturing workplace culture and facilitating professional development opportunities</li> <li>• Clerical errors</li> </ul>
<p><b>Assessment methods</b></p>	<ul style="list-style-type: none"> <li>• Review of the perspective employees resume</li> <li>• Reference checks to be completed prior to offer of employment</li> <li>• Discussion at interview of their previous experiences and skills</li> <li>• Assess the individual LLN levels to identify gaps requiring additional support</li> <li>• Competency checklists for specialised training skills</li> </ul>



Pathway continued...

<p><b>Pre-Assessment</b></p>	<ul style="list-style-type: none"> <li>• ANs: Minimum Cert III within the healthcare sector and/or studying to higher education such as Bachelor of Nursing.</li> </ul>
	<ul style="list-style-type: none"> <li>• EENs: Diploma in Nursing</li> <li>• RNs: Bachelor Nursing of Nursing</li> <li>• Registered with Australian health Practitioners regulatory Agency</li> <li>• Resume review prior to offer of contract</li> </ul>
<p><b>Formative assessment</b></p>	<ul style="list-style-type: none"> <li>• Regular informal catch up with the employee (once a month) Formal meetings scheduled in calendar to gain feedback on each specific domain within the pathway.</li> </ul>
<p><b>Summative assessment</b></p>	<ul style="list-style-type: none"> <li>• Initial 3-month probationary period, if required extend to 6 months.</li> </ul>
<p><b>Support needs</b> (such as learning styles, regular meetings, operational documents, safety etc.)</p>	<ul style="list-style-type: none"> <li>• Induction Day conducted at main office – history of company, values and expectations / policies and procedures.</li> <li>• 3 supernumerary shifts as an observer with an experienced RN.</li> <li>• Meeting post 3 supernumerary shifts to gain insight and feedback on progress etc</li> <li>• Identify tools or resources required to assist with learning and performance.</li> <li>• Recap on WHS within the workplace.</li> <li>• Provide opportunities for questions about operational requirements / documents.</li> </ul>



# HR Media

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2021	Natashia Telfer	CEO	Facebook group roll out
1.2	2/2024	Natashia Telfer	CEO	Review. Nil change

## In conjunction with:

- Daily Operations
- Code of Conduct
- Disciplinary Guidelines



## Employee Media Policy

### **POLICY STATEMENT**

National is committed to providing quality; person centred health care in an environment that is respectful of the individuals and their right to privacy. This extends to communications through Media platforms both formal and social and respectfully ask all clients and families to reciprocate this approach.

### **SCOPE**

This policy applies to all employees of National and recipients of care.

### **POLICY**

To act in the best interest of all parties including but not limited to National, all employees past and present, clients past and present, Government Bodies.

In line with employment contracts and Client Service Agreements, all employees and clients past and present are bound by a non-disclosure agreement to maintain confidentiality as is National. As such, no persons can discuss and/or provide information to external persons and/or entities including media outlets of any kind regarding any of the National Teams, National operations, employees, clients, families, facilities, hospitals and/or other Agencies and/or Community Teams that we are affiliated within.

#### ***Defamation***

Any person proven to have made defamatory statements across any public forum, may be reported to the authorities, and be held legally accountable. Defamation is a communication from one person to at least one other that harms the reputation of an identifiable third person, where the communicator (the publisher) has no legal defence. The law of defamation aims to balance the right of free speech with protecting a person's reputation against harm.

#### ***Formal Media***

*Formal media is inclusive of News Media, Print Media and Broadcast Media and their related internet platforms.* In line with employment contracts, all employees past and present are bound by a non-disclosure agreement to maintain confidentiality. As such, no person can discuss and/or provide information to media outlets of any kind regarding any of the National Teams, National operations, employees, clients, families, facilities, hospitals and/or other Agencies and/or Community Teams that we are affiliated within.

#### ***Social Media***

*Social media is inclusive of any internet based platforms. For example Facebook, Instagram, twitter, online blogs, chat forums, tictok, tumblr.*

Any work-related issue or material that could identify an individual who is a client/participant or colleague, which could breach confidentiality and trust and/or adversely affect the Employer, a client/participant or the Employer's relationship with any client/participant must not be placed on any social networking site. This means that, unless otherwise authorised, work related matters must not be placed on any such site at any time either during or outside of working hours and this includes access via any mobile computer equipment, including mobile phone or other devices and comments/statements are strictly not to be made on public or private forums such as news media and social media.

Likewise, all employees are strictly prohibited from using all forms of social media during work time and/or contacting client/participants/client supports via social media platforms.



### ***National Social Media Access***

You may be granted access to the Employer's and/or client/participant social media to complete your duties as directed by the Employer and/or client/participant. Any access to the Employer and/or client/participant's social media must be approved, in writing, by management prior to any work performed. During this access, you must not bring the Employer, its client/participants, suppliers, contractors or any other associated parties into disrepute through the content of your usage. While representing the Employer/client/participant on social media, it is expected that you will exhibit a professional and courteous attitude with customers, your colleagues, suppliers and other members of the public and ensure that you always act in the Employer's best interests. Under no circumstances are you to name clients without prior written consent. Any breach of this policy will be considered serious and may result in disciplinary action.

### ***National's Closed Group Facebook Page***

Upon employment, you will be granted access to the Team National Facebook page. This page is a closed group page, only for employees of NHS, NNA and NCC. This group has been created to provide employees with an additional communication platform in a social/emotional support for the team. All participants of the group are expected to uphold the rules set out within the facebook page.

1. **Privacy and Confidentiality:** This space has been created as an informal communication platform only. Under no circumstances should concerns &/or incidents be raised in this space. As per policy, notify National via phone/email.
2. **Be Kind and Courteous:** We're all in this together to create a welcoming environment. Let's treat everyone with respect. Healthy debates are natural, but kindness is required.
3. **No Hate Speech or Bullying:** Make sure that everyone feels safe. Bullying of any kind isn't allowed, and degrading comments about things such as race, religion, culture, sexual orientation, gender or identity will not be tolerated.
4. **Respect everyone's Privacy:** Being part of this group requires mutual trust. Authentic, expressive discussions make groups great, but may also be sensitive and private. What's shared in the group should stay in the group.
5. **No Promotions or Spam:** Give more to this group than you take. Self-promotion, spam and irrelevant links aren't allowed.

Upon termination of contractual obligations, access to the group will be removed by Team National Administrative Users.



# Privacy, Confidentiality & Duty of Care

## Current Version

<b>Service Area</b>	Disability, Mental health, Aged Care	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   Clinical Team	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	11/2016	Natashia	Employsure	
1.1	03/2020	Natashia	Employsure	Relationships at Work included Declaring conflicts register included
1.2	1/2023	Natashia	CEO	Formatting change
1.3	2/2024	Natashia	CEO	Review. Nil change.

Further to additional Policy Guidelines:

- Complaints and Feedback
- Documentation and Record Keeping
- Emergency Management
- Employment Roles and Responsibilities
- Fraud and Corruption
- Incident Reporting
- Infection Control
- Lines of Reporting
- Risk Management
- Training Performance and Development





## Duty of Care

### **POLICY STATEMENT:**

National is committed to maintaining and protecting the rights, dignity and interests of client/participants, whilst providing a high standard of quality care. This also extends to employees of National.

### **PURPOSE:**

There are ethical and legal obligations imposed upon both National and Employees concerning duty of care. The purpose of this policy is to ensure all parties are reminded of their obligations

### **SCOPE:**

This policy applies to all employees of National

### **POLICY:**

Duty of Care refers to the legal obligation to take responsible care to avoid injury to a client/participant whom, it can be reasonably foreseen, might be injured by an act or omission. A duty of care exists when someone's actions could reasonably be expected to affect other people. Failure to exercise care in that situation may lead to foreseeable injury and liability against the employee.

### **National and Employee are responsible for the following:**

- Conducting self responsibly by complying with all policies and procedures.
- All National employees have a duty and a responsibility to act in an inclusive and respectful manner towards all employees and client/participants this includes, people from different cultures, religious backgrounds, people whom are LGBTI and Aboriginal / Torres Strait islanders.
- All employees are to respect each client/participants legal right to human rights and act as an advocate to safeguard client/participants human rights.
- All employees are to ensure client/participants who are capable to make decisions regarding their health and wellbeing are supported and encouraged to make informed decisions, in their best interest and safeguard their wellbeing and safety.
- Inform National of any client/participant changes. This can include but is not limited to the following: The timeframe allocated for service is not substantial, the client/participant has incurred an injury or illness prior to your arrival or during the time-of-service delivery, medication mishaps, if the client/participant is out of character, if the client/participant or employees are at risk whether it be environmentally, physically, mentally.
- Always be mindful to involve the client/participant and significant others in the decision-making process and to document the action you decide to take, either in case notes or in the form of a report, if appropriate. You are accountable, as a professional worker, for the decisions that you make.
- Documentation is required for all care, to fulfil legal and professional practice requirements it is to be clear and accurate, stating the facts, the date and time, employee signature and designation. E.g. Jane Doe, AIN (or CSW – Community Support Worker/ DSW- Disability Support Worker / RN registered nurse / CC – Clinical Coordinator etc)
- Employees must understand documentation is a permanent record on the interaction between client/participant and carer, this aids in communication between client/participant and families, other service providers, case managers etc and that the employee can be held accountable in a court of law.
- Employees must understand the mandatory reporting requirements they required to adhere to.

### **Relevant Legislation and References:**

Freedom of Information Act 1989

Discrimination Act 1991

NATIONAL COMMUNITY CARE  
**2024-2026 POLICIES, PROCEDURES & PROCESSES**



Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Disability Services Act 1991
Health Professionals Act 2004	Official Visitor Act 2012
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014



## Privacy & Confidentiality Policy

*(also see Documents and Record Keeping Policy)*

### **POLICY STATEMENT**

National is committed to providing quality; person centred health care in an environment that is respectful of the individual's right to privacy and confidentiality. National respects the privacy of employees and the privacy of patients.

### **SCOPE**

This policy applies to all employees of National and recipients of care.

### **POLICY**

National requires employees to sign a confidentiality clause as a condition of employment, to ensure understanding of and commitment to National's obligation to protect the rights of patients and National's own confidential information.

All client/participant service agreements hold a similar clause to ensure understanding of and commitment of the client/participants obligation to protect the rights of own and National's confidential information.

#### *Employee Responsibilities*

- National employees sign employment contracts acknowledging their legal obligation to upholding privacy and confidentiality at all times. This is extended beyond employment.
- Employees understand the legal consequences in event employee breaches privacy and confidentiality
- Employee will be required to attend a disciplinary meeting to discuss alleged breaches
- Employees are to report any instances where they feel a breach may be occurring by another employee.

#### *Participant Confidentiality*

National is committed to safeguarding the privacy and confidentiality of client/participant information. Employees are required to comply with their obligations under the [Health Records \(Privacy and Access\) Act 1997 \(ACT\)](#). *(See Privacy and Confidentiality Policy)* This obligation includes:

- only obtaining information about patients and their health with the patient's consent
- keeping patient health information secure
- not disclosing patient information without the patient's consent
- allowing the patient to withdraw consent at any stage
- ensuring a process for working with the Office of the Privacy Commissioner to resolve any complaints that cannot be resolved directly with the patient.

National and all employees of National are bound by law, by this policy and by National Code of Conduct to maintain the privacy and confidentiality of patient information. Failure to comply with this policy could result in disciplinary action, up to and including termination. Relevant Legislation and Information. [Health Records \(Privacy and Access\) Act 1997 \(ACT\)](#). [National Privacy Principles](#)

Client/Participant information is only shared with approved client/participant consent across relevant parties which can include plan managers, POA, guardians, coordinators, allied health professions and/or in



the event National are obliged by mandatory reporting requirements as outlined in this policy under “use & disclosure” and in addition, within the Mandatory Reporting Policy.

### *Use and Disclosure*

National will not disclose personal information without the express consent of the employee’s and care recipients unless otherwise authorised by law. Personal information collected by National which is no longer required by National and which need not be retained by law will be destroyed.

Personal information will not be disclosed to another party except

- to those the person would reasonably expect the information to be disclosed to AND if a secondary purpose is related to the primary purpose of collection
- if the information is relevant to public health or public safety or for the compilation of statistics
- To those government or regulatory authorities and other organisations, as required or authorised by law including any reportable incident
- to health care settings such as primary responders (Ambulance personnel) and to local Hospitals, to facilitate treatment in such circumstances where personal and health information is required.
- Lastly, If reporting information is necessary to prevent or lessen a serious threat to an individual's life, health or safety, the NDIA will carefully consider the matter and proceed with the urgency required by the circumstances.

A serious threat to life, health or safety could arise when a person is subject to, or at risk of, harm, abuse, neglect or exploitation. Such threats could be physical or emotional, such that the person has suffered or is likely to suffer physical or psychological injury that jeopardises, or is detrimental to their wellbeing.

Whether a serious threat exists, and whether there are reasonable grounds to believe that the disclosure is necessary to prevent or lessen the threat to an individual's health, life or safety are questions of fact to be determined in the individual circumstances of each case. Careful consideration and judgement by National is required

### *Data Quality*

National will take all reasonable steps to ensure that personal information it collects uses or discloses is accurate, complete and up to date.

### *Data Security*

National will take all reasonable steps to ensure that the personal information it collects uses or discloses, from misuse, and loss and from unauthorised access, modification, or disclosure. This includes the implementation of a Cyber Security Policy and appropriate on-shore cyber storage. *(See Documents and Record Keeping Policy)*

National will take reasonable steps to destroy or de-identify personal information if it is no longer needed for any purpose. De-identified personal information is shredded and disposed of to safeguard confidentiality.

### *Openness*

This policy document will be made available to all employees and care recipients on request.

National will take reasonable steps to disclose to any individual on request what personal information it holds, for what purposes and how it collects, holds and uses that information.



***Access and Correction***

National will provide employees and care recipients with access to their information on reasonable request and will provide opportunity to amend information that is not accurate or correct. This includes any participant transitions between service providers to ensure a smooth and successful transition for the participant and providers involved.



# Complaints Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.3
<b>Process Owner</b>	Governance Lead   Clinical Team   CEO	<b>Date of Issue</b>	Feb 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	3/2019	Natashia Telfer	Employsure	Additional resources added
1.2	10/2022	Natashia Telfer	Employsure	Whistle Blowers Policy Created
1.3	2/2023	Natashia Telfer	CEO	Restructure of policies (content unchanged)
1.4	12/23	Tahla Moore/ Natashia Telfer	CEO	Review and separation of client and employee complaint process.

[HR - Complaints and Feedback Response Template NCC ONLY.docx](#)



## Comments, Complaints, Feedback Handling and Management Policy

### **POLICY STATEMENT:**

The purpose of this policy is to deliver a high-quality feedback and complaints management service within ACT to facilitate a harmonious outcome for all involved.

### **SCOPE:**

This policy applies to:

- All National Community Care employees who receive comments, complaints or feedback from a client/participant and/or stakeholders formally or informally. This can include Service delivery employees, Non-Service delivery employees, Leads and Executive Management in the management process.
- See Grievance Policy for Employee grievances / complaints.

### **POLICY:**

National welcomes and values complaints and recognises that a strong commitment to responding to and resolving complaints allows client/participants and/or stakeholders to contribute to the improvement of the services it delivers. Each person is encouraged and supported to make a complaint in a way that is comfortable for them, their family, and carer or advocate so that services and supports better meet their needs, expectations and outcomes.

Properly handled complaints about our work are important to our performance. Complaints which are not promptly resolved or responded to can generate unwarranted work and impact heavily on staff morale and service to participants. Complaints also give us ideas for changing the way we work, deliver services and develop policies, aiming to constantly be evolving.

We understand that some complaints will involve multiple parties or interests; such as parents, carers, participants or community organisations. In these circumstances, although it may not be possible to meet everyone's expectations, the principles outlined in this platform will apply a "participant centred approach" to ensure an appropriate outcome is achieved.

For employee raised complaints and feedback please see – [GRIEVANCE POLICY](#)

### **Our Responsibilities and Commitment:**

Committed to providing and delivering high quality services to all members of the Canberra community and surrounding regions. The central feature of Strategic Plan is Participation. This is reflected in the way National manages and handles complaints. Participation includes any feedback about any aspect of the services that we provide or the way we provide them.

Clients/Participants are encouraged to notify National if they feel:

- We have done something well
- We have made a mistake
- We have treated you poorly or unfairly
- We have made a wrong decision
- We can do something better or differently
- We have broken property / equipment

See [HR - Complaints and Feedback Client Factsheet.docx](#)

[HR - Complaints and Feedback Response Template NCC ONLY.docx](#)



### Service Delivery Employees/First Responder Responsibilities:

- Employees are required to verbally acknowledge any concerns or complaints a client/participant may relay to them either formally or informally ie in passing comment.
- All employees have a duty to upline any concerns, complaints, or feedback directly to National's Operational Intake phone within the same day.
- In addition, document within the employee's 'Brevity App' raising an 'incident' and selecting the type (example: complaint) and completing **all fields** within the form.
- In the event, the complaint or allegation is of serious nature, the employee may receive a request from National for additional supporting evidence. This can include photo (in line with [Operational - Participant Consent Policy and Guidelines.docx](#)), an email describing the complaint in chronological order (describing the who, what, when, where, how).
- and/or employee attendance to formal documentation and /or police station attendance.
- Employee is to understand their responsibilities regarding mandatory reporting incidents and implement appropriate client/participant confidentiality. This means carer is not to further discuss the issue with others.

### Support Coordination:

See [Operational - Support Coordination Framework.docx](#)

### Lead Roles Responsibilities:

- Ensure their direct report/employees are aware of National's processes when dealing with client/participant/stakeholder complaints and feedback raised with employee directly irrespective of formal or informal.
- National's onboarding process briefly addresses this process, however all Lead roles are responsible for ensuring their direct reports adhere to their responsibilities. (Additional support such as an educational talks/mentor sessions to direct reports may be identified by the lead)
- All client/participants and their representatives must receive the related materials in their client welcome packs. This includes Charter of Rights, Advocacy Fact Sheet, NDIS Code of Conduct, Reportable Incidents Fact Sheet, Client Feedback Form.
- Leads to identify if client/participant require accessible resources. See 'NCC Accessibility: Supporting Limited/Non-English Speaking Cultures' here [Operational - Participant Onboarding Policy and Guidelines.docx](#)
- Leads are responsible for notifying Executive management in email should a related material within the welcome pack need revision and the supporting detail of the revision required for executive management approval.
- Leads are responsible for verbally acknowledging the complaint/feedback within 1 business day. Lead must directly acknowledge this with the person making the formal or informal complaint. When doing so, lead must demonstrate the listed qualities in line with code of conduct: active listening, empathetic understanding, respectfully and maintaining confidentiality. See **process map** for timeline requirements.
- Leads must investigate raised concerns in procedural fairness and impartial manner and document all actions taken and findings into Brevity for review by executive management. Once reviewed,





Lead will be responsible for outcome actioning and notification using the [HR - Complaints and Feedback INITIAL Response Template.docx](#)

- Provide avenues for the client/participant to pursue action within NDIS, Human Rights Commission, Aged Care Quality and Safety Commission and/or Fair Work ACT.
- Ensure mandatory reportable complaint is up lined to executive management upon notification and complete promptly the appropriate in Mandatory Reporting requirements as per the Mandatory Reporting Policy here > [Operational - Incident Reporting Policy and Guidelines.docx](#)

**Executive Management Responsibilities:**

- To have effective and proportionate internal complaint management and resolution arrangements in place
- All client/participants and their representatives must receive the related materials in their client welcome packs provided to Leads to access and disperse on new client onboarding.
- To maintain materials and uploads for website accessibility.
- To ensure accessibility options are available upon request. [Operational - Participant Onboarding Policy and Guidelines.docx](#)

*Process for informing National of complaints, feedback, allegations and incidents*

- Verbal notification to Referenced Personnel Role responsible.
- Followed by written notification via email, or letter.
- Utilising the suggestion boxes within SIL properties written on National's compliments and complaint form.
- Compliments and Complaints fact sheets available through National website.

*Complaints Handling Process*

- Upon management team receiving complaint, National will issue a formal acknowledgement of the complaint within business hours - 24 hours of receiving the complaint.
- National will investigate the complaint and provide a formal communication within 21 days stating the outcome of the complaint and actions/ steps taken to resolve the complaint.
- National will seek feedback from the complainant post investigation letter, any follow up items will be logged as continuous improvement action.
- Any risks identified from the complaint will be addressed and identified within the NCC Risk Register.

**STANDARDS:**

Committed to providing a high-quality response to complaints regardless of whom the complainant is, what the complaint is about or where and how the complaint is made. The following standards will guide the response, handling and management of all complaints brought to the attention on National.

- Respect- all complaints will be received respectfully
- Timely- All complaints will be acknowledged and managed within reasonable timeframes
- Transparency- All decisions will be explained in clear simple language (except where this may be restricted by law)
- Natural Justice- All complaints will be afforded the principles of natural justice

**What National expects of a complainant:**

- They talk to our staff respectfully



- They provide as much information about the complaint as possible
- They let us know of any special needs or if extra help is needed in understanding or accessing our complaints service
- Understand that if the incident falls within the scope of a reportable incident, the concern will be escalated accordingly.

### **MANATORY REPORTING**

All Employees or Associates are required to complete Incident Report and any relevant documentation as requested by National and/or relevant authorities with as much of the following information as possible. See Mandatory Reporting Policy.

#### *Responsibilities of Reporting*

**Community Employees** – Have a responsibility to report all incidents, complaints, concerns, allegations to National the same day issue is raised to their attention.

**SIL/ Agency Employees** – have the responsibility to report all incidents, complaints, concerns, allegations to the RN and or Clinical coordinator. The RN and or clinical coordinator has the responsibility to notify the responsible agencies and people to which the matter relates to.

**National** – Has a responsibility to report all serious/ critical incidents, allegations of abuse / neglect and complaints to the appropriate governing agencies as outlined in the Mandatory Reporting Policy. National are responsible for ensuring adequate and equal coverage of any managerial roles to maintain consistent practices and quality care.

In the absence of a SIL Coordinator, The highly experienced Registered Nurse on shift would be orientated and rostered to fulfill the complaints process and upline to National.

### **DEFINITIONS**

**Complainant:** A person who has made a complaint about a service provided by National.

**Complaint:** An expression of dissatisfaction in relation to a service provided on behalf of National. **Natural Justice:** That a person, including employees, who might be adversely affected by a decision or process must be given an opportunity to a fair hearing before the decision is made.

**Mandatory Reporting:** Section 356 of the *Children and Young People Act 2008* outlines the legal requirement of a Mandated Reporter to report suspected cases of child abuse when they believe, on reasonable grounds, that a child or young person has experienced, or is experiencing, sexual abuse and/or non-accidental physical injury.

**Critical Incident:** Section 10 of the Disability Services Regulation 2014 requires specialist disability service providers to report critical incidents defined where there is “reasonable grounds to believe there is a serious risk to the life, health or safety of the person”.

### **Relevant Legislation and References:**

ACT Civil and Administrative Tribunal Act 2008	Official Visitor Act 2012
Freedom of Information Act 1989	Ombudsman Act 1989
Health Records (Privacy and Access) Act 1997	Privacy Act 1988 (Cwth)
Human Rights Act 2004	Public Advocate Act 2005
Human Rights Commission Act 2005	Public Interest Disclosure Act 2012 (ACT)



## Complaints Handling Process

- National administration personnel and/or management team to log the complaint in the complaints register.
- Within 24 business hours, National are to issue a formal acknowledgement of the complaint.
- Within 21 days, National will investigate the complaint and provide a formal communication stating the outcome of the complaint and actions/ steps taken to resolve the complaint.
- National will seek feedback from the complainant post investigation letter, any follow up items will be logged as continuous improvement action.
- Any risks identified from the complaint will be addressed and identified within the NCC Risk Register.

## Whistle Blowers Policy

### PURPOSE

NCC is committed to upholding the highest standards of integrity, fairness and ethical conduct.

### SCOPE

This policy applies to:

- National Employees raising a comment, complaint, feedback
- for NCC clients wishing to lodge a concern

### POLICY

Employees and others working closely with NCC will often be the best source of information when things are not quite right. This Whistle-blower Protection Policy is an important element in detecting corrupt, illegal or other undesirable conduct at NCC. Creating a supportive environment where people feel safe to speak up underpins NCC's culture. When people do not speak up, this undermines the culture and exposes NCC to risks. The Board and Group Executive encourage speaking up about concerns of wrongdoing at NCC. There are various measures in place to ensure no one is discouraged from speaking up or disadvantaged or victimised for doing so.

The purpose of this Policy is to:

- explain how to speak up by reporting concerns about wrongdoing;
- outline what protections a person who reports wrongdoing will receive; and
- outline NCC's processes for dealing with reports of wrongdoing

### Raising Concerns

There are a number of ways to raise concerns at NCC, depending on the circumstances and the seriousness of the issue.

- **Speaking to peers or manager**

Often day to day issues can be resolved between employees through open and authentic conversation, as part of normal team dynamics. Employees can escalate to their manager if they are



concerned about an issue or want support to resolve an issue. NCC encourages employees to continue to feel empowered to raise issues in this way.

- **Raising personal work-related grievances via HR**

Grievances which cannot be resolved through speaking with peers or the employee's manager should be raised with HR using incident reports. Examples include:

- an interpersonal conflict between the employee and another employee;
- a concern about the behaviour of an employee;
- a decision relating to an employee's engagement, transfer or promotion;
- an employee's terms and conditions of employment;
- matters relating to an employee's performance or discipline - related decisions; or
- a decision relating to the termination of employment.

- **Speaking up about potential wrongdoing under this Policy**

There may be times when an employee is not comfortable raising concerns about a wrongdoing with their manager or with HR, however all concerns or incidents raised are protected by the Whistle-blower policy. This is available to all employees and others with reasonable grounds to suspect wrongdoing in relation to NCC. Reporting suspected wrongdoing will enable NCC to protect those who report from victimisation or detriment as a result of making a report. These highlighted concepts are explained in the sections below.

### **Who may make a report?**

Anyone with information about potential wrongdoing relating to NCC is encouraged to report their concerns under this Policy. This includes individuals who are or have been in relation to NCC: an

- employee, officer or contractor;
- a supplier of services or goods to NCC (whether paid or unpaid) including their employees; and
- a relative, dependant or spouse of any of the above individuals.

### **What to report**

Any concerns of wrongdoing should be reported. This means any misconduct or improper state of affairs or circumstances in relation to NCC. Examples of wrongdoing may include:

- breach of laws or regulations;
- criminal activity including theft;
- serious breach of NCC's Code of Conduct or Policies;
- offering or accepting a bribe;
- dishonest or unethical behaviour;
- conflicts of interest;
- anti-competitive behaviour;
- financial fraud or mismanagement including in relation to NCC's tax affairs;
- falsifying financial or corporate reporting;
- insider trading;
- unauthorised use of NCC's confidential information;
- improper use of Personal Information as described in any NCC Privacy Statement;
- improper use of NCC's physical or intellectual property;
- conduct endangering health and safety or causing damage to the environment; and



- deliberate concealment of any of the above.

There is an expectation that anyone reporting a wrongdoing has reasonable grounds to suspect the information they are disclosing is true, but there will be no penalty if the information turns out to be incorrect. Those reporting are expected to provide the information upon which their suspicion is based, but are not required to have all the details or have conducted their own investigation.

### **False or misleading reports**

Any false reports made, where the person reporting is intentionally misleading or knows the information is not true, will be considered a serious matter that could result in disciplinary action including potential termination of employment. The protections under this Policy or the applicable law in Australia will not be available for deliberate false reporting.

### **How to make a report**

Complete incident report and send to Managing Director directly. This will enable NCC to best protect the confidentiality of the report and the reporter's identity. Those reporting should provide as much information as possible, including details of the wrongdoing, people involved, dates, locations and other related information.

### **Reporting anonymously**

Those not wanting to reveal their identity can make an anonymous report. However, providing the reporter's name when reporting wrongdoing will make it easier for NCC to investigate the concern raised to taker effective action. For example the context in which wrongdoing was observed is likely to be useful information. Employees and others who report wrongdoing are protected by NCC including maintaining confidentiality of the reports and the identity of the reporter. The law in Australia contains additional whistleblower protections, which are summarised in Annexure A. Accordingly, anyone reporting should feel confident that their identity will remain confidential. Where no name is provided, NCC will assess the disclosure in the same way as if identity had been revealed, and any investigation will be conducted as best as possible in the circumstances. However, an investigation might not be possible unless sufficient information is provided.

### **NCC's commitment to those who report wrongdoing**

NCC is committed to protecting and supporting people who report a potential wrongdoing under this Policy. This includes:

- protection of the identity of a reporter;
- making sure that those who report do not suffer detriment as a result of speaking up; and
- offering those who report appropriate protections based on their circumstances, the nature of the potential wrongdoing and the people involved.

### **Protecting a reporter's identity**

When reporting wrongdoing, the reporter's identity and any information that NCC has as a result of the report that is likely to lead to identification, will only be disclosed if:

- the person reporting gives consent for NCC to disclose that information;
- NCC considers such disclosure should be made to:
  - Australian Securities & Investments Commission (ASIC), the Australian Federal Police or (for tax-related reports) the Commissioner of Taxation;



- a Commonwealth authority or a State or Territory authority for the purpose of assisting the authority perform its functions or duties;
- a lawyer for legal advice or representation in relation to whistleblower laws; or
- in the case of information likely to identify the person reporting, it is reasonably necessary to disclose the information for the purposes of an investigation, and all reasonable steps are taken to prevent someone from discovering the reporter's identity.

### **Preventing victimisation and detriment to whistleblowers**

NCC will not tolerate any detrimental conduct against anyone on the basis of reporting or being suspected of reporting a wrongdoing, including conduct against that person's colleagues, employer (if a contractor) or relatives. Examples of detrimental conduct include the following:

- discrimination, detriment or damage to a person's reputation;
- isolation, harassment, intimidation or retaliation;
- a demotion or dismissal; or
- threats of any of the above, including implied threats.

Any person involved in detrimental conduct may be subject to disciplinary action including termination of employment or engagement. NCC has the right to refer any person that has engaged in detrimental conduct to law enforcement authorities for further investigation.

### **Protecting reporters from detriment**

The measures provided to protect those who report will depend on the risks present, based on the nature of the wrongdoing and people involved. Protections may include the following, at NCC's discretion:

- assigning a whistle-blower support officer as a confidential contact to discuss any concerns following the making of the report;
- monitoring and managing the behaviour of other employees;
- relocating employees (which may include the people alleged to have been involved in the wrongdoing) to a different team or location or revising the reporting lines of employees;
- offering a leave of absence or arranging flexible working while a matter is investigated;
- access to NCC Support for current or former employees; and
- rectifying any detriment that has been suffered.

### **Investigations**

NCC takes all reports of potential wrongdoing seriously. All reports will be assessed and, based on the nature and circumstances of the disclosure, a decision made as to whether an investigation is required. For example, reports of potential wrongdoing of a minor nature that can be resolved informally will typically not require the same level of response as disclosures involving a large-scale and complex investigation. Any investigation will be conducted in a timely, fair and objective manner, and independent from any persons to whom the report relates. Investigations will generally be overseen by the local compliance officer. Other people, including employees (for example, the Group HR Director, members of the Governance, HR, Internal Audit and Legal teams, Heads of relevant departments) or external advisers, may also be asked to assist or run the investigation. Where possible, the person reporting the wrongdoing will be informed how NCC is responding to their report, including whether an investigation will be conducted.

### **Fair treatment of persons involved**



Unless there are confidentiality or other reasons not to do so, employees who are the subject of a report of wrongdoing will be informed of the matters raised in the report at an appropriate time and will be given a chance to respond to any allegations made against them. They will also be advised of the outcome of any investigation.

**Internal reporting**

NCC Management will receive a summary of reports made under this Policy at least quarterly. The summary will not identify individual reporters.



# Disciplinary & Termination

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	Jan 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Jan 2026

## Modification History

Version	Date	Author	Approved	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2020	Natashia Telfer	CEO	No-show to critic service
1.2	1/2024	Tahla Moore / Natashia Telfer	CEO	<ul style="list-style-type: none"> <li>Expansion of processes to undertaking under performance, verbal, written, final warnings, informal and formal meetings and outcomes.</li> <li>Inclusion to clarify definition and grounds of Stand Down and Re-deployment.</li> <li>Supporting Letter templates developed and referenced to streamline work practice efficacies.</li> <li>Reference to supporting employee wellbeing</li> </ul>

## In conjunction with:

- All National Policies
- Code of Conduct
- Employment Contracts
- Templates:
  - [Written Warning - HR Template.docx](#)
  - [Written Warning Letter - HR Template.docx](#)
  - [FINAL Written Warning - HR Template.docx](#)
  - [Invitation to Formal Disciplinary Meeting - HR Template.docx](#)
  - [Formal Meeting Outcome](#)
  - [Outcome DISMISSAL - HR Template.docx](#)
  - [Operations Handover Template](#)
  - [Allegation Investigation - Template.docx](#)
  - [Guidance and Minutes for Disciplinary Meeting - HR Template.docx](#)





## Discipline Policy

### **POLICY STATEMENT**

National promotes high standards of behaviour and conduct for all employees and takes appropriate corrective action where those standards are not met. National believes that to promote good employee relations it is necessary to demonstrate that employees will be treated fairly, reasonably, promptly, impartially and consistently in matters relating to discipline.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

In managing instances of unsatisfactory work performance, breach of policy, procedure or operating framework, misconduct or serious/willful misconduct, the principles of natural justice will underpin all actions undertaken by National.

National will discretionally liaise with Employment Advisory: Employsure on the most appropriate action in navigating disciplinary meetings to ensure an non-bias approach from National management members.

- All parties have the right to be heard and judged without bias.
- All issues are investigated thoroughly and justly.
- The standards of conduct or job performance required will be made clear to the employee by documentation or during interviews.
- The employee will be made aware of the likely next steps in the event that satisfactory performance or conduct is not maintained.
- The employee will be afforded the right to be accompanied at discussions or interviews at any level of the discipline process.
- When a complaint about performance or conduct is brought to National's attention by a third party, the substance of the complaint will be verified before any action is taken on the matter.
- Where an employee is identified as not performing to an acceptable standard, the employee will be placed on Unsatisfactory Work Performance. This identification can occur as part of a Performance Review process or as another process.

### ***Procedural Matters***

Degrees of discipline are generally progressive and are used to ensure that employees have the opportunity to correct performance. There is no set standard of how many verbal warnings must be given prior to a written warning or how many written warnings must precede termination. Any step or steps of the disciplinary process may be skipped at the discretion of National after investigation and analysis of the total situation, past practice and circumstances.

Factors which will be considered are:

- If the offence is externally reportable (ei – NDIS / Aged Care)
- In breach of code of conduct including NDIS / Aged Care / AHPRA
- the number of different offences involved
- the seriousness of the offence
- the time interval and response to prior disciplinary action(s)
- Previous work history.



National requires employees to carry out their roles and responsibilities in accordance with the relevant legislation, National's Code of Conduct and policies and procedures.

Where an act or omission of an employee relates to misconduct or poor performance (except in cases of serious misconduct where summary dismissal is warranted) the process by National will be as follows:

### *Under Performance*

#### ***Working at best practice***

Best practice employers have regular discussions with employees about performance. They set clear goals and provide feedback and support to help employees perform at their best. If underperformance occurs, they take steps to manage it appropriately, sensitively and promptly.

Every workplace can enjoy the benefits of taking a best practice approach to managing underperformance.

These may include:

- a more harmonious, high performing workplace
- maximising an employee's individual performance
- building a culture of continuous skill development and improvement
- higher levels of employee engagement
- avoidance of legal disputes, such as unfair dismissal or bullying claims.

#### ***Understanding underperformance***

Underperformance or poor performance can include:

- not performing duties, or not performing them to the required standard
- displaying negative or disruptive behaviour in the workplace
- failing to comply with workplace policies, rules or procedures.
- Underperformance doesn't just affect the output of an individual employee – it can also impact co-workers, customers and business productivity.

There are many reasons why an employee might perform poorly. Some common reasons include:

- the employee doesn't know what's expected of them because goals and standards are unclear
- the employee may not have the knowledge or skills to do the job
- the employee is unsure if they are meeting requirements
- low personal motivation or confidence
- personal issues such as family stress, physical and/or mental health problems, or problems with drugs or alcohol
- low morale in the workplace and/or a poor work environment
- interpersonal differences or cultural misunderstandings
- workplace bullying.



### Underperformance isn't the same as serious misconduct

Serious misconduct includes deliberately unprofessional, dangerous or unlawful behaviour, such as theft, fraud, sexual harassment or assault, which may warrant instant dismissal.

Employers should seek specific legal advice when terminating employment because of serious misconduct.

### [Managing underperformance - Fair Work Ombudsman](#)

#### *Employment Stand-Down*

National may stand down an employee from active duty for a period of time until the cause of stand down can be rectified and/or risk reduced. Stand down may occur for the following reasons:

- Mandatory Training Outstanding.
- AHPRA Registration becomes conditional and/or outstanding.
- WWVP Card becomes conditional and/or expired.
- Workplace Injury pending medical treatment and return to work plan.
- COVID-19 Positive, in line with Territory recommendations.
- Serious incident/allegation requiring investigation.

#### *Re-Deployment*

In line with employment contracts, re-deployment refers to the reassignment of an employee from one area of work to another. This may be a physical workspace, location and/or task or priority. Re-deployment can occur due to organisational requirements including, but limited to - staffing levels and leave coverage, client/participant service requirements, complaint and or request by client/participant and/or facility and/or to meet contractual employment obligations/hours.

#### *Informal Proceedings*

**For clarity, ALL proceedings must have evidence including but not limited to file notes, Brevity/STARS employee notes, incident reports and/or email correspondence to support to claim for disciplinary action.**

#### *Verbal Warning*

- Minor concerns about under performance will be raised by National Leads/Officer with the employee at the time that the concerns arise. This may be an informal conversation over the phone and/or in a meeting setting with the goal to place to employee of notice
- The Lead/Officer is to identify and verbalise expectations of the employee moving forward in line with the employees' contractual obligations, duties and policies/procedures.
- Repetitive and/or similar nature of underperformance informal meetings occurring, and/or at the discretion of executive management can or may proceed to formal meetings.
- Informal Meeting and/or Verbal Warning date and summary of content is to be captured by the attending Lead/Officer and documented accordingly within the employee's system profile.

Persons responsible for issuing Informal Processes:

- Daily Operations Lead and/or Officer.
- Clinical Team
- Community Lead RN
- Alex's House Team Leader RN



- Support Coordination Lead
- General Manager
- CEO / CFO

### ***Formal Proceedings***

National's formal disciplinary process ensures the overseeing management personnel will have a non-bias approach to the formal proceedings. To further support this, in serious allegations and/or misconduct, National Leads will discretionally liaise with the Employment Advisory: *Employsure* on the most appropriate action in navigating disciplinary meetings to continue to uphold a non-bias approach from National management members.

### ***Written Warning***

This step can negate a formal meeting having to occur due to prior verbal warnings issued and/or self-admissions of guilt / wrongdoing.

A written warning may be issued by Leads for the following inclusions:

- Repetitive and/or similar nature of underperformance and/or at the discretion of executive management.
- The result of a Formal Meeting allegation substantiated.

### ***Roles, Responsibilities, Process of initiating and issuing a written warning:***

#### **All Lead Roles and/or Daily Operations Officer(s) –**

- to notify the executive team of any employment underperformance
- and/or misconduct with intent to engage *Employsure*,
- and/or intent to issue a written warning prior to any action being taken for review and approval of executive management personnel.
- Once approval is gained, the Lead can access the Written Warning – template and draft the proposed letter for review and signature of executive management personnel. Alternatively, in instances whereby *Employsure* are engaged, they may provide a basic draft template that will require amendments and approval.
- The written warning shall be provided electronically on a National letter head PDF addressing the following:
  - Employee details.
  - Date of Issue.
  - A factual statement identifying in dot point each of the issue(s) of underperformance or misconduct.
  - Outline any consequences which may or may not result from the underperformance or misconduct
  - The corrective action timeline required of the employee and National (additional training, self-reflection, formal apology, redeployment etc) to rectify the issues.
  - The proposed action and timeline by National if the employee's performance or conduct does not improve.
  - A reference summary to the previous verbal warning(s) and the date(s) given if applicable.
- Lead/Officer to issue the Written Warning electronically to the employees system identified email address.



- Lead to documents date of issue on the employees System profile and save all findings and/or evidence, communications and 'written warning' to the Employees SharePoint file.
- Any follow-up action items identified in the Written Warning Letter - 'corrective action timeline' must be implemented and monitored by the relevant Lead/Officer and followed up/documentated within the employee system file and closed off accordingly.

#### **Executive Management –**

- hold overarching responsibility to review,
- authority to engage Employsure,
- determine process, procedure and outcome in consultation with the above identified roles to achieve a fair and equitable and non-bias approach and outcome.

#### ***Final Written Warning***

A final written warning may be issued for the following instances:

- If there is a failure to improve conduct or performance after a written warning has been issued, or
- if the issue is sufficiently serious to warrant only one written warning, a final written warning may be given to the employee. Example – sleeping on an active night shift endangering a participant.

Such a final written warning will be drafted by Leads and only approved by Executive Management using the Final Written Warning – template and will set out the following details:

- Details of the issue as stipulated above under *Written Warning*
- Warning the employee that dismissal will result if there is no satisfactory improvement. The final warning makes it very clear that no further warning shall be given; the next step is dismissal and the nature of the next infraction which could result in dismissal (e.g. any further incidents of misconduct).

A copy of any final written warning will be placed on the employee's SharePoint file.

#### ***Formal / Disciplinary Meeting***

This step of the disciplinary review process involves a request for formal meeting to occur between National and the employee (and/or nominated support person) regarding alleged misconduct or underperformance.

Formal Meetings should be viewed as an opportunity to explore reasons for the issues identified and develop an action plan to address these issues.

Persons responsible for issuing Formal Processes:

- Daily Operations Lead
- Clinical Team
- Support Coordination Lead
- General Manager
- CEO / CFO

#### ***Roles, Responsibilities, Process of initiating and issuing Formal Meeting Notification***



#### All Lead Roles–

- to notify the executive team of any employment underperformance,
- and/or misconduct with intent to engage Employsure,
- and/or intent to call a Formal Meeting prior to any action being taken for review and approval of executive management personnel.
- If the concern for formal meeting is in relation to a mandatory reportable incident, please see Mandatory Reporting Framework and Allegation Investigation – Template.
- Once approval is gained, the Lead can access the template - *Formal Meeting Invite* and draft the invitation for review and signature of executive management personnel. Alternatively, in instances whereby Employsure are engaged, they may provide a basic draft template that will require amendments and approval.
- The written Formal Meeting invitation shall be provided electronically on a National letter head PDF addressing the following:
  - Employee details.
  - Date of Issue.
  - A detailed outline of allegation(s) made identifying in dot point each of the issue(s) of underperformance or misconduct.
  - A reference summary to the previous verbal warning(s) and the date(s) given if applicable.
  - Proposed Date / Time / Location of Formal Meeting
  - Support Person blurb
- Lead to issue the Invitation email electronically to the employees system identified email address a minimum of 24 hours prior to the proposed meeting time.
- Lead to documents date of issue on the employees System profile and save all findings and/or evidence, communications and meeting invite to the Employees SharePoint file.

#### People + Culture Lead –

- authority to engage Employsure,
- determine process, procedure and outcome in consultation with the above identified roles to achieve a fair and equitable and non-bias approach and outcome.
- Provide Lead with appropriate templates
- Confirm with Relevant Lead to schedule meeting in schedule roster system, ensuring 24-hour grace period is upheld between invite and scheduled meet.
- Provide support and guidance in process.
- Upline any serious concerns/incidents to GM for possible attendance in meeting.

#### Executive Management –

- hold overarching responsibility to review,
- authority to engage Employsure,
- determine process, procedure and outcome in consultation with the above identified roles to achieve a fair and equitable and non-bias approach and outcome.
- Coordinate with Operational lead to schedule meeting in schedule roster system, ensuring 24-hour grace period is upheld between invite and scheduled meet.



#### **Prior to Formal Disciplinary Meeting –**

- The purpose of the formal meeting is a fact-finding discussion, for the employer to hear from the employee their responses and/or evidence to the alleged allegations. These meetings should be viewed as an opportunity to explore reasons for the issues identified and develop an action plan to address these issues.
- Prepare '*Guidance and Minutes for Disciplinary Meeting – HR Template*' referring to the provided Invitation to Meeting to ensure that the Allegations are transcribed exact aiding in flow of meeting and key points to be addressed within the allocated time frame.
- Provide employee with an Employment Assistance Program Flyer.

#### **Post Formal Disciplinary Meeting -**

- Meeting Minutes to be completed within 24 hours by the attending minute taker and approved by the Lead conducting the meeting.
- If engaging Employsure, minutes and any submitted evidence should be provided to the identified worker assigned to the open case for review and development of outcome options.
- All documentation should be saved on the Employees SharePoint file.

#### **Outcome Deliberation and Delivery –**

- Internal review held post formal disciplinary meeting between relevant Lead and executive management to review findings.
- Where Employsure has been engaged, outcomes will be provided to National on how Leads/Executives should proceed and template responses provided to be reviewed by executive management for approval and dispatch to Employee email.
- Upon outcome of Formal Disciplinary Meeting, an outcome Letter to is be drafted by the Lead, viewed and approved by executive management. [Formal Meeting Outcome - HR Template.docx](#)
- All findings and outcome letter should be completed and filed on the employees SharePoint file.
- Outcome Letter to be electronically provided to the employee within 5 working days. This period may be extended in extenuating circumstances. Employee will be notified in writing with the next date. For clarity, circumstances may include but not limited to: delays due to involvement of Employsure exceeding National's time frames, natural disaster, unforeseen absence of person(s) responsible for issuing outcome.

#### ***Dismissal***

Dismissal is a step that is only taken when an employee has been through all of the above disciplinary process and no improvement has resulted, or when an employee commits an offence so serious that suspension, investigations or dismissal should result. National may withhold monies due to the Employee equal to the pay for the period of notice.

- Upon receipt of a request by the employee, National will provide a written statement specifying the period of employment and the classification or type of work performed by the employee.
- Upon termination the employee must return all National property in their possession including but not limited to uniforms, any unopened PPE, clinical kit bags, go-bags etc.
- Executive Management to approve Termination Template Letter.

#### ***Suggested Steps for preparing Letter of Termination Template:***



- Before terminating an employee's employment because of unsatisfactory performance and/or conduct,
- National should make every attempt to address the issues.
- An employer operating at best practice may follow the steps below before terminating the employment of an employee.
- **If at any time you need more information or assistance, call Nationals employment advisory Employure and/or the Fair Work Infoline on 13 13 94 or visit [www.fairwork.gov.au](http://www.fairwork.gov.au).**

### *Serious & Wilful Misconduct*

In line with [Fair Work Ombudsman](#), Serious misconduct is defined as involving an employee deliberately behaving in a way that is inconsistent with continuing their employment. Examples include: causing serious and imminent risk to the health and safety of another person or to the reputation or profits of their employer's business, theft, fraud, assault, sexual harassment or refusing to carry out a lawful and reasonable instruction that is part of the job.

For clarity misconduct can include but is not limited to the following:

- forgery of documents
- misrepresentation of information on documents; misappropriation of funds, supplies, or other assets,
- improprieties in handling or reporting of financial transactions,
- authorising/receiving payments for goods not received or services not performed, or
- Violation of Commonwealth, State, or local laws.
- Being under the influence of illegal drugs or alcohol during work hours.
- Breach of duty regarding non-disclosure of confidential information.
- Serious act of insubordination.
- Threatening physical violence.
- Serious breach of Workplace Health and Safety rules.
- Dishonesty including theft.
- Serious neglect of duty including but not limited to 'no-show' of an assigned shift.
- Misrepresentation of key facts in seeking employment.

Thus can result in justifying the summary termination of employment – that is, immediate termination, without formal warnings and without notice or any payment in lieu of notice. Serious & Wilful misconduct is required to be reported to the appropriate agencies including ACT Policing, APRHA, Canberra Access: WWVP, NDIS Quality and Safeguard Commission, Aged Care Quality and Safety Commission, ACT Senior Practitioner, Human Rights Commission. This list is not exhaustive.

### *Termination of Employment*

Termination of employment is the permanent end of a working relationship or loss of employment from National. Termination may be initiated by the employee through resignation; may come about through the normal course of events, as with retirement or the expiration of a contract; or may be initiated by National.

It is the policy of National to retain the services of all team members who perform their roles and responsibilities efficiently and effectively. However, it may become necessary under certain conditions to terminate employment.





Involuntary separation may occur due to, but not limited to, poor quality of work, misconduct, or wilful negligence in the performance of the job duties. Nothing in policy affects National's right to dismiss an employee without notice for serious misconduct, and if so dismissed the employee shall only be entitled to be paid for the time worked up to the time of dismissal. (See *Dismissal* above)

#### *Abandonment of Employment*

If an employee is uncontactable, does not provide availability and is not in contact without prior arrangement, National will conclude that the employee has abandoned their employment and after 21 days employment will be automatically terminated with an electronic separation letter provided to the employee.

The separation letter outlines the following key factors:

- Employees will have access to their recent pay slips via their personal Xero Me account.
- Employee must return all National property in their possession including but not limited to uniforms, ID badge, any unopened PPE, clinical kit bags, go-bags etc.
- Failure to return company property, National can withhold any final payments owed via direct debit or ATO debt collection.
- Outstanding costs outlined.

#### *Notice by the Service Delivery Employee*

- Employees are required to give TWO weeks' notice in writing. This is to ensure adequate staffing levels in the home can be safely maintained.
- Once a resignation is accepted, an employee cannot withdraw notice without the agreement of National.
- National has the right to accept resignations immediately rather than wait for the expiration of the notice.
- Employee must return all National property in their possession including but not limited to uniforms, any unopened PPE, clinical kit bags, go-bags etc.

#### *Notice by the Non-Service Delivery Employee*

- All Lead and/or Non-Service Delivery roles must provide notice period in line with their individual contractual obligations.
- Once a resignation is accepted, an employee cannot withdraw notice without the agreement of National.
- National has the right to accept resignations immediately rather than wait for the expiration of the notice, with appropriate payments owed to employee.
- Employee may be required to support National in identifying a suitable replacement Lead.
- Upon final day, employee must undertake an exit interview process. Process includes the following requirements:
  1. **Formal Handover:** Current role responsibilities – any outstanding actions required (See [Operations Handover Template 2023-25.docx](#))
  2. **Accounts and Logins:** Handover of any single user account usernames and passwords
  3. **Return of National property:** Uniforms, documents, National bank cards etc
  4. **Return of National devices:** Unlinking of devices, password / PIN removal of devices, charge cords and/or docks
  5. **Payment Summary:** outline of outstanding entitlements to be paid out by National
  6. **Deed of Resignation:** signing from employment with National



### *Voluntary Resignation/Retirement*

Most employees end their employment by advising National in writing of the intention to resign or retire. A resignation must be a voluntary decision of the employee. The notice of resignation must indicate the proposed date of resignation or retirement.

Employees may apply for a Certificate of Service which confirms the period of their employment with National.

Upon receipt of a written, signed request, National will issue a certificate which provides details of the employee's service during employment with National.

### *Employee Support and Wellbeing*

National take the wellbeing of all employees very seriously. As such, all employees have access to the identified Employee Assistance Program provided by Relationships Australia.

*(See Health and Wellbeing Policy)*

### **Relevant Legislation and Resources**

[Fair Work Act 2009](#)

[Templates - Fair Work Ombudsman](#)



# Daily Operations

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2023	Natashia Telfer	CEO	New policy (new system)

## In conjunction with

- **Employment Contractual Obligations**
- **ALL National Policies, Procedure Guidelines and Frameworks.**



## Rostering and Shift Principles

Once employed by National, the employee's name will be added to the deployment list, which is sorted by priority. Upon offering contracts, National will offer shifts to those who hold permanent/part time employment with National, followed by casual employment. Deployment may be across any of Nationals affiliated sites including but not limited to Home Support Houses, National Community Care, National Nursing Agency, National Healthcare Services and is at the discretion of National in line with participant needs, preferences and skill mix.

The order of the priority in the casual employment list will be merit-based, including but not limited to the following factors:

- Reliability in answering requests from National;
- Reliability in attending shifts;
- Performance, judged by the factors listed in the **Performance Review policy**;
- Availability and communication of availability to National.

Periods of absence will not necessarily affect an employee's position in the priority order so long as the employee provides reason for and notice of the absence to National and reflects this accordingly in their employee availability.

The priority list operates in conjunction with the Equal Employment Opportunity Policy and only factors of merit will determine an employee's place in the priority order.

### Availability

All casual employees must update their availability with *National* by each Monday via the employee login function for the following week at minimum.

All National employees are required to be available for a minimum of 2 shift per week. This ensures the employee remains an active within our rosters, unless previously discussed with management. Employee roster is available 24/7 through employee app. It is the employee's responsibility to know when their rostered shifts are scheduled.

All updates are time and date stamped by the *app* server to ensure accuracy and security of the system. The platform is available 24 hours a day, seven days a week unless otherwise notified, via any internet connection, through the employee's login so there is no reason why availability should not always be current. If the employee is found to update their availability after receiving a request for a shift, it may be counted towards the Non-Compliance Policy.

### Shift Placement Allocation

National are required to consider a number of factors when assigning employees to shifts. The following variables are considered within the relevant areas of work.



### *Healthcare Settings*

- Facility requirements
- Facility Preferences
- Employee Skill Set
- Employee Experience
- Employee Availability
- Mandatory Requirements

### *Community Settings*

- Client requirements
- Client Choice and Preferences
- Client/Employee compatibility
- Employee Skill Set
- Employee Experience
- Employee Availability
- Geography between rostered clients
- Mandatory Requirements

### *Community Clinical Nursing Clients*

- Clinical requirements
- Nurse Skillset
- Client Preferences
- National Clinical Manager directive

### *Support Coordination/Case Management*

- Participant complexity
- Participant Preferences
- National Support Coordination Manager directive
- Coordinator Skillset

## Community Client Continuity

National look to assign client/participants with regular carers in line with skill set requirements, client/participant reference, geography, and carer availability.

National assign a few carers reflective of the level of care and services required. This provides continuity in carers and aides in the event of carer absence with minimal disruption to the client/participant.

In peak periods such as long weekends, public holidays, school holidays, uni exam week, uni placement time frames, National anticipate the deficit that could occur and request availability in advance during peak times to identify gaps and ensure adequate solutions can be implemented.

Solutions may involve regular carers taking on additional services to cover each other, in some instances, the client/participant may be flexible in-service delivery time and adjust the day/time to ensure the same carer (this is only at the directive of the client/participant), recruitment in lead up to peak periods.

Statistically National recruit a larger volume of qualified carers in the months of September and October than any other months in the year in anticipation of the end-of year exams before rolling into school holidays and Christmas break with an increase of services over these periods.



## NCC - Receiving Shifts and Rosters

All casual employees will receive their shifts in one of three ways –

1. The weekly roster published each Thursday for the following week ahead
2. via Brevity App notification of shift assignment
3. via phone call for urgent roster changes and/or requests

It is expected, in line with your availability you will promptly call in the event you are rejecting and/or unable to attend the assigned shift.

National will try to contact the employee on three occasions (via phone or text message) for the requested shift and a nil response may result in a formal strike.

Employee roster is available 24/7 through employee app. It is the employee's responsibility to know when their rostered shifts are scheduled.

### Unable to Attend Work

The employee is required to **CALL the on call number 6242 4978 / 0401 439 798** to notify National as soon as possible:

- if you are running late to your rostered shift
- Received a shift via text and cannot attend.
- If you have accepted a shift and cannot attend that shift. (Sick/Carer Call)
- If you have any on-shift urgent concerns requiring National directive

**Do NOT send a text message or email, this will be considered a formal warning.**



## Care Planning Policy

### **POLICY STATEMENT**

National Community Care are committed to ensuring all client/participant's and or participant is receiving 'SIL' Supported independent living and/or identified complex clinical care have an individualised relevant care plan within their home. The care plan will include identifying all aspects of required supports by provider, information on the delivery process of the identified supports, medical and health risks identified and information on how these risks are managed.

### **SCOPE**

All employees of National Community Care

### **POLICY**

All SIL/clinical participants will have an individualised, relevant comprehensive holistic care plan developed through reviewing all supporting documentation received by National Community Care through support coordinators, allied health, subjective and objective information, and observations to ensure all supports implemented are meeting the current needs/requirements of the participant.

All care plans will be reviewed 6<sup>th</sup> monthly, and/or unless amendments are required before this time. Care plan to be documented on the contents page in between reviews. Information within the care plan remain private and confidential, the care plan is to be stored in a folder and kept within a cupboard or filing cabinet (depending on client/participant accommodation situation), when not in use to maintain privacy and confidentiality.

Participants and their representatives will be invited to attend a six-monthly care planning meeting, this can be held onsite, via telephone, via email, via zoom or skype.

All employees are to adhere to directives within the care plan, unless otherwise advised through informal / formal notification by either a National director or the clinical coordinator.

Emergency management is to be specified within the care plan tailored to the participants health requirements.

All identified risks, hazards identified when developing a participants care plan are to be documented on the client/participants NCC *Risk Profile* and the 'ALL Risk register' (excel) additions are to be notified to National Directors via email correspondence.



## *Care Planning Procedure*

### **DEFINITION**

A care plan outlines the participants care needs, the types of services they will receive to meet those needs, who will provide the services and when. It will be developed by the service provider in consultation with the participant.

### **PURPOSE**

All SIL/Clinical participants will have an individualised, relevant comprehensive holistic care plan developed through reviewing all supporting documentation received by National Community Care through support coordinators, allied health, subjective and objective information, and observations to ensure all supports implemented are meeting the current needs/requirements of the participant.

### **SCOPE**

All employees of National Community Care

### **PROCEDURE**

- Service Agreement is signed by participant providing consent to private and confidential information, prior to initial draft commencing and client/participant risk assessment is implemented with client/participant and support network input.
- Initial draft is to be developed using the National Community Care Template facilitating feedback on any changes / amendments required.
- All care plans are to be developed in partnership with either the participant and or the nominated representatives.
- An initial draft is to be provided via email or print out to ensure all feedback from participant / representative is sought, all feedback and changes are made, and final draft is sent for approval and implementation.
- A care plan folder will be implemented within each participant home, this folder is to be kept onsite, preferably within a cupboard – discussion between participant and National to identify where the participant would like the folder kept.
- Reviewed Care Plans are amended and reviewed and signed off by a senior registered nurse. A comprehensive review of the participant is undertaken, this includes reviewing all incident forms, clinical documentation, feedback from participant or representative, preferences in delivery of services, social participation, a review of the emergency management plans and general service guides.
- Care Planning meetings to be documented in the participant's profile and any action items and outcomes are to be emailed to participant and representatives.
- All items raised are to be reviewed by clinical team, if risks or hazards identified they are to be placed on the 'ALL risk register' and actioned in a timely manner.
- Care Plan review time frames have generalised time frames unless stipulated otherwise. These are as followed:








**Community Care Plans**

- Care Plans are to be drafted upon commencement of service and reviewed 1 month after.
- Care Plans are then to be reviewed annually, every 12 months OR
- After a hospital admission, or clinically indicated, and/or significant care changes required.

	 DEVELOPMENT	 PRACTICALITY REVIEW	 ANNUAL REVIEW	 HOSPITALISATION	 CLINICAL CARE CHANGES
CARE PLANNING					
UPON COMMENCEMENT	✓				
1 MONTH		✓			
12 MONTH			✓		
UPON CHANGE			✓	✓	✓

**SIL Complex Clinical Participant Care Plans**

- To be reviewed 3<sup>rd</sup> monthly unless amendments are required prior in which review will be done at this time.
- A six-monthly care planning meeting is to be organised by the SIL Clinical Team and/or Clinical Team. An invitation is to be sent via email to participant / representatives providing minimum two weeks' notice of intention for a meeting.

	 DEVELOPMENT	 PRACTICALITY REVIEW	 CARE PLAN REVIEW	 HOSPITALISATION	 CLINICAL CARE CHANGES
COMPLEX SIL CARE PLANNING					
UPON COMMENCEMENT	✓				
1 MONTH		✓			
3-6 MONTHLY			✓		
UPON CHANGE			✓	✓	✓



## Commencing Shifts and Services

The employee is to remain in the allocated area of work unless otherwise directed. If for any reason the employee needs to leave the area prior to the completion of their shift, they are required to advise the team leader and/or National prior to leaving to ensure adequate staffing levels for the client/participants–

**DO NOT LEAVE UNTIL YOU HAVE NOTIFIED TEAM LEADER AND TEAM LEADER HAS CONTACTED NATIONAL.**

If circumstances change and the shift runs behind the scheduled period, or the employee will be running late to a rostered shift, it is the employee's responsibility to contact *National* immediately. This is to ensure *National's* integrity is not brought into disrepute and maintain adequate care for the client/participants.

At the completion of the shift the employee is to complete client/participant documentation accordingly and provide any urgent information to National as it arises to ensure appropriate response and action is taken

### *Within the Nursing Homes/Hospitals*

On commencing the shift the employee is to present in full uniform at the facility. You will be required to present your proof of influenza and COVID-19 vaccination certificates upon entry. The Quick Reference Guides/ Service Guides will indicate if there is a specific directive on entry for you to implement such as entry/exit codes, where you are required to report.

### *Within the Community*

On commencing the shift, the employee is to present in full uniform at the residence with all equipment prepared. You must carry with you your WWVP card, and PPE to all services. Knock on the door, announcing yourself upon entry. The participant service guide will indicate if there is a specific directive on entry for you to implement.

### *Non Response to Scheduled Visit*

See Non-Response to a Scheduled Visit Policy

### *Within SIL Properties*

On commencing shift, the employee is to present in suitable attire at the residence. Entrance through the office door and be ready to commence handover at the start time of rostered shift. Clinical Manager/Team Leader will mark your attendance down on the roster noting if times are varied from actual roster and collect your WWVP card and display on the white board within the office. At the completion of the shift the employee is to complete client/participant documentation accordingly and provide a handover to the team leader. **DO NOT LEAVE UNTIL TEAM LEADER DISMISSES YOU.** In the event an employee is late to their allocated shift, an employee from the prior shift is required to stay behind until the late employee arrives for shift. Team Leader/CC to amend rosters to reflect this.

### *Within Office*

On commencing shift, first to arrive to office, will be required to unlock to gain entry. Put lights on. You may put heating/cooling at your discretion. In the event you are in the field with clients/participants or facilities, you will be required to carry your WWVP card on your person at all times. You will have access to a system to login and perform your daily duties. In the event you are running late, please call 62424978.

### *Breaks*

In line with the Nurses Award & SCHADS Award, mandatory 30-minute unpaid breaks are required beyond 5 hours of work. Break times are allocated by the clinical manager in staggered breaks to ensure appropriate coverage for client/participant needs. Every employee is entitled to a paid 15 minute tea break in each four hours worked at a time to be agreed between the employee and employer staggered at the direction of



clinical manager. Breaks will be allocated accordingly each day. Smoking breaks- please refer to *Smoking, Alcohol & Drugs Policy*.

### ***Client Expenses***

National request all clients ensure they are responsible and have available funds to pay for items and/or costs that may be incurred during service. Employees are to document and take a photo of any cash received by client and the receipt and change provided to the client. Photos taken of money, receipt and change should be submitted to NCC for record keeping purposes.

In the event unexpected expenses arise, National will reimburse the employee tax free within the next pay cycle upon receiving supporting evidence. (See Reimbursements Policy)

### ***Documentation and Handover***

Each employee will be required to document the care/service/non-face-to-face provided and all other forms and assessments are required. (See *Documentation and Handover Policy*)

### ***Up lining On-shift Queries, Questions, Concerns and Complaints***

Should you have concerns during your shift that require immediate assistance, please call 0401 439 798 or 6242 4978 for immediate assistance.

NCC will provide you with over the phone advise and if of serious nature will ask you follow up after the service with a formal incident report submission. (See incident report policy, See Complaints Management Policy, See Lines of Reporting)

### ***Night Duty***

National employees under the Nurses Award have a strict no sleeping policy for night duty shifts. If you are required to work a night shift, the employer expects that you do not sleep during the night duty shift. If you sleep on duty, this may be considered wilful misconduct resulting in subject to disciplinary action.

Employees under the Social, Community, Home Care and Disability Services Industry Award may be engaged in sleep over shifts as well as active night shifts. These shifts will be clearly identified prior to shift allocation and pay remuneration will be reflective as per the award.

### ***Video Surveillance***

Surveillance is present within the National Head office in Canberra and all Healthcare Settings across ACT as a security and safety measure. Surveillance may be conducted at the discretion of each client/participant and their families within their homes. This is a security measure for employees and that of the client/participants.

You may consult with the Employer regarding any concerns about the surveillance. All cameras are visible and recording devices (including cameras) will not be placed in bathrooms. The purpose of the surveillance is to ensure the safety and security of employees, visitors and property. The Employer reserves the right to review and use the CCTV in disciplinary proceedings. The surveillance may be conducted at any time and any employee may be subject to surveillance. The surveillance may be continuous or intermittent at the Employer's discretion. The Employer may, at their discretion, disclose the surveillance records for any reason that is not barred by privacy legislation. If you are a new employee, the surveillance may already be in place and could start immediately on commencement of work. Surveillance may be conducted using:

- any form of visual recording devices including all types of camera, such as CCTV cameras



- any form of audio recording devices and
- electronic recording devices in any part of the workplace

### ***Non-Compliance***

An instance of non-compliance refers to occurrences where an employee does not maintain availability accurately resulting in declined shifts. Each non-compliance will be documented accordingly within employee's payslip records and on roster profile. Instances of non-compliance may affect roster priority allocations. This is at the discretion of National. Repeated instances of non-compliance may result in disciplinary action.

### ***SIL Property Rules***

Any SIL property an employee attends are required to implement "House Rules". All persons entering the SIL property, under the NDIS are required to conduct themselves accordingly in line with the "House Rules". Failure to do so, or breach of the rules can result in your shift being terminated early and disciplinary action may follow. (See SECTION 7: SIL Properties)

### ***Roster Systems Platform***

Prior to commencing your first shift with *National*, you will receive an activation email inviting you to access our rostering platform Brevity. [See Brevity Onboarding Policy and Guidelines.](#)

### ***Setting Up Your Employee Login Procedure***

[See Brevity Onboarding Policy and Guidelines.](#)



## Non-Response to a Scheduled Service Policy

### SCOPE

This policy applies to all employees of National.

### POLICY

National Community Care recognise that as a provider we play an important role in keeping our clients and participants safe, thus we check on the welfare of clients/participants, when they do not respond to a scheduled visit. This procedure outlines the steps to follow, outlying escalation pathways, including documentation requirements, to ensure the clients safety is confirmed.

#### ***Client or Participant Responsibilities:***

- Clients /Participants should be supported in the development of an individualised Non-Response Plan during their onboarding period and reviewed annually.

#### ***NCC Support Worker Responsibilities:***

- Duty of care to report and seek further information in the event a client / participant does not respond to a scheduled service.
- Follow all reasonable steps, instructions and directions provided to them by any member of the office team (DOL, DOO, CL, GM or CEO).
- Are only permitted to enter a clients/participant home in line with client service guide and/or when instructed to do so ONLY in a non-response to service situation.
- Call Emergency Services if required.
- Implement First Aid in the event it is required.

#### ***Daily Operational Lead / Daily Operational Officer responsibilities:***

- Required to work in partnership with client / participant to develop an individualised Emergency Response Directive
- Consider the client's risk and preferences when implementing the planned response
- Contact the client in the event of a non-response visit.
- If unable to be reached, enact the participants individualised Non-Response Directive.

#### ***National Responsibilities:***

- Ensure that clients' right to privacy is respected and they are not vulnerable to unacceptable risks.
- Ensure that incident reporting and escalation, including mandatory reporting requirements are met.
- Staff are aware of the procedure for reporting and recording unplanned absence of a client.
- Contact details for persons' responsible/representatives must be readily available.



Non-Response to a Scheduled Service Flow Chart





## Non-Response to a Scheduled Service Procedure

### A) When arriving at the client's home:

- Knock on the door or ring the bell in the usual way.
- If there is no response, knock Loudly on the door again and call the client's name loudly. The staff member may look through open windows or knock on other accessible doors.
- If no response continues and the door is unlocked, open the door (if you feel safe and comfortable to do so) and call out from the doorway.

### B) If nonresponse continues/ or the door is Locked:

- Call Operational Intake to inform of non-response and await instructions
- If the client has a key locked box, the use of which is detailed as part of the emergency response plan, Operational Intake must provide details and permission for its use to enter the premises.
- **Support Worker must not Leave the client's house until instructed to do so.**

### C) If entering the home using the key from the locked box (and this is not the usual method for entering the clients home)

- Only enter the premises if you feel safe and comfortable to do so
- Remain on the phone, with office staff, while entering the house
- Follow any instructions given by the office staff.

### D) If the client calls out that they have fallen and cannot get up (the client IS responding) initiate a first aid response

- Do not move a client who has fallen
- Call an ambulance
- Call the office and inform of incident
- Provide First Aid as appropriate

### E) If the client is contacted by phone and says they are not at home

- Inform the support worker or person who called that they can Leave, and
- Inform the support advisor that the client has been Located.

### F) If the client is not located

- If the client is not located and all steps in the Non-Response Plan have been followed, the General Manager must be advised and they will decide on the appropriate course of action.

### Operational Intake Personnel - who receive the call regarding non response:

- Locate the client's individualised non-response plan in the clients SharePoint file.
- Provide the clients non-response plan instruction to the attending employee at the client's home.
- Continue to provide support and instruction to staff; this may include providing details to enter the premises using a locked box key
- Make roster arrangements, if necessary, if the support worker is required to stay Longer than allocated time/ shift and call affected clients

## Documentation



Record the process undertaken to manage the non-response in client documentation within Brevity.

When the steps detailed in the client's emergency response plan have been exhausted and the client has not been Located and their safety not confirmed; an incident must be Logged in Brevity.

If the client is located during the implementation of the emergency response plan, and is found to have suffered an injury or is deceased, an incident must be logged. Follow Medical Emergency Framework / Wounds Policy / Incident/Accident Policy Framework.

If the non-response is reported to police (directed by the GM) as client has not been Located, the police report number must be documented in Brevity documentation.

### Follow Up

Repeated non-response services (more than 3 consecutive instances) will trigger a review of service between the GM/Daily Operations Lead and the client to explore options to reschedule the service to a more appropriate time for the client and/or if there are any concerns that may need to be addressed to best support the client moving forward.

### Key Personnel Contacts:

Daily Operations: 0401 439 798

Support Coordination: 0427 552 804

<b>Work Safe ACT</b>	6207 3000	<a href="https://WorkSafe.act.gov.au">https://WorkSafe.act.gov.au</a>
<b>ACT Police</b>	6256 7777	<a href="https://police.act.gov.au">https://police.act.gov.au</a>
<b>ACT Ambulance Service</b>		<a href="http://esa.act.gov.au/actas">http://esa.act.gov.au/actas</a>
<b>Work Cover NSW</b>	13 10 50	<a href="http://www.workcover.nsw.gov.au">http://www.workcover.nsw.gov.au</a>

### REFERENCES

Aged Care Act 1997	Discrimination Act 1991
Quality of Care Principles 2014 of the Aged Care Act 1997 (Cth)	Fair Work Act 2009
Aged Care Quality Standards 2019	Work Health & Safety Act 2011
Charter of Aged Care Rights 2019	Health Professionals Act 2004
Freedom of Information Act 1989	Human Rights Act 2004
Health Records (Privacy and Access) Act 1997	Human Rights Commission Act 2005
Working with Vulnerable People Act 2011	National Disability Insurance Scheme Act 2013
Guide for Community Care Service Providers on how to respond when a community care client does not respond to a scheduled visit 2009	Disability Services Act 1991
	Disability Services Regulation 2014 Aged Care Act 1997





# 'Brevity' Application

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2023	Natashia Telfer	Employsure	New policy, procedures & processes

## In conjunction with:

- NCC Recruitment and Onboarding Policies, Procedures and Processes
- Brevity CORE Onboarding



## Scheduling System Policy

### **POLICY STATEMENT**

The Policy provides a framework to support all NCC employees to activate and appropriately use the scheduling system 'Brevity' and all its relevant features.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

NCC recognises the in line with the digital world we live in, streamlining processes such as rosters and documentation is a natural progression.

In doing so, carer documentation and incident reporting, HR processes, payroll processes, rostering processes and communication processes are made more efficient, allowing time to be better utilised across participant care.

### **OUTCOME**

Streamlined services with a variety of improvements all measurable within Brevity and the reports that can be generated by data collected. Brevity will also remove current manual practices reducing the human error in payroll and annual leave processes. Reimbursements will become automated, furthermore, incident reports will be up lined instantly for a more effective response. Overall, tracking of employment patterns, incident management patterns and more.

### ***National's Responsibilities***

- All new employees entered and activated in Brevity core system by the Administration Team.
- Induction of all new NCC employees to the Brevity app upon onboarding process.
- Provide ongoing training to employees in relation to incident report management and mandatory reporting obligations.
- Provide ongoing training to employees in relation to confidentiality and privacy (and the NDIS code of conduct)

### ***Employee Responsibilities***

- Upon onboarding, ensure you are confident in the system and your requirements in updating your availability.
- Understand your obligations as per policies, and/or know where to access your operational policies
- Maintain privacy and confidentiality of participant and all information within Brevity app
- Do not share your Brevity App login with others or allow others to access your app via your phone.
- Understand and follow all Brevity procedures appropriately.

### **Key Personnel Contacts:**

- **Daily Operations: 0401 439 798**

### **REFERENCES**

NATIONAL COMMUNITY CARE  
**2024-2026 POLICIES, PROCEDURES & PROCESSES**



Freedom of Information Act 1989  
Health Records (Privacy and Access) Act 1997  
Working with Vulnerable People Act 2011  
Human Rights Act 2004  
Human Rights Commission Act 2005  
National Disability Insurance Scheme Act 2013  
Disability Services Act 1991  
Disability Services Regulation 2014 Aged  
Care Act 1997

Discrimination Act 1991  
Fair Work Act 2009  
Work Health & Safety Act 2011  
Health Professionals Act 2004  
Territory Records Act 2002  
Information Privacy Act 2014  
Official Visitor Act 2012  
Fair Work Act 2009  
Workers Compensation Act 1951



## Geolocation Policy

### POLICY STATEMENT

This policy is designed to enhance our workforce management including employee and participant safety, fleet management, job scheduling, and job costing efforts through the use of scheduling application '*Brevity*'.

### PURPOSE AND OVERVIEW

The purpose of this GPS Tracking Policy is to define criteria for protecting employees, participants and National Community Care safety and interests, as well as to ensure transparency regarding the employee data it intends to collect and use. National Community Care will communicate and inform employees about:

- The categories of data it will collect How the data will be used
- How the data will be protected
- Who will have access to the data
- How long the data will be kept.

This Policy constitutes an official notification and it is in compliance with Australian Privacy Laws.

By acknowledging this Policy, all NCC employees give their consent to GPS-tracking practices outlined herein.

### DEFINITION

National Community Care is committed to employee, participant and traffic safety, and Geolocation can help these aspects.

**Brevity** (*short for Brevity Care App*) is the application utilised to pinpoint clockin and clock out geolocations.

**GPS-tracking practices** is the umbrella label for all activity and process around tracking, pin point, clocking of location.

**GPS** is a satellite tracking system that has the capacity to track live and on the move.

**Geolocation** is the process or technique of identifying the geographical location of a person or device by means of digital information processed via the internet at that particular point in time.

### POLICY

National Community Care understand that privacy concerns are valid and that our employees' and client privacy is important. As such, we will ensure that all geolocation is done in a transparent, fair, and legal manner. That means all geolocation data will only be used for business purposes and within the scheduling application only available within National Community Care approved workstations by approved management team members. Please note, the app cannot monitor you outside of an active 'clocked-on' shift.

### *Employees Responsibility*



- Understand the Geolocation Policy and requirements to fulfill employment obligations.
- In order to clock on to activate incurred wages, geolocation is required on employees personal device while in use.
- Understand, any geolocations identified outside of the accepted radius of a designated workplace will result in performance management for fraudulent claims.

#### ***National Community Cares Responsibility***

- Remain transparent about all geolocation processes
- Follow up any fraudulent activity with employees and/or any mandatory reporting requirements to NDIS and/or ACT Police.
- In addition, the scheduling system Brevity, and National Community Care cannot and will not share your data with any third parties without your consent, except as required by law.
- If you have any questions or concerns about our Geolocation policy, please feel free to contact our HR department at [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au).

#### **How does the Brevity geolocation work**

**Pinpoint of time and location:** The geolocation is only active when an employee is on a 'clocked on' shift. An employee is required to clock on to activate the shift to receive your designated pay entitlements for the attended shift. The clock on and off pin is referenced to the assigned location of the clients address to ensure proximity is valid.

The geolocation concludes the moment the employee 'clocks off'. When the employee arrives at a shift, employee will be required to 'clock on'. When this occurs, a pinpoint of time and location is snapshot. When the shift concludes, 'clocking out' is required to again, capture a time and location pin. In doing this, it allows for instant system approval for your shift payment and client invoicing for the duration of the 'active' clocked on time frame.

**Captures Kilometre referencing:** As the geolocation is NOT a live following of your GPS location, Brevity will not and cannot collect the exact kilometres that you travel between and/or with a client. It will however take the two locations in which your rostered clients reside, and google map the distance for the average of kilometres you are entitled to claim at the award indicated rate and distances. This will mean the team will no longer have to maintain and track your own kilometres and dockets as the scheduling system will automatically calculate this and ensure payment each pay cycle.

**Legally Bound:** The geolocation is a feature within the new scheduling system Brevity. Brevity is legally bound by the Google Maps Terms of Use and a Privacy Policy within the Brevity application which meets the guidelines outlined by Australian and Territory law to ensure your privacy and safety is upheld.

**Access to Data and Storage:** Access to data is only accessible to those National Community Care management employees with authorisation access to the Brevity CORE Application. All historical data is stored within the Application by Brevity, bound by google Maps requirements, in line with Australian standards and Laws on Australian shores with a minimum 7 years requirement.

#### **Benefits Of GPS Tracking Policy**



**Improved Productivity:** With geolocation, we can monitor employee time and location data to schedule jobs more efficiently, ensure timely arrivals and departures, and reduce delays. This means that you will spend less time traveling and more time serving our clients.

**Better Fleet Management:** By tracking start-stop point of time locations, we can track and approve kilometre travel and optimize routes. This will help time efficiencies, reduce costs to clients and improve our environmental impact.

**Enhanced Customer Service:** By tracking start-stop point of time locations, the client must sign off on the completion and then rate the service out of 5 stars. Thus creating a safe space for NCC to improve on our client service experience.

**Greater Accountability:** With geolocation, we can monitor employee behaviour, such as valid and invalid clock in/off pinpoints and adherence to company policies including fraudulent claims. This means that employees are held accountable for their actions, promoting safe and responsible behaviour to ensure positive outcomes for clients and safety for the team.

**More Accurate Job Costing:** By tracking job start and end times, we can more accurately allocate time and resources to clients – for example if Mary Macks weekly 6 hour shift is consistently ending around the 5 hour mark, than NCC can review supports and look to adjust the shift time to better support Marys care and budget while effectively utilising employee time management. This can also allow for correct payment to employees where shifts extend the scheduled shift time ensuring employee pay entitlements are instantly correct at the click of a ‘clock off button’.

#### What Will Not Be Collected From Brevity geolocation

**Listen to your conversations:** and initiate pop-up adverts on your devices like social media does. A reminder – it is not a live GSP system or AI system.

**Live or Private Locations:** Brevity will not collect location data for any private locations, such as an employee’s travelling between shifts, or at home or family member’s location. This is not a functionality the system possesses. It is not a live GPS feed in any way, but rather a ‘point of time’ location pin drop meaning a snapshot is taken at the moment of clock in and clock off only.

**Personal Data:** The system does not track live data and it will not collect personal data such as employee location or data outside of work hours.

**Employee Behaviour:** We will not track employees’ personal phone usage, conversations, or other personal activities inside or outside of work hours.

**Dash Camera Footage:** Brevity does not link to any other external tracking system such as dash cameras to track audio or live video footage.

#### REFERENCES

Privacy Act 1988	Disability Services Regulation 2014
Freedom of Information Act 1989	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012



## Geolocation Frequently Asked Questions

### ***What Data Will You Collect From Geolocation, And How Will It Be Used?***

We will only collect location data and mileage tracking data from the geolocation pins identified when an employee clocks on and off an assigned shift. This data will also help us schedule jobs more efficiently, and optimize pay entitlement process.

### ***Will The Geolocation Be Used To Track Employees Outside Of Work Hours?***

No, geolocation within the Brevity App can only be activated when a shift is clocked on and off. It does not have the capacity to track live. We understand that personal privacy is important and we will not track employee location data or any other data inside or outside of working hours.

### ***Will Employees Have Access To The Geolocation data?***

No, employees will not have access to such data. The data collected will be used solely for business purposes within the Brevity application, and only authorised National Community Care personnel will have access to it.

### ***What Happens If An Employee Refuses To Have geolocation / Location Services turned on?***

In line with policy, all employees are required to have location services turned on their personal devices to activate the shift to receive paid entitlements. Employees do have the option upon downloading the Brevity employee app to allocate location services on, only when using the application should this bring additional comfort to the employee, however employees who refuse to have location services turned on their devices ultimately cannot undertake shifts as such may face disciplinary action. That includes being terminated from employment.

### ***Is Employee Consent Required For geolocation?***

Yes, employee consent is required for geolocation. We will provide information about our **Geolocation policy** and obtain employees' written consent before rolling out the new scheduling system. Then moving forward, employee consent will be indicated within any onboarding employee via their employment contract.

### ***How do I know if my geolocation is on?***

See 'Setting Up Notification Settings'



## Set Up & Navigation of Brevity Care App

### Setting Up Your Employee Login Procedure

Upon onboarding with NCC, employees will be activated by People + Culture Team. Employee will receive an email to the designated employee email from [alert@brevitysoftware.com](mailto:alert@brevitysoftware.com) titled **'Brevity Care Software'**

The email will direct the email to download the Brevity app from google play for android phone users and/or App store for Apple phone users.

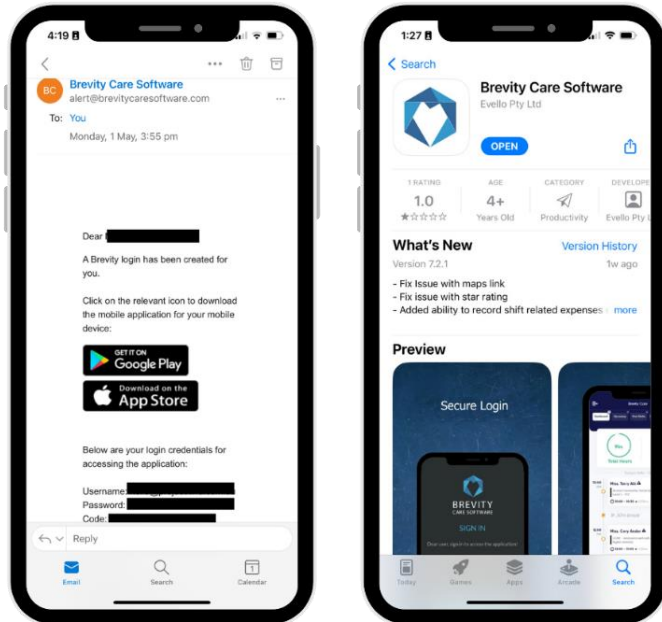
Once the application is downloaded to the employee device, it can be activated.

The app will request the following information:

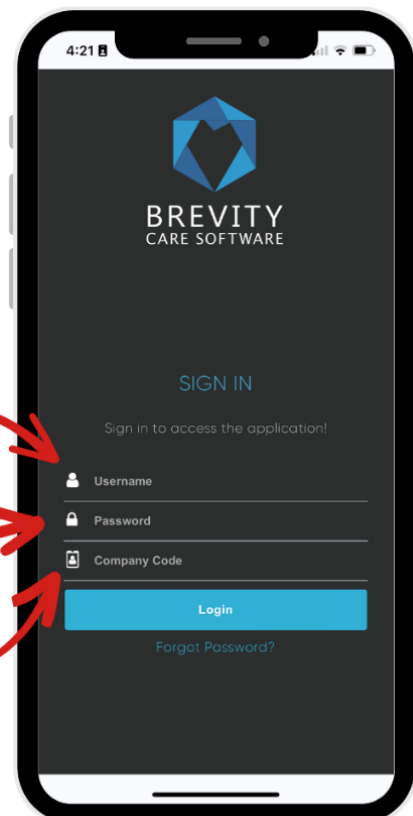
- **Username**
- **Password**
- **Company Code**

These credentials will be identified in the employee activation email titled **'Brevity Care Software'**

Once the employee has successfully logged in, employee may elect the use faceID, and /or change password. Noting Username and Company code will remain unchanged.



Credentials found in your activation email titled 'National Community Care Account Login'







### ***Brevity App Support worker features***

The Brevity Care mobile app allows the support worker to:

- Review the details of the clients profile, which subject to your organisation policies on client confidentiality, can include the clients electronic contact details and street address at where the service is being delivered. The availability of client information is controlled settings maintained on the Branch record within the Brevity web application.
- Receive notifications related with the delivery of supports and services to the client.
- Review and complete shifts as well as review past and upcoming shifts.
- Register new service requests
- Prepare progress notes related with the service.
- Register periods of leave request in full or partial days.
- Register periods either as days or hours of availability or unavailability.
- Review client documentation subject to the support workers access rights as determined on the client profile within the Brevity Core application
- Review organisational documentation.
- Register an incident that occurred on shift.
- Update the password used to access the mobile application.
- Attach images and files to a client shift

### ***Setting up Support Worker Access***

Granting your support workers with access to the Brevity Care mobile app is undertaken either through the Brevity CORE Login on the employee profile or Email Credential link. See ***Brevity CORE Onboarding*** as this is undertaken by management team only. [Employee Availability - Brevity User Guide 2021 - Confluence \(atlassian.net\)](https://atlassian.net)



### Turning on Location

While on shift, all employees are required to have the minimum option of 'While using the App' selected. This means a pinpoint of clock in and clock out times can be established to ensure prompt shift confirmation and payment can occur.

### iPhone Procedure

Find settings icon on your phone, and find Privacy & Security Settings. Within that, you will find Location Services.

Once in Location Services you have the ability to select her app and set your preferences. Options are:

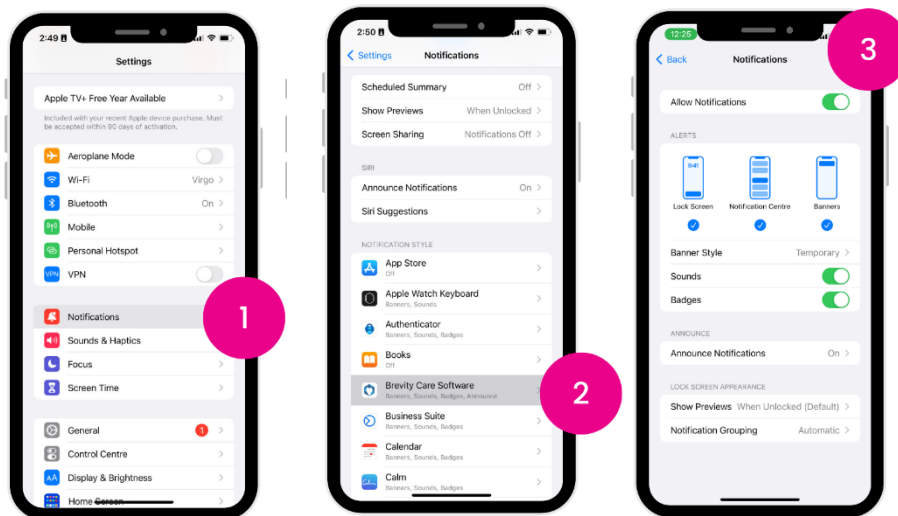
- Never,
- Ask Next Time,
- While using the App
- Always.





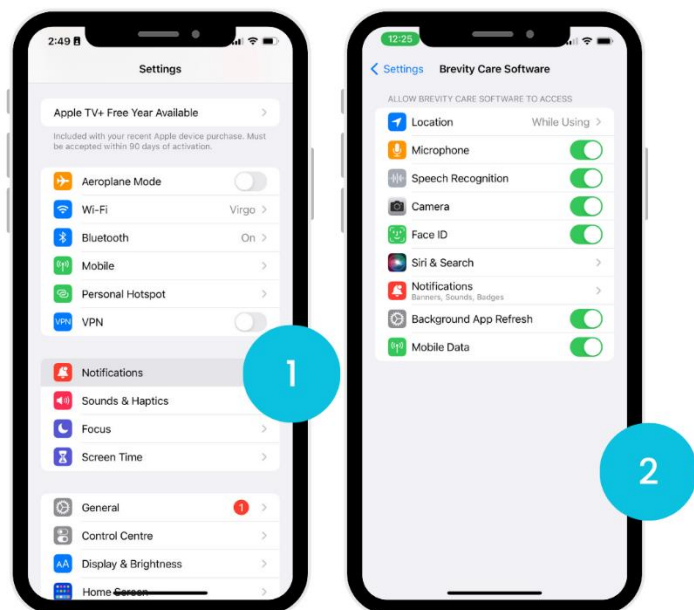
**Setting up Notification Settings(iPhone)**

1. In Settings, select **Notifications**
2. In Notifications, scroll down to '**Notification Style**' for each of the apps you have installed on your device. Select **Brevity Care Software**
3. Review notification settings, ensure ALL notifications are turned on, including sound, and badges. Failure to do so, will result in non-compliance in line with availability, and rejection of shift policies and procedures.



**Setting up Notification Settings(iPhone)**

1. In **Settings**, scroll down to the Applications at the bottom of the Settings Page. Select **Brevity Care Software**
2. Ensure the appropriate accessibility options are selected.
  - Location** – minimum requirement 'while using'
  - Microphone** – if you wish to do voice to note
  - Speech recognition** – if you wish to do voice to note
  - Camera** – to upload photos to support incident reports and or reimbursement receipts
  - Face ID** – if you wish to override password entry
  - Mobile Data** – Mandatory to access service guides, care plans and documentation

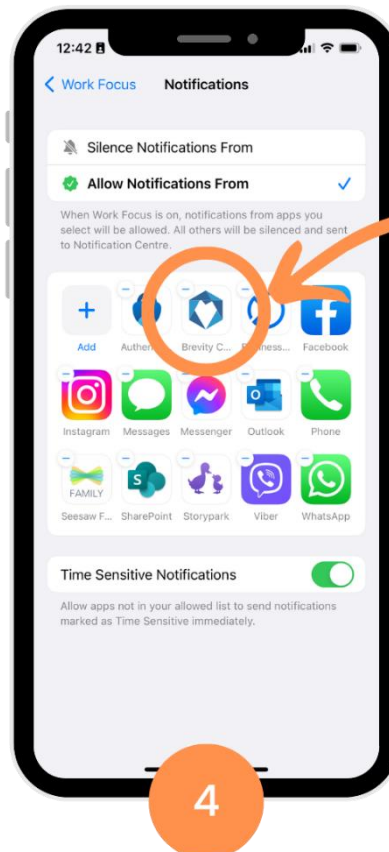
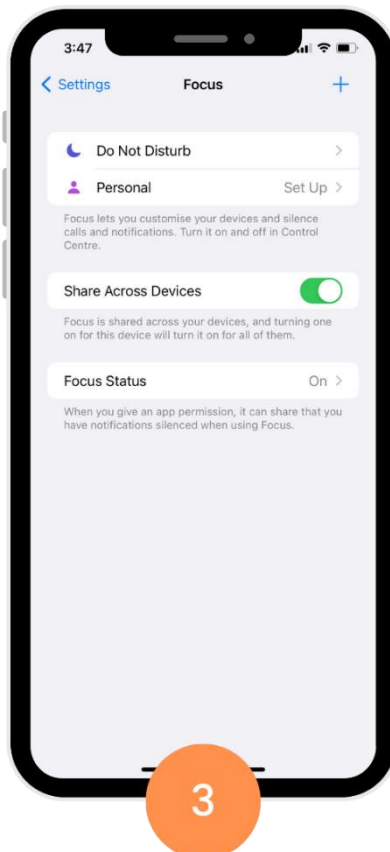
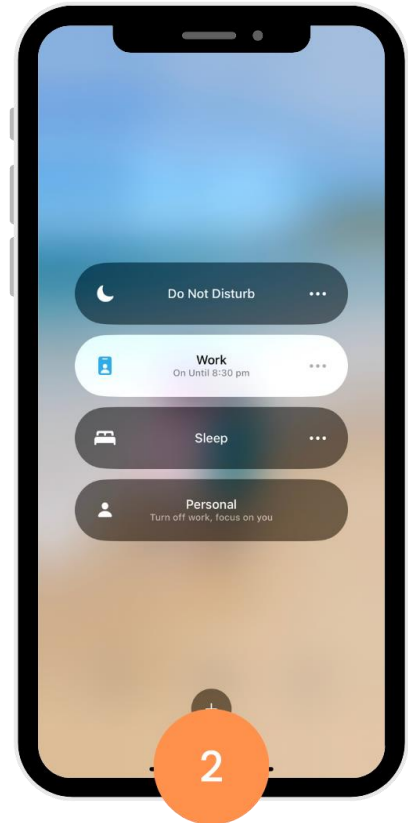
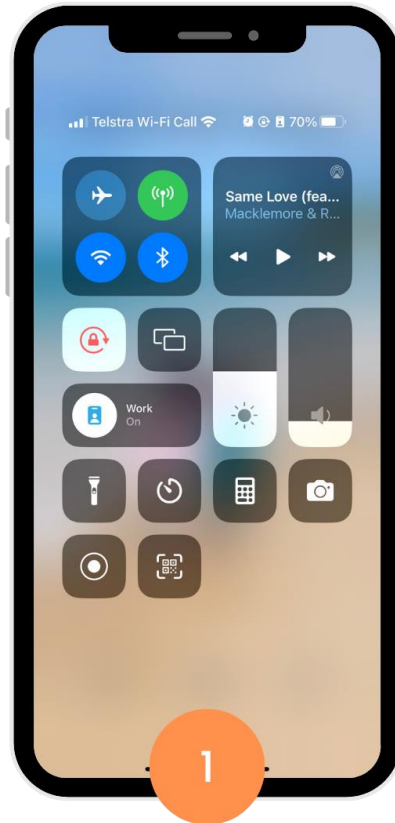




**iPhone – focus modes / do not disturb modes**

These modes are considered like your phone being on silent. It is your responsibility to ensure you are across your assigned shifts. Failure to do so may be detrimental to the participants health and wellbeing and will result in noncompliance processes.

1. To access your focus group, you can do so by swiping down the right-hand side of your locked screen.
2. You can select the focus group you want to activate, or edit groups by selecting the three dots . . .
3. You can then select with focus group you wish to tailor.



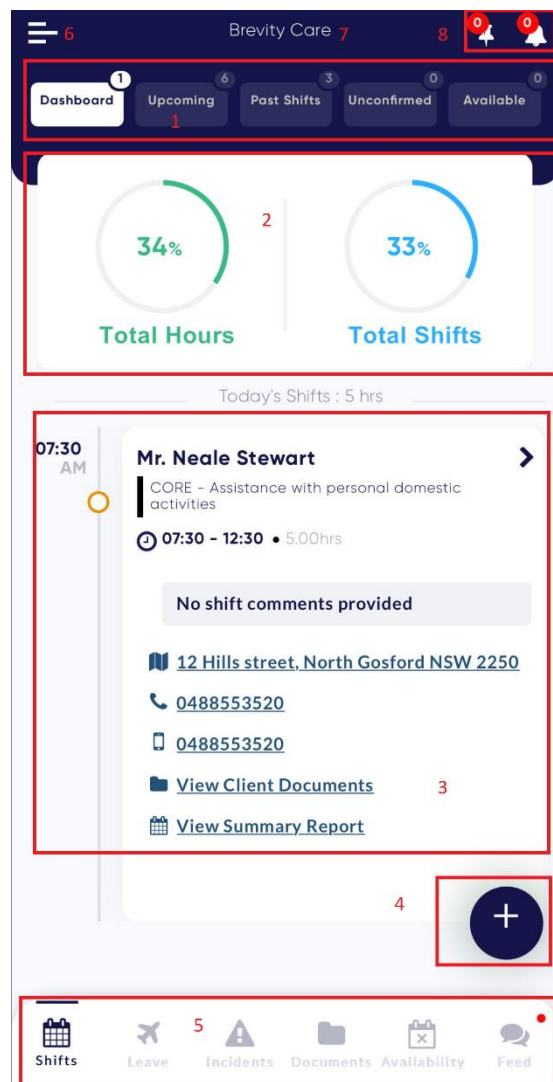
Ensure Brevity is included in your FOCUS groups to ensure you remain compliant with our availability and rejection of shift policies.



### Navigating the Dashboard

The following information will assist you in navigating the Support Worker Dashboard

1. **Shift Navigation:** You can see different shifts in this section. This allows you to open upcoming shifts, past shifts, unconfirmed shifts, and available shifts that have not yet been assigned to a support worker.
2. **Shift Graph:** This graph can show you the completed hours and shifts you made either with the week (as the default) or the period based upon the updated date range specified through the Date From and Date To fields of the User Option screen. The graphs are interactive and when clicked will provide you with a numeric and % value of shifts and hours scheduled and completed.
3. **Shift Panel:** This section shows you the shifts that are scheduled to you, broken down by 24 hour period. This panel displays
  - a. The client name,
  - b. The service that is being provided.
  - c. Shift comments that outline specific instructions for the performance of the service.
  - d. Clients address of service.
  - e. Clients electronic contact details, the display of which can be regulated through the configuration settings maintained on the Branch form within the Brevity Core web application
  - f. Reports and documentation
  - g. Any specific risk notifications applicable with the client that need to be observed
  - h. The total number of shift hours for this day.
  - i. Break details between two individual shifts.
4. **Add Button:** The support worker can add a new client shift using this button.
5. **Navigation Panel:** You can use this panel to do different tasks within the applications.
6. **User Options:** Provides the support worker with access to the User Options screen, where the support worker can
  - a. make adjustments to the shifts shown by varying the From Date and To Date.
  - b. can undertake a password change
  - c. log out from the application
7. **Company name:** This lists the organisation name.
8. **Notifications & Tasks:** Alerts and tasks set through the schedule board that relate with one or more of the support workers shifts.



### Navigating User Options



### *Updating Employee Personal Information*

The function can only be updated by authorised management through the Brevity CORE Web Application only. Employees do not have access to their details via the app, however, should you need to make a change to any of the below personal details should be put in email and set to [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au)

- Change of Name
- Change of address
- Change of bank account ( + in the **Xero Me App**)
- Change of contact number
- Change of emergency contact
- Change of Superfund ( + in the **Xero Me App**)
- Updates to Qualifications and Training

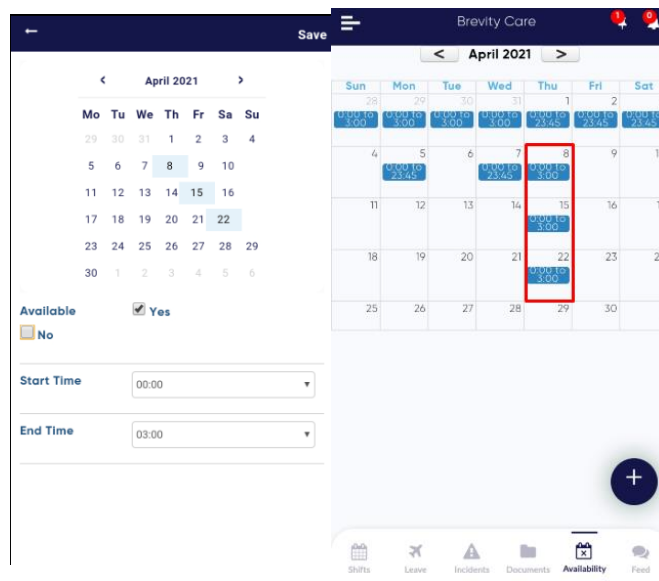
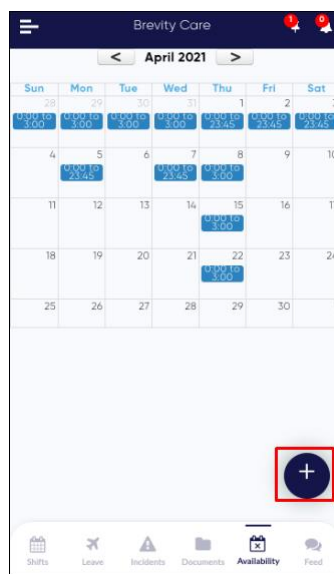
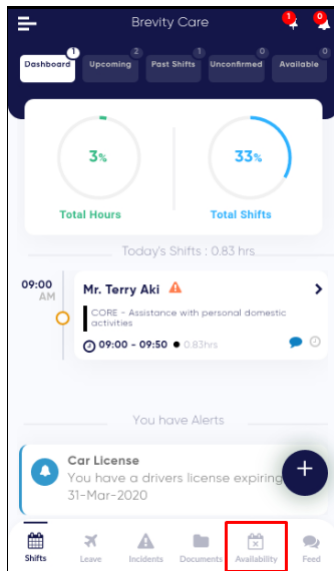
See ***People + Culture Processes***.



## Setting Availability Procedure

### Setting Up Availability within the App

Once the *Update Availability* option has been enabled for an employee, this will enable a new tab at the bottom of the mobile app that allows them to set their availability or unavailability.



The plus button in the bottom right right can be used to record availability or unavailability. The support worker can individually select the days and they want to set the availability or unavailability for, as well as the related times. The updated availability or unavailability periods as set through the mobile app will override the availability or unavailability periods as listed against the employee profile and on the schedule board within the Brevity care software.

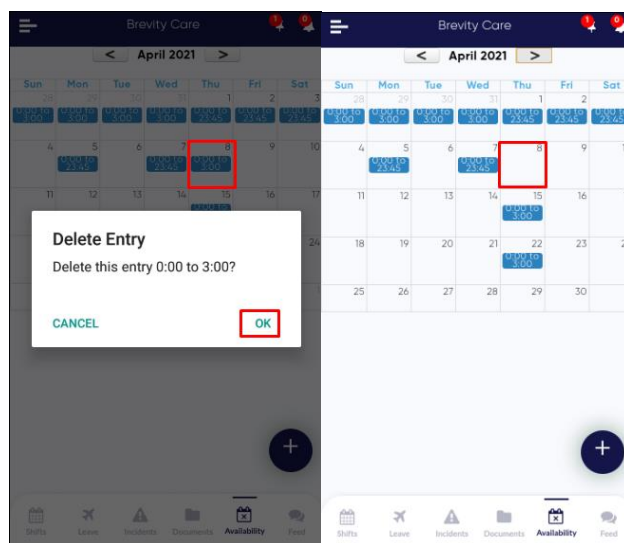


### *Removing periods of availability/unavailability*

You can delete the availability by going to the availability section of the Brevity Mobile App. It will show you the availability for the month. To delete a period of availability/unavailability, tap on the relevant period from the calendar.

It will ask you if you want to delete the selected entry. Tap on Ok to confirm the deletion and remove that period from the calendar.

Please note, as per policy, no employee is permitted to cancel / remove their availability should shifts be assigned to the associated period. As per the rejection of shift policy, employee is required to call the on-call 0401 439 798 and verbally express your inability to attend the assigned shift. Failure to do so, will result in disciplinary action and up to termination.







### *Receiving Assigned Shifts to Roster*

- As per Daily Operations and Availability policies, all shifts are assigned in line with employee provided availability.
- All National Community Care rosters that are pre-scheduled will be rostered to the employees roster dashboard each Thursday. When this occurs, the application will issue all rostered employees notifications via the app. (See **'Setting up Notification Settings'**)
- A bulk SMS roster notification will be issued to notify all employees of roster publication.
- It is the employee's responsibility to check roster and be across scheduled services each week and across any new changes to the employee's roster.
- In the event the employee can no longer attend the assigned shift, the employee is required to CALL National Community Care on 0401 439 798 to ensure the shift can be actioned by the scheduling team. (See **'Daily Operations Policy and Guidelines'**)
- Upon receiving the assigned shift, on the provision, Location is turned on, the participants address will be available to the employee along with google maps to assist with directions.
- From time to time, unfilled and available shifts may be published for employees to review and select if they would like to pick up the additional shifts.

### *Rejecting Shifts Procedure*

The shifts assigned back not be cancelled and/or rejected by the employee within the Application. Employee is required to call NCC on-call as per policy. Refer to **rejection policy** in place.

### *On-shift App Use*

In line with the NCC **Mobile Phone policy**, all personal devices are only to be utilised in line with care related practices. Participants have been asked to report any employee abusing this privilege to carry a phone on shift including excessive personal use for personal matters including social media. Noting SIL group properties do not require employees to carry phones as the team leader has the House phone on persons.

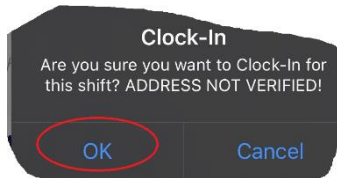
### *Complete Shift – Clocking In and Out of Shift*

To complete a client service, observe the following steps:

1. Access the Brevity Care mobile app using your Support Worker login credentials.
2. To start the shift select the Start shift button.



- To allow location access click OK on the prompt.



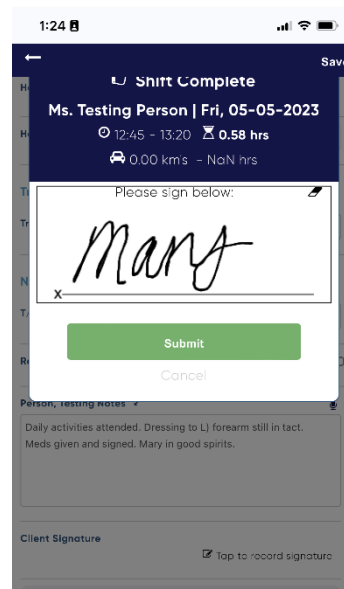
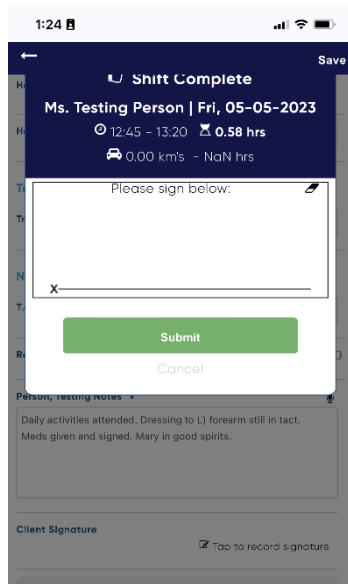
- To end the shift, select End shift button. Once done, the shift page will be presented.



- Within the Timesheet Comments field input timesheet comments, if there has been a change to the shift start or end times.
- Within the Notes field enter progress notes related with the activities performed during the service.
- Obtain the Client Signature by tapping on the add client signature label. Client can draw their signature with the finger.

If the participant is unable to sign – please write UTS and ‘submit’

**PLEASE NOTE:** In line with ensuring all employees operate honestly, faithfully and diligently in line with code of conduct, once the participants signature is complete, and you press the submit button, the shift confirmation is sent to NCC and the participant’s indicated contact person. False or inaccurate information can lead to disciplinary action including termination.





8. Allow the Participant to rate the service. **Noting this too is sent to the participants identified account for review.**
9. Click on Submit button.
10. Tap the SAVE link to create the service record.
11. Tap the :left arrow: icon to return to the Dashboard.



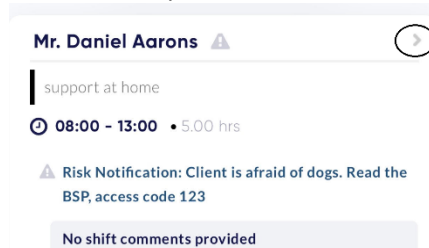
## Notes, Documentation and Incident Reports within App

### Shift Notes

The Brevity Care mobile application is configured to allow the support worker to register a progress note against the client shift. **This function is mandatory to complete** in order to successfully clock out. Brevity will alert the support worker if the registration of a note is mandatory to complete the shift.

To register a progress note against the client shift observe the following steps:

1. From the shift panel select the > icon to open the client shift.



2. Scroll down to the notes field to input your progress note, if you require additional space click the :arrow: icon to open the notes field. Click the :arrow: icon to revert the field back to its original size.



3. To update the shift with the progress note and to exit back to the dashboard select the Save button located at the top right of the shift screen. You will observe on the shift panel a :thought: icon that confirm the presence of a note on the client shift.



### Voice Recording shift notes

Brevity allows for progress notes to be recorded against the client shift using the voice recording features of the mobile device. If for some reason the icon does not work on your mobile device, you can utilise the :voice: icon on your mobile device keyboard. Depending on the mobile device being used you may be prompted to grant brevity access to your microphone. To record a voice note observe the following steps:

1. Clicking on the voice record icon to open your phones voice recognition software. You can now speak so the voice recognition could convert your speech to text. Brevity will prompt you that voice recognition has been enabled.
2. To conclude your dictation select the voice record: icon. The Notes field will be updated with the content of your speech.
3. Please read and review the speech to text conversion to ensure it has converted correctly, remembering this is a legal form of documentation. Edit any miscommunications to ensure the documentation is factual meeting legal documentation requirements. (See Record Keeping Policy)
4. To update the shift with the progress note and to exit back to the dashboard select the Save button located at the top right of the shift screen. You will observe on the shift panel a :thought: icon that confirm the presence of a note on the client shift.

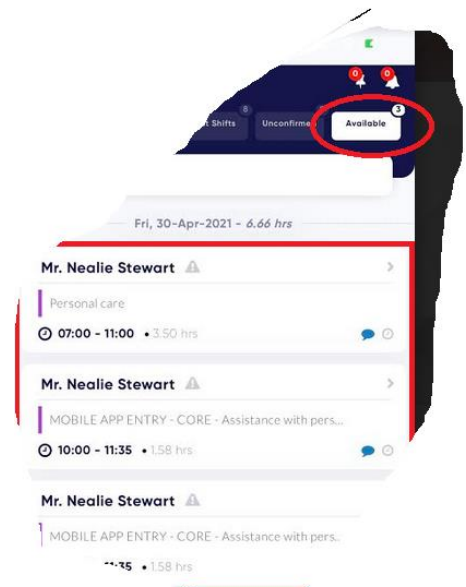
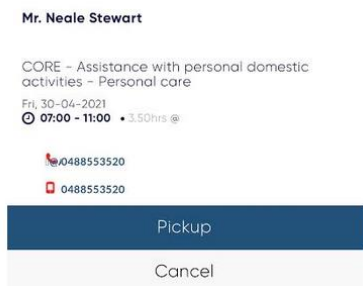


### Picking up Available Shifts

Within the Brevity Care mobile application an available shift is one that has not yet been assigned to a support worker. The activity of reporting available shifts out to the user community is by publishing the selected shifts through the schedule board.

To accept a shift listed with the Available shifts panel observe the following steps:

1. Tap the Available tab.
2. Select the :r-arrow: icon opposite to the shift that you would like to pick up
3. Select the Pickup option.





4. Select Yes to accept. The selected shift will move into either the shift queues in the Dashboard or Upcoming tabs





### Incident Reporting via App

The Incident tab allows the support worker to both check the particulars of incidents raised that relates to them and to register new incident records. Brevity categorises an incident record as either an incident, accident, complaint, suggestion, near miss, medical incident or medication refusal.

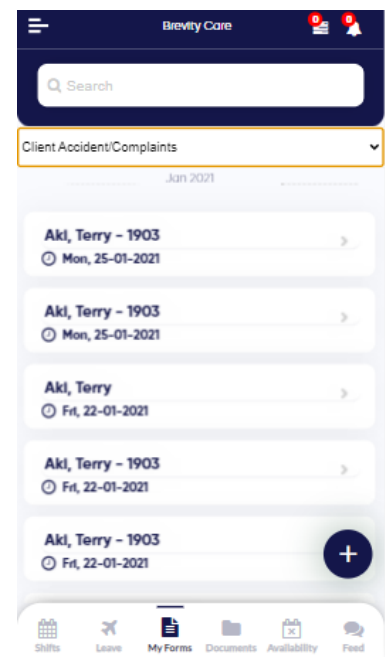
Incidents related with the support worker can be viewed through the Incident tab if they have been either.

- Created By the client using the Brevity Care mobile app.
- Created By the support worker on behalf of the client using the Brevity Care mobile app.
- Created through the Incident module within the Brevity Care CORE web application by authorised management.

### Viewing an existing Incident

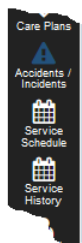
To view an incident record through the Brevity Care mobile app the Support Worker will need to observe the following steps.

1. Access the Brevity Care mobile app using your Support Worker login credentials.
2. Tap the :incident\_tab: Incidents tab in the bottom navigation bar.
3. Depending on the number of incidents registered slide the screen till you come to the incident that you wish to inquire upon. Incidents are listed in order of their registration.
4. Tap the :r-arrow: icon to open the selected incident and view the particulars of the record.



An incident that has been registered through the mobile app will always be managed through the Brevity Care CORE web application by authorised management.

W Within the Brevity Care CORE web application support worker incidents related with the client can be managed either through the accident menu within the Care Management module or through either the client or employee module(s), by selecting the Accidents/Incidents icon located within the left navigation panel.



Within the Brevity CORE Web Application, support worker incidents related with the client can be managed either through the accident menu within the Care Management module OR through either the client or employee module(s), by selecting the Accidents/Incidents icon within the left navigation panel.



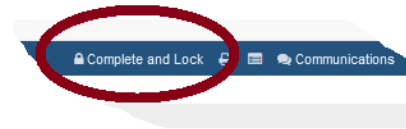
### Resolved Incidents

Incidents that have been resolved within the Brevity Care CORE web application Incident module will be identified with a padlock icon within the incident panel. Resolved incident revert to view only.



### Closed and Completed Incidents

Once the incident investigation has been concluded the will be closed by selecting the Complete and Lock icon the Brevity Care web application Incident module. This will remove the record from the incident tab within the Care mobile application.



record within action Brevity

### Record types

The following is a summary of record types that can be used to categorise the record.

<b>Incident</b>	This is an unexpected occurrence or event that does not result in either injury, illness or harm to the client or damage to the client's property
<b>Accident</b>	This is an unexpected event that results in either injury, illness or harm to the client or damage to the client's property
<b>Near-Miss</b>	This is a narrowly avoided accident.
<b>Complaint</b>	This is a grievance from the client in relation to a particular aspect of the service that they have received.
<b>Suggestion</b>	This is a recommendation or pitch from the client about enhancing a particular aspect of the service that they have received.
<b>Medical Incident</b>	This is a broad definition that may be treated in the same fashion as an Accident, may include for example reporting the occurrence of medication abuse, some form of abuse, hospitalisation or the contraction of a communicable disease
<b>Medication refusal</b>	This is a refusal of the client to take scheduled medication.





### Navigating the Incident record

The following is a summary of the fields that comprise the Incident record.

1. **Date:** This field is used to register either the record date in the case of a complaint or suggestion or the date that accident/incident/medical incident or medication refusal occurred.
2. **Time:** This field is used to register the time, This is especially important for accident/incident/medical incident or medication refusals, but less of importance in the case of a complaint or suggestion
3. **Type:** This is a drop down field that lists the category of record type is used to categorise the event.
4. **Severity:** This is a drop down field that lists severity values that are used to categorise the seriousness the event.
5. **Description:** This field allows for a narrative of the incident that occurred.
6. **Events Before:** This field allows for a narrative of events that occurred prior to incident .
7. **Events During:** This field allows for a narrative of events that occurred during the incident.
8. **Events After:** This field allows for a narrative of the events, activities or actions that occurred after the occurrence of the incident.
9. **Reported By:** This field is used to register a the full name of the person that is reporting the incident, will either be yours or another individual that may have assisted with the registering of the incident.
10. **Reporter Phone:** This field is used to register a contact number of the person that has reported the incident, that will either be yours or another individual that may have assisted with the registering of the incident.
11. **Witnesses:** This field is used to register the names any persons present that witnessed the incident.
12. **Location:** This field is used to register the location which the incident occurred.
13. **Attachments:** images either taken or selected from phones album and files can be uploaded and attached to the event record.

the

of

the

the

this

of

at

you



### *Registering an Incident Report via Brevity App*

In line with ***NCC Incident Reporting Policy*** and ***Documentation and Record Keeping Policies***, when registering a new record observe the following steps:

1. From the incident tab tap the :add: button to add a new record.
2. Within the date field, use the date picker select the occurrence date of the event.
3. Within the time field use the time picker specify the occurrence time of the event.
4. Within the type field, select the appropriate record type from the drop down list that will classify the event.
5. Within the severity field either accept the default value or select the appropriate rating from the drop down list.
6. Within the description field input a narrative of the event, this information can be typed or dictated.
7. Within the Events before field input a narrative of the events that occurred prior to the event, this information can be typed or dictated.
8. Within the Events During field input a narrative of the events that occurred during the event, this information can be typed or dictated.
9. Within the Events After field input a narrative of the events that occurred after the event, this information can be typed or dictated.
10. Within the Reported By field input the name of the individual that is completing the event report.
11. Within the Reporter Phone field input the phone number of the individual that is completing the event report.
12. Within the witnesses field specify the names of any witnesses that observed the event.
13. Within the location field, input where the event occurred.
14. Tap the SAVE link
15. Return back to the incident page, you should observe the incident record listed within the tab.



## Leave Requests via App

### *Permanent Employment Leave Requests*

The Brevity Care mobile app enables the support worker to apply for leave, to see a history of leave that has been approved and taken or not approved.

In line with the Brevity Leave application, employee must also submit the leave request via Xero Me to ensure any leave entitlements are paid in the appropriate pay cycle. All Leave requested is subject to approval by your HR or administration team.

**Please note:** this is in line with the **NCC Annual Leave Policy and Procedure** and should be referred to when applying for leave to ensure parameters set in Policy are maintained to ensure Leave requests can be reviewed promptly.

### **Checking Leave Status**

Leave requests registered through the Brevity Care mobile app are identified with one of two statuses as follows. If a status is not listed against your request for leave this will mean that it is '**Awaiting Approval**'.

:approved\_leave: This icon will indicate that the request for leave has been approved.

:napproved\_leave: This icon will indicate that the request for leave has been rejected

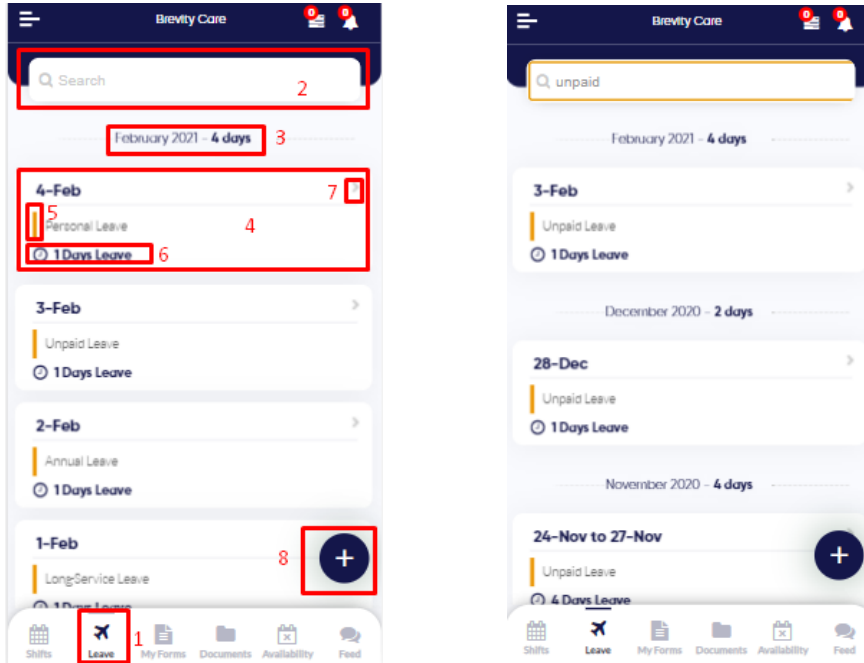
To check the status of a leave application through the Brevity Care mobile app observed as follows:

1. Login to the mobile app using Support worker's credentials.
2. Select the leave tab listed within the bottom navigation panel.



### ***Navigating the Leave panel***

The following is a summary of the features that comprise the Leave panel and leave application page.



1. **Navigation:** Navigate to the leave section using bottom leave tab.
2. **Search Leave:** Search for a leave request by typing related text.
3. **Leave Month:** It displays the month name and year.
4. **Leave Details:** It displays the leave details which includes leave date, the number of days applied for within the leave period, leave type and leave description.
5. **Leave type:** It displays leave type.
6. **Leave total:** It displays total number of days applied for.
7. **Open the Leave request:** To open the leave request click on small arrow at rightmost side of the leave summary.
8. **Request Leave:** Click on the '+' Icon to request a leave.



**Navigating the Leave page**

The following is a summary of the features that comprise the Leave application page.

**Calendar:** The calendar is used to select either an individual day of it relates with either a single/partial day of leave or a period of For a period of leave greater than a day, firstly ensure the part day has not been selected and secondly select the first and last day of to set the period, as shown below.



leave if  
leave.  
field  
leave

**Leave type:** This is a drop-down field that lists the type of leave requested.

**Part day:** This field is used to specify if the leave relates with a day request. Selecting this field allows the from time and to time specified.

**Time from:** This field is used to specify the start time for the partial day leave request

**Time to:** This field is used to specify the end time for the partial day leave request

**Duration:** This field automatically calculates the total time covered by the partial day leave request

**Comments:** This field is used to specify additional information that will assist with regards to approving the leave request.

being

part  
to be



### *Request Leave*

To apply for Leave, you must firstly be on a permanent contract with leave accrual. Second, you must apply via Brevity to ensure your roster is amended, AND in Xero Me to ensure you access your leave payments.

To register a leave request, observe the following steps:

1. Click on :add: button located at the bottom right of the leave tab
2. If your leave application is a part day request, select the checkbox.
3. Select the leave date or the leave period (specifying the start and end dates to set the period) from the calendar.
4. Select leave type from the dropdown.
5. For a partial leave period input a value into the time from and Time to fields.
6. Enter the Comments.
7. Click Save to create the leave record and be returned to the leave panel.
8. Reflect the same leave period within your **Xero Me App** also



# Brevity CORE Web Application

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2023	Natashia Telfer	Employsure	New policy

FOR MANGAMENT TEAM USE ONLY

**In conjunction with NCC Recruitment and Onboarding Policies, Procedures and Processes**

**[All content - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)**




## Employee Entries

### *Creating a new Employee within Brevity CORE*

[Setting up your first Employee - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)

To create your employee within the Brevity CORE observe the following steps:

1. Select the Employee>Employees sub menu to open the User List page.
2. Click the  New button to create a **Employees**.
3. Fill in the mandatory fields as marked with the \* as a minimum requirement.
4. Once the data entry is complete select the :save: button.

### *Employee Compliance and Qualifications*

Employee profiles maintained within the Brevity application will be identified with a position, **example Support Worker** and each position will have a set of NDIS and organisational compliance requirements that will need to be satisfied, **example Valid CRC or WWCC**. The employee profile can be updated with the particulars of the employee's qualifications. The presence of this information, will determine the types of services that are subject to qualification restrictions that the employee can be rostered to deliver to the client.

[Setting up your first Employee - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)

[Employee Compliance - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)

[Employee Qualifications - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)

### *Activating Employee / Client App Access*

[Managing Login Credentials - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)

### *Introduction to Brevity App*

(see **Brevity App Onboarding Procedure**)

[Introduction to Brevity Mobile App - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)





Participant Details to System

*Creating a new Participant Procedure*

*Creating a shift*

Assigning / reassigning / cancelling / charging & paying / paying & no charging etc

Available in the [All content - Brevity User Guide 2021 - Confluence \(atlassian.net\)](#)



# Technology and Other Devices

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.3
<b>Process Owner</b>	Governance Lead   IT	<b>Date of Issue</b>	August 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	August 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	7/2021	Lisa Walker	Employsure	Additional separation of various devices in line with expansion
1.2	2/2024	Natashia Telfer	CEO / GM	Implementation of external IT provider OPC
1.3	8/2024	Tahla Moore	CEO	OPC IT Ticket – Desktop Process

See Cyber Insurance Policy

See OPC Agreement



## Technology, Phone and Other Devices

### **POLICY STATEMENT**

Technology is a key factor in National daily operations across various internal and external sites. We are committed to safeguarding intellectual and physical property we may encounter, ensuring that it is managed in a manner that protects the security of all client and employee information access in line with the Privacy Act 1988, NDIS Quality and Safeguards Commission and the Ages Care Quality and Safety Commission.

### **SCOPE**

All National employees and associates.

### **POLICY**

- Identified point of contact for all National IT assistance.
- Identified "Agency" logins are implemented within facilitates for online documentation systems.
- Access to all National systems is limited and restricted to minimise risk of privacy breach and/or Cybercrime.
- CyberCrime Security Insurance is active across all identified National property.

#### *Personal Mobile Phones*

National have a zero tolerance for personal mobile phone usage during a rostered shift and/or work hours across service delivery unless in line with documentation requirements. Within management and administration respectful discretion is to be implemented. National do request in the event you do not have a work issued device, employees are expected to hold their personal mobile phone on their persons as a security measure. This ensures National can contact you and you can contact help in the event of an emergency. Phones are to be on silent and kept in your pocket. Within Community, phones can be utilised for client purposes including translator apps, and or eMims apps by the clinical team, Google Maps, Brevity etc.

Employees are not to attempt to upload, download or acquire programs specific to National on their personal devices. National IT Security measures are in place and each device is required to be authenticated by Team National management.

No photos and/or recordings of any kind should be made without the expressed consent of National and the relevant parties. In the event this does occur to take photos of reportable incidents such as reports, property damage and/or client injuries (only with client consent), these images are to be sent to the appropriate up-lining person within National and promptly deleted from your personal device. General rule of thumb is if a photo needs to be taken, consent is required, and an incident report must be lodged within 24hours noting consent was gained.

#### *Personal Devices*

Personal mp3 players, iPod, and other personal devices should not be used during work time, other than in emergencies or on breaks. No photos and/or recordings of any kind should be made without the expressed consent of National and the relevant parties.

#### *National and other Workplace Devices*

##### **General**



The Employer phones, computers, laptops, iPads and other devices have been authenticated and to be used for business purposes and unless otherwise approved, strictly NO incidental personal use. Employees are to treat property with respect, maintain professional privacy for all National content and maintain basic upkeep of cleanliness.

Healthcare Settings may issue you with a facility phone (or keys) for your shift. It is expected property will be treated respectfully and returned at the completion of your shift. If an employee has a facility phone or device (or keys) and it is taken off site, it is the employees responsibility to return the phone or device immediately within their own time.

### *Accessing National Devices*

- No employee is authorised to add their personal profiles and/or content to the National devices, and/or Cloud based storage under any circumstance.
- Employees requiring access to National Devices will be provided with said device and access codes at time of granted access.
- Initial access of any new National device that you have not previously been logged in to you will need to authenticate your login as a security measure. This should happen only the first time you login to that individual device.
- It will take approximately 10-15 minutes to download all your profile and settings from the cloud for you to access. Things such as large, shared email inboxes may not come up immediately and will take time to come in – be patient if you don't have them immediately.
- Logging in for the first time on a device may also require the authentication of our IT Admin – if you need authenticate and the authentication request screen comes up and you do not have the allocated phone device that can authenticate your profile, please call Matt on 0408797096 PRIOR to sending the authentication request so that we know to expect the request and can approve it immediately.
- If a request is not identified, the authorisation it will be declined for security reasons – ie is there someone trying to access our system that is not authorised to do so OR it may time out prior to us receiving the request and actioning it if we don't know the request is coming.
- Before logging in on any other computer device please sign out of any other computer you are logged in to – if you are changing workstations, sign out of the current one and login to the new one and give it a few minutes to load and sync.
- You do not need to sign out of your phone.
- Please make sure each device is signed out when not in use but left on – even the computers located out of the office. The IT admin and security provider of choice will run updates and maintenance on the devices overnight and continue monitoring security.
- All employee users are to save your work documents prior to finishing for the day and before signing out to avoid losing any work.
- Your device may require a restart and alert you to do so. Do not delay or reschedule the restart notification as it can cause profile issues and security vulnerabilities if update can not be finalised with the reset.
- No linking of personal devices to National devices and/or equipment is permitted
- See *National Online Security* below



**Accessing Team National SharePoint**

- Access to Team National SharePoint is delegated by National management and only available upon National authenticate devices to ensure the safety and privacy of information and data.
- Drives include National, Admin, Clients, Employees, Management, Templates, Bunbury, Clinical
- All documents accessed by employee should be accessed live OR checked out. Upon completing work on document, titled appropriately and saved in appropriate folders.
- Do not create duplicates of same document.
- All registers should not be checked out. Registers are to be used as LIVE version only.
- Depending on employee allocated security clearance will indicate level of access within SharePoint.

EXECUTIVE MANAGEMENT	MID LEVEL	LOW LEVEL	SITES
Admin Support Coord Training Clients Employees Governance Sites Clinical Coord Dusk Bunbury Templates Management	Admin Support Coord Training Clients Employees Governance Sites Clinical Coord Dusk Bunbury Templates	Support Coord Clients Governance Sites Templates	Sites Clinical Coord Dusk Bunbury Templates

**Training portal IT Access**

Please contact [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au)

**Authenticated National Device Assistance + IT Support**

For non-urgent queries, utilise the OPC icon on your desktop and/or you may email [service.desk@opc.com.au](mailto:service.desk@opc.com.au) to ensure appropriate actions can be taken safeguarding security across all devices.

When reporting IT concerns please provide as much information as possible so a diagnostic determination can be made. This may include the following:

- *What is occurring?*
- *What are you doing when it occurs?*
- *Have you reset the computer?*
- *Have you logged out and logged back in?*
- *Are there any pop-up notifications?*
- *Have you recently attempted to download or upload anything?*

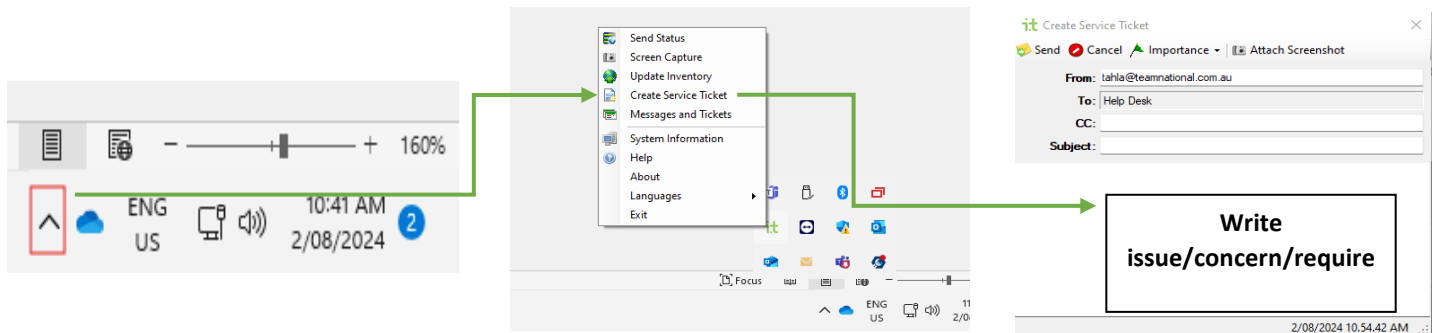


### ***Desktop IT Support – Process***

National Office based staff have desktop access to log IT support tickets via 'OPC IT Support' tile located right hand corner of desktop device refer to diagram below.

Employees can then select to 'create service ticket' in which employees will be prompted to add a subject line, provide a detailed description of the issue/concern/request or support required, lastly employees will be asked to select the level importance of the IT ticket.

Unless employees have executive approval, please do not select Emergency.



### ***IT Systems Updates***

To ensure National have exceptional resources available to our team, the National secure network, and Rostering Platforms STARS and Brevity often require ongoing maintenance, security checks and software updates. These updates are usually scheduled for after business hours when possible. In the event an unavoidable disruption occurs, National will provide reasonable notice (if possible) of the system maintenance if it is suspected to disrupt daily operations including Management Systems access and Employee Systems access. Any IT concerns should be identified and reported to National immediately via your direct upline.

### ***National Online Security***

For security purposes, all documents should be labelled appropriately and securely stored on the appropriate National Drives. This allows shared access across all working sites with the most up to date version. Desktops should be kept from clutter with strictly NO original documents on desktops as it is not secure and can be lost in the event of a power outage or system reset/update. All employees are required to log out of profiles on desktops upon completion of tasks and are not to share login details.

### ***Misappropriation of National Property***

Any unauthorised personal use may be repayable by you and may result in disciplinary action up to and including termination. The Employer reserves the right to deduct the appropriate sums from your salary in the event that repayments are not made.

### ***Client/participant Devices***

Client/participant phones, computers, laptops and other devices are to be used for client/participant purposes only. Assisting client/participants with accessing their phones or other devices needs to be done respectfully and with client/participant permission.

Any unauthorised personal use may be repayable by you personally and may result in disciplinary action up to and including termination. The Employer reserves the right to deduct the appropriate sums from your salary in the event that repayments are not made. If an employee has a clients phone or device (or any other



property belonging to the client) and it is taken off site, it is the employees responsibility to return the device immediately within their own time.



# Documentation and Record Keeping

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.3
<b>Process Owner</b>	Governance Lead   General Manager   CEO	<b>Date of Issue</b>	Dec 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Dec 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	7/2018	Natashia Telfer	Employsure	Additional separation of various styles of documentation gathered dependent on setting.
1.2	5/2023	Natashia Telfer	CEO	Restructure of policies addition of Brevity referencing
1.3	12/2023	Tahla Moore	General Manager	Additional of Hub Doc process for all receipts, bills and statements.





## General Documentation and Handover

### **POLICY STATEMENT**

To ensure all *National* staff are aware of their obligations under their Duty of Care in relation to effective documentation and handover between shifts. (*also see Documents and Record Keeping Policy*)

### **SCOPE**

This policy applies to all employees of the *National*.

National and relevant facilities ensure that only authorised persons have access to information regarding the client/participant within various document systems.

### **POLICY**

The intent of this standard is to ensure that relevant, accurate, complete and up-to-date information about a client/participant's care and/or service is documented, and clinicians have access to the right information to make safe clinical decisions and to deliver safe, high-quality care.

Documentation can be paper-based, electronic or a mix of both. It can also take a number of forms, including the care plan, handover notes, checklists, pathology results, operation reports and discharge summaries. For documentation to support the delivery of safe, high-quality care, it should:

- Clearly labelled with the client/participants' full name, filed confidentially within client/participant care plans kept within the office.
- Be clear, legible, concise, contemporaneous, progressive and accurate.
- Include information about assessments, action taken, outcomes, reassessment processes (if necessary), risks, complications and changes, incident reports, observation charts etc.

### ***Documentation Requirements***

- All Brevity Application documentation should be completed before departing the participants home.
- All documentation is to be dated, signed (with designation) on every entry.
- If paper based, the client/participants name is to be written at the top of every page.
- Documentation is a comprehensive, factual and sequential record of the care provided within the shift.
- Understand the legal ramification for incorrect, withheld or misleading information.
- In addition to documentation, all Employees should report all immediate concerns verbally to the appropriate person to ensure appropriate action is implemented. (Within Nursing Homes, this would be the team leader/RN, within community this would be to NCC)

### ***In Home Documentation***

All client supports in community can be recorded via the employee Brevity App.

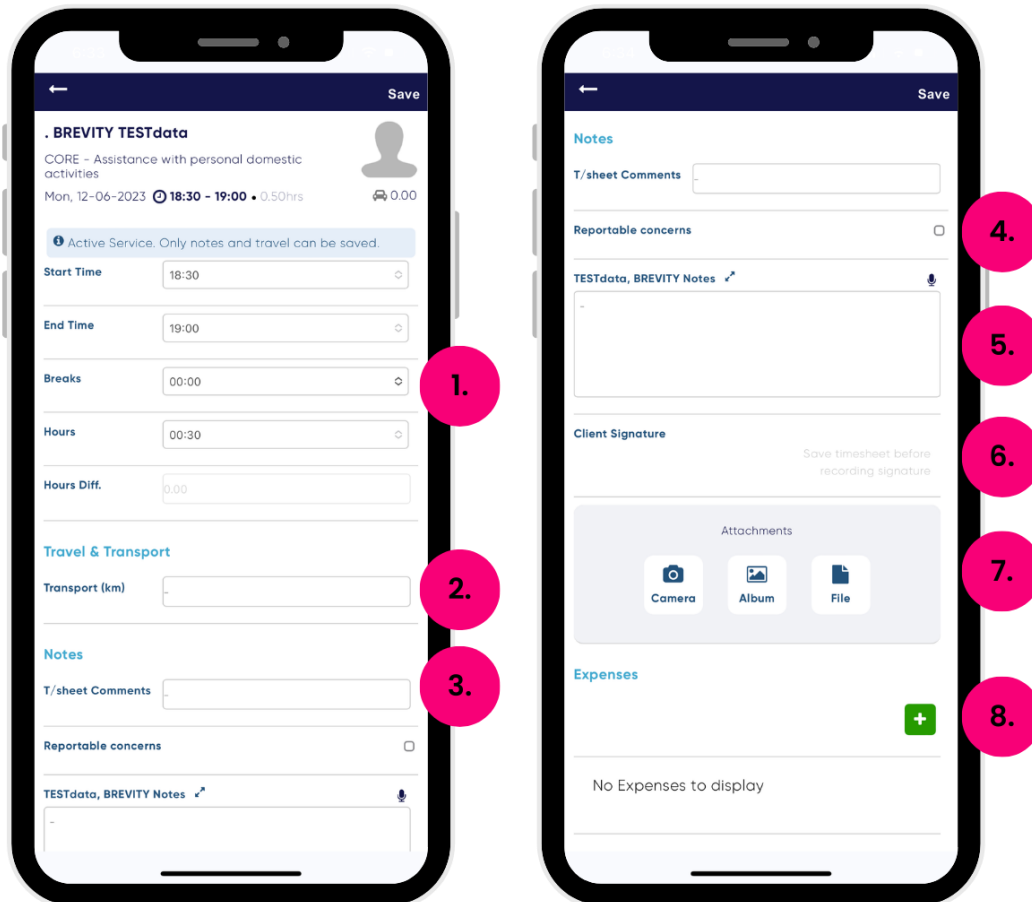
However, it should be noted, there will often be additional documentation requirements across the various community clients does vary across client brokers, client needs and preferences. This means there can be a variety of documentation you are required to complete within the assigned service including assessment forms, charts, task tick lists, communication books.

However, the same principles apply. All documentation is to be factual with any serious concerns phoned through to NCC immediately for directives to be provided.



**Brevity Application Documentation**

See Brevity [Operational - Brevity App Onboarding NCC ONLY.docx](#)



1. IF APPLICABLE: for shifts over 5 hours. Enter in any designated break period, noting any shift over 5 hours is required to have a 30 minute unpaid break.
2. IF APPLICABLE: when transportation is required with or on behalf of participant.
3. IF APPLICABLE: IF the employees clock on or clock off time and/or location of clock in and out times does not match the booked shift and shift location.
4. IF APPLICABLE: employee feels the notes being documented are reportable and should be received by the up lining team leader for review.
5. MANDATORY: Add in documentation
6. MANDATORY: Participant must sign off
7. IF APPLICABLE: Attachments/Documents pertaining to the shift.  
REMEMBER ALL PHOTOS MUST ONLY BE TAKEN IF CONSENT IS GIVEN
8. IF APPLICABLE: Add any client related expenses incurred.



### *Support Coordination Documentation*

All community participant documentation is required to be updated with all communications and interactions you hold with the participant. This information supports the participant's needs for support and assists in the evidence required by NDIA for funding and/or billable hours. Digital files to be names accordingly and stored safely within identified participant file. Paper Documents will be stored in the provided secure document carriers and brought to National site. These documents are to be collected, reviewed, scanned and uploaded to the appropriate client/participant files within our platform and appropriately stored utilising the appropriately identified coding system. (See Record Keeping)  
All records can be uploaded and linked within the Brevity Support Coordination Platform.

### *Clinical Clients Documentation*

Brevity App is available for all Brevity rostered supports; however, often clinical assessments are paper based. As such, all clinical community client/participant paper documentation will be kept within the client/participants home care plan folder and collected by designated roles: Clinical Coordinator and clinical team on a fortnightly basis. Documents will be stored in the provided secure document carriers and brought to National site. These may be uploaded via Brevity and/or scanned and uploaded to Brevity for current referencing and SharePoint for historical record keeping.

These documents are to be collected, reviewed, scanned and uploaded to the appropriate client/participant files within our platform and appropriately stored utilising the appropriately identified coding system. (See Record Keeping)

### *Facility Documentation*

Most facilities utilise online platforms such as iCare, LeeCare. Within employee Quick Reference Guides, employees will be able to access the appropriate login details for "Agency" staff access to ensure documentation is completed upon completion of your assigned shift.

### *Handover Requirements*

A handover is the transfer of responsibility and accountability for some or all aspects of care for a person or group of people, on a temporary or permanent basis. It entails appropriately transferring information to help deliver safe care. The information transferred depends on the clinical circumstances, and outstanding tasks which may include the:

- clinical condition
- status of investigations and treatments
- likely clinical course
- possible problems and consideration of strategies should problems arise.
- responsibility for ongoing care
- outstanding tasks that require attention

Handover generally occurs toward the end of a shift with the purpose of relaying vital and/or outstanding information/tasks pertaining to client care needs. Carers are often required to provide their handover to the team leader who will relay this to the oncoming shift team leader. This process allows oncoming shift to prioritise outstanding tasks to ensure client needs can be meet.

Handover may also include handing over of physical items such as locker keys, facility keys, facility phones and pagers etc. All items are to be returned prior to leaving the shift. In the event, an employee removes property from the location, the employee will be required to return it immediately and unpaid.



### ***Facility Handover***

*For any client/resident/participant residing within a nursing home/facility at time service is provided.*

Carers: Any outstanding tasks, or clients requiring follow up should be handed over to the team leader for actioning. For example, if a resident has a skin tear dressing that needs replacing, this should be reported to the team leader for review and actioning at time of identification, however handing over information such as bowel movements can be done at conclusion of shift.

RNs/Team Leaders: within facilities will generally receive handover on arrival and are expected to pass on information to team of carers you will be responsible for on shift and follow up on any outstanding/urgent matters identified. The handover process should include opportunities to discuss the meaning of the information, seek clarification and ask questions.

### ***Community Handover***

*For any client/participant accessing National services within their home in the Canberra community.*

The majority of community handover is generally written between attending carers. However, in some instances, there may be cross over carers that are required to relay verbal information to the oncoming carer (in addition to the documented notes)

### ***Clinical Client Handover***

*For any client/participant accessing National CLINICAL Nursing services within their home in Canberra.*

All clinical community client/participants requiring a handover of information should be provided to the oncoming registered nurse if applicable. Any major concerns that require handover and/or consultation should be directed to the NCC Clinical Coordinator on 0429 599 548.

### ***Brokered Clinical Client Handover***

*Brokered client/participant accessing National CLINICAL Nursing services within their home in Canberra.*

Brokered clients requiring nursing care will require handover. The specific requirements are stipulated by the identified broker however, all generally require a written handover/progress note to be provided upon completion of service. **Please note-** Some brokers may require the nurse to phone the brokers "handover contact" to provide a verbal handover also. In these instances, this requirement is clearly outlined within the client's service guide available through your employee login and relevant assigned shift.

### ***Operational Handover***

*For any management roles taking on responsibility for particular duties.*

The specific requirements are stipulated upon required time frames. In these instances, this requirement is clearly outlined verbally and in writing with additional phone support contacts in the event of an emergency.

### ***SIL Property Handover***

See SECTION 7: SIL Property

### **REFERENCES**

Freedom of Information Act 1989	Disability Services Regulation 2014 Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004 Territory Records Act 2002
Human Rights Commission Act 2005	Information Privacy Act 2014
National Disability Insurance Scheme Act 2013	Official Visitor Act 2012
Disability Services Act 1991	



## Record Keeping, Reference and Coding Systems

### PURPOSE

The purpose of this policy is to define the principles that underpin Safe Balance record-keeping function and the roles and responsibilities of those individuals who manage or perform record-keeping processes on behalf of National. A secondary purpose of this policy is to foster recordkeeping best practice across National by establishing record-keeping as a systematic part of the essential business activities of National so that records are identified, captured and retained in an accessible and useable format that preserves the integrity of those records for as long as they are required.

### SCOPE

This policy applies to all employees of National.

### DEFINITIONS

**Documents** are structured units of information recorded in any format.

**File** - A file is an organised unit of documents with the same subject, activity or transaction.

**Information** - For the purpose of this policy, information is defined as a collection of data in any form that is maintained by the organisation, and which may be transmitted, manipulated, and stored by the information system. Records are the subset of information that constitute the evidence or memory of activities.

**Record Keeping** - The making and maintaining of complete, accurate and reliable evidence of business transactions in the form of recorded information. A recordkeeping system is the interaction of the technology, people, principles, methods, processes and information systems that capture, maintain and provide access to evidence of activities over time.

**Records** - A record is recorded information in any form, including data in computer systems created or received and maintained by an organisation or person in the transaction of business or the conduct of affairs and kept as evidence of such activity. Records are information objects that document business activities and transactions.

**Records Management** - Records Management is the corporate function of managing records to meet operational business needs, accountability requirements and community expectations. Records management includes the systematic creation, receipt, capture, control, maintenance, distribution, access and disposition of the records.

### POLICY

The principles of the policy are mandatory for the purposes of making and keeping complete and accurate records and for providing access to records as required. These principles apply to all aspects of operation from service delivery and client/participant documentation through to HR, training records and more. These principles are:

1. ensure effective management of the records created and received by National.
2. support the decision making of Safe Balance by documenting business functions activities and transactions.
3. provide an essential tool for the conduct of business.
4. enable the organisation to comply with legislative, regulatory, evidential and accountability requirements.
5. protect the interests of National and the rights of persons directly affected by its activities.
6. provide protection and support in litigation.



7. maintain the organisation's corporate memory; and
8. ensure that required information can be efficiently located.

### PRINCIPLES

**Record-keeping** must be compliant and accountable. Full and accurate records must be made and kept for as long as Safe Balance must comply with legislation and other legal and administrative requirements for managing records.

Records must be, accurate, complete, accessible, useable, and preserved in accordance with retention policies. Record-keeping activity must be assigned and implemented. Record-keeping is a vital business function performed through the collective action of individuals and systems throughout the organisation to ensure continuity of care and duty of care is met to achieve the client/participant's identified goals.

For clarity:

Records	Required Record Keeping Period
Records belonging to children	18 years of age + Seven (7) years = Until the individual reaches the age of 25
Records belonging to a person of Aboriginal and/or Torres Strait Islander descent	Indefinitely.
Records belonging to all other persons	Seven (7) years

**Functionality** must be designed and implemented into all business systems that create, store or manage records. Recordkeeping systems must be reliable and secure. Record-keeping systems (including record systems and other business systems that create and maintain records), procedures and practices must work reliably to ensure that records are credible and authoritative. Recordkeeping systems must be secure from unauthorised access, damage and misuse. Recordkeeping must be monitored and audited for compliance and authoritative.

Corporate records can only be disposed of once authorised by the directors. Record-keeping systems, procedures and practices must be periodically monitored, revised, evaluated, and audited to ensure compliance with business, legislative and accountability requirements.

### CLIENT/PARTICIPANT RESPONSIBILITIES

- Provide a safe place for the Service Plan and/or Clinical Care Plan folder to reside within your home in which the carers can access.
- Provide National with sufficient information upon commencement of service to ensure carers have a clear understanding of what is expected of them, and the tasks required.
- Report any concerns you may have or changes you feel may require updating to NCC.

*Paper based documentation and records.*

### EMPLOYEE RESPONSIBILITIES

- Understand your legal responsibilities and obligations regarding appropriate documentation.
- Understand the difference and the necessity for both written documentation and verbal reporting of incidents requiring immediate action.
- Understand your mandatory reporting obligations (*See Mandatory Reporting Policy*)



- All paper-based documentation is to be documented, scanned, filed and stored in chronological order for easy referencing. Each page should reference the client/participants name and be numbered if applicable.
- National Community Care clients/participants may have service guide folders or Clinical Care Plans will in their homes in which carers and nurses are expected to document accordingly.
- Identify any trends within the data collecting. Relay to NCC.
- Employee is to notify NCC when the folder is running low on pages and/or assessment forms to ensure adequate supply can be replenished within a timely manner.
- Employees may be deployed to the Head Office to collect additional documents for folder re-fills and/or asked to report current completed documents.

### **NATIONALS RESPONSIBILITIES**

- Provide annual Mandatory Reporting updates (See Mandatory Training Policy and Learning Pathway)
- Employee access to Altura for opportunities to partake in “Effective Documentation” Module.
- All paper-based documentation is to be documented, scanned, filed and stored in chronological order for easy referencing. Each page should reference the client/participants name and be numbered if applicable.
- National Community Care clients/participants may have service guide folders or Clinical Care Plans will in their homes in which require collecting and replenishing on a quarterly basis. This is to be coordinated by NCC with the client/participant directly and/or scheduled an employee to collect.
- Identify any trends within the data collecting, action if required.
- Review document templated annually with Policy review process and/or as required if sooner.
- All initial service agreements and/or paper-based documentation incurred throughout service delivery is stored and transported appropriately to National Office for scanning and uploading to client/participant files on SharePoint, after which documents are to be shredded. SIL property documents are to be scanned and uploaded to SharePoint and remain on site.
- National will take reasonable steps to destroy or de-identify personal information if it is no longer needed for any purpose. De-identified personal information is shredded and disposed of to safeguard confidentiality.
- National will take all reasonable steps to ensure that the personal information it collects uses or discloses, from misuse, and loss and from unauthorised access, modification, or disclosure.

### ***Managing electronic documents and records***

#### **EMPLOYEE RESPONSIBILITIES**

- All electronic documents (including email, word documents, PowerPoint and spreadsheets) are to be maintained and filed accordingly so they are easily accessible as they are evidence of business transactions.
- Electronic documents are not to be altered unless under the directive of NCC management.
- Electronic documents are not to be reproduced, shared, copied.
- Recordkeeping must be systematic and comprehensive. Records must be created, maintained and managed systematically. Egg: **Telfer, Natasha Progress Notes 2020-04-16** (See procedure below)



### **NATIONAL RESPONSIBILITIES**

- National will take all reasonable steps to ensure that the personal information it collects uses or discloses, from misuse, and loss and from unauthorised access, modification, or disclosure. This includes the implementation of a Cyber Security Policy. *(See Insurances Policy)*
- All data collected is stored appropriately on a secure cloud network (Team National Microsoft SharePoint) and is only accessible by approved National portable devices and devices at National office locations. All approved devices accessing Team National SharePoint are required to authenticate via password and multi factor authentication. Access to data within Team National SharePoint is delegated by National Management for the requirements of each relevant role to ensure secure storage and access of client/participant and staff personal data in line with the Privacy and other relevant legislation.
- All electronic documents (including email, word documents, PowerPoint, and spreadsheets) are to be maintained and filed accordingly so they are easily accessible as they are evidence of business transactions.
- Electronic documents are not to be altered unless under the directive of NCC management.
- Where possible, documents should be converted to locked PDF files and excel sheets should be password protected before dissemination.
- Electronic documents are not to be reproduced, shared, copied by employees.
- Recordkeeping must be systematic and comprehensive. Records must be created, maintained, and managed systematically.  
Eg: labelling should be “Surname, First name DocumentTitle YYYY-MM-DD” So Natasha Telfer’s progress notes commencing from 16<sup>th</sup> of April 2020 should be recorded as followed: **Telfer, Natasha Progress Notes 2020-04-16** *(See procedure below)*
- In the event of an emergency at National head office or SIL property, all National electronic data is safe and secure as it is stored on a secure cloud network and can accessed by approved National portable devices.

### **Record Keeping Responsibilities**

Managing records is the responsibility of all employees. Employees are responsible for ensuring that all records that provide evidence of business transactions or decisions, or that contain information essential to the business are captured into the record-keeping system. Individuals must not destroy essential records.

### **Persons with same or similar name**

Should there be an instance where National may have multiple employees with the same or similar name, the employees date of birth should be used as the identifying data and extra care should be taken by all authorised personnel to ensure the correct employee file is utilised as required.

- For all paper-based files, the DOB can be added to the file.
- For all digital files, only employee name should be used, and additional care taken when checking files.
- Under no circumstance should an employee’s name be changed in the data base system. It must reflect the employee’s legal name.

### **Time Frame**

In line with Privacy Laws, and My health Records Act 2012, Health service providers are required to maintain records securely for a minimum of SEVEN years within ACT, or in the case of a child, until the child turns 25.





**TRAINING:**

The importance of documentation and maintaining records is a part of National's Mandatory Training: Mandatory Reporting.

**REFERENCES:**

The Privacy Act 1988  
Freedom of Information Act 1989  
Health Records (Privacy and Access) Act 1997  
Working with Vulnerable People Act 2011 Human Rights Act 2004  
Human Rights Commission Act 2005  
National Disability Insurance Scheme Act 2013  
Official Visitor Act 2012  
My Health Records 2012  
Disability Services Act 1991  
Disability Services Regulation 2014 Discrimination Act 1991  
Fair Work Act 2009  
Work Health & Safety Act 2011  
Health Professionals Act 2004 Territory Records Act 2002  
Information Privacy Act 2014

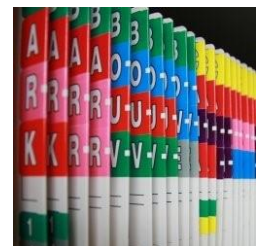


*Client Paper Based Documentation and Records to Digital Procedure*

1. Client Service Guide Folders and Care Plan folders are to be collected and replenished quarterly. All completed documentation collected should be placed in the National Documents Secure Transport bag to ensure privacy. This can be completed by reliable carers identified by management.
2. Documents are to be returned to National Community Care head office.
3. All paper documents are to be:
  - **Checked** – are pages in sequence, is all documentation there. This can be done by any employee.
  - **Actioned** - Is there any follow up or actioning required? Eg- Register? MOA? To be completed by NCC Team Leaders and/or management
  - **Scanned** – Scanned to National’s secure VPN drives  
To be completed by NCC managers with secure access. Files should be scanned in topics. For example “progress Notes”, “medications”, “assessments”, “incident reports”.
  - **Saved Digitally** – Save the document with the appropriate identification file name
4. To be completed by NCC managers with secure access. File name should be a reference of the actual type of documents you are storing. For example: on 12<sup>th</sup> of April, Natasha Telfer had her first 50 pages of progress notes to be scanned and saved. The document was scanned and titled:  
YYYY-MM-DD (INSERT Title of Documents)      INITIALS (INSERT FOLDER NUMBER)



- **Filed hardcopy** – Upon closing off documents, file original documents within the client/participants paper file in secure filing cabinet within the Head Office.  
To be completed by NCC managers with office and filing cabinet key access and stored in alphabetical order by surname.
5. Each quarter, all client documentation is to be compiled from filing cabinets into medical (optiplan) archiving folders with identifiable coding sticker labels. For example: **Natasha Telfer’s** records for **2020** are being archived into her **first archive folder**.  
Archive label should read “**NTEL 1 20**”  
This identifies **N.Telfers** documentation is in folder **1** for **2020**.
  6. Once archive folders are full, they are to be stored in individual client Archive boxes within the Head office. Archive boxes are to utilise the same referencing system as rostering platform: x5 first initials of surname + 1<sup>st</sup> initial of first name + Year + box #





For example: Natasha Telfer = TELFEN20201

### *Employee Paper Based Documentation and Records to Digital Procedure*

1. Upon recruitment and employment, all completed documentation collected should be entered into the Client Employee Data And Roster system. (CEDAR)  
This can be completed by management with secure access to system.
  
2. Paper documents received within SIL properties are to be returned to National head office. All completed documentation collected should be placed in the National Documents Secure Transport bag to ensure privacy. This can be completed by NCC Management only. Alternatively, often employee recruitment information is received digitally and the following checks would apply:
  
3. ALL documents are to be:
  - **Checked** – are pages in sequence, all supporting evidence is available, originals sighted This can be done by NCC Team Leaders and/or NCC management.
  - **Actioned** - Is there any follow up or actioning required? Eg- missing evidence, no superannuation identified, bank verification etc  
To be completed by NCC Team Leaders and/or management
  - **Scanned** – Scanned to National’s secure VPN drives  
To be completed by NCC management with secure access. Files should be scanned in topics. For example “Application pack”, “Supporting Evidence”, “WWVP”, “100PointsID”.
  - **Saved Digitally** – Save the document with the appropriate identification file name. Create a new Employee folder on the VPN secure drive under: **A:\Staff\NCC Staff** titled “Surname, First name” in NCC drive accordingly. For example: **Natashia Telfer’s** older is **TELFER, Natashia**
  - **Filed hardcopy** – Upon closing off documents, file original documents within the employee’s paper file in secure filing cabinet within the Head Office.  
To be completed by NCC managers with office and filing cabinet key access and stored in alphabetical order by surname.

### *Archiving and Reference Coding*

Once folders are full and/or no longer required in daily filing systems, they are to be stored in appropriately identified boxes. Employment Records and/or Client Archives within the Head office. Archive boxes are to utilise a basic referencing number system team-YYYY- # for example NCC for 2021-03 (the year 2021, box 3)  
This should then be referenced within the persons platform file notes “Employment records archived in NCC-2021-3.”



## Business Reconciliation & Billing Storage Application (HUB DOC)

### **PURPOSE**

The purpose of this policy is to outline National's process for effective invoicing and storage of Nationals business related expenses which meets record keeping obligations under Australian Taxation legislation.

This policy outlines the roles and responsibilities of those individuals which manage or perform recordkeeping processes on behalf of National. Furthermore, it will foster best practice records management across National by establishing a universal systematic approach towards business related invoicing and storage which preserves the integrity and privacy of records.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

The contents within this policy are mandatory for the purposes of ensuring National is compliant with legislative requirements under Australian Taxation Office and National Disability Insurance Scheme. Hub Doc application and below process maps within this policy apply to all Nationals business/operational related ongoing expenses. Hub Doc application has been implemented across all National organisations to streamline management, reconciliation and storage of bills, statements, receipts, and tax invoices to eliminate the need for paper copies or manual storage in filing cabinets.

### ***EMPLOYEE RESPONSIBILITIES***

- Understand your legal responsibilities and obligations regarding appropriate management of Nationals business related invoices, statements, tax receipts.
- Accurately identify and select applicable National organisation the expense is related to using the process maps within this policy.
- Adhere to individual responsibilities related to following this policy and related process maps for reconciliation and storage of business-related expenses.
- Identify any errors in reconciliation or storage immediately to National Management Team for investigation or correction.

### ***NATIONALS RESPONSIBILITIES***

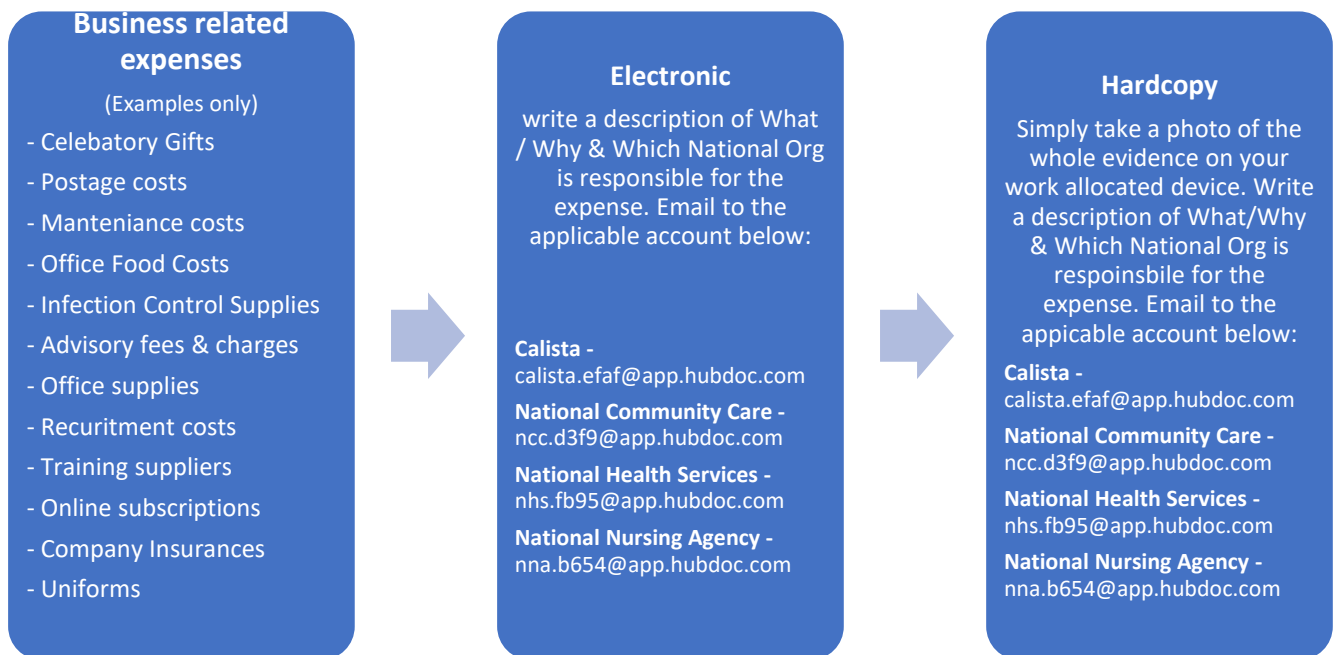
- Provide all relevant staff with a copy of this policy and process maps to review prior to implementation.
- Maintain Hub Doc application platform to allow seamless usage by staff of National.
- In the event National is requested by staff to provide a tutorial on Hub doc (relevant to their role and responsibilities), this will be facilitated within two weeks of the request.
- Maintain integrity, privacy and security of the data submitted through Hub Doc application in conjunction with outsourced IT management with OPC.
- Identify any trends within the data collecting, action if required.



- National will take reasonable steps to destroy or de-identify personal information if it is no longer needed for any purpose. De-identified personal information is shredded and disposed of to safeguard confidentiality.
- National will take all reasonable steps to ensure that the personal information it collects uses or discloses, from misuse, and loss and from unauthorised access, modification, or disclosure.

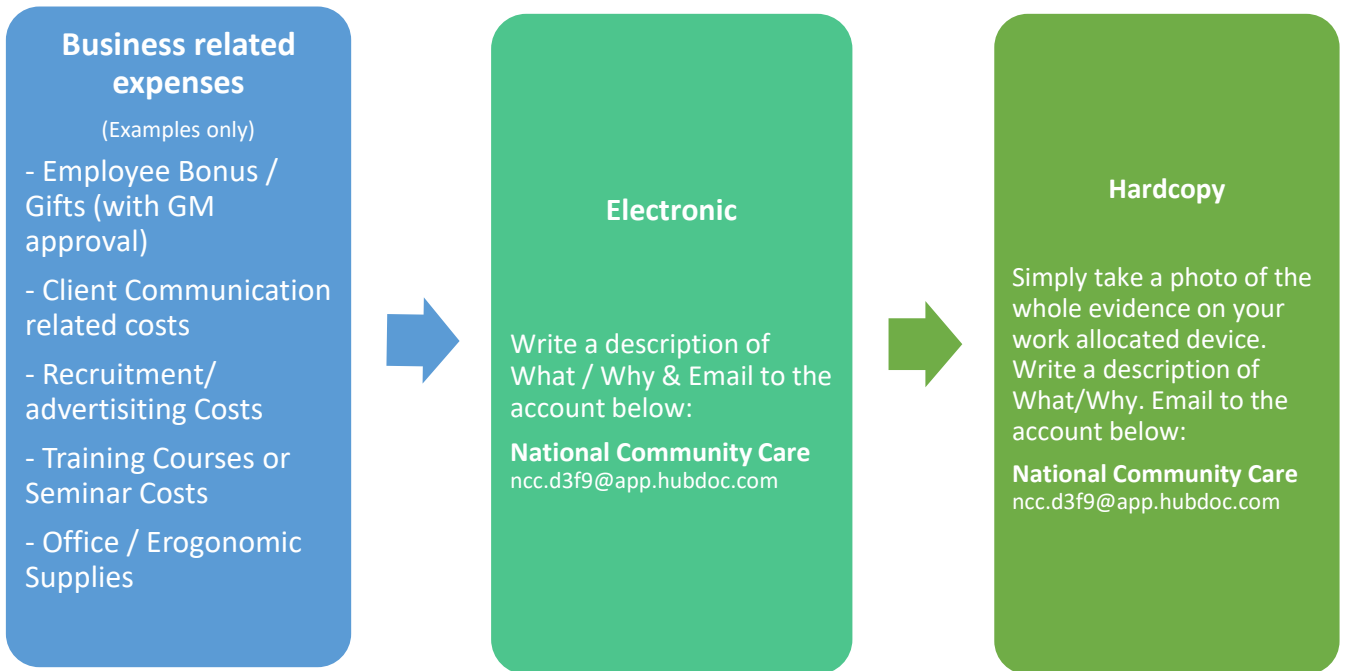
**Hub Doc – Process Map (Related to Administration)**

This process map is related to the following roles within National, Virtual Assistant and Administrative Officer.



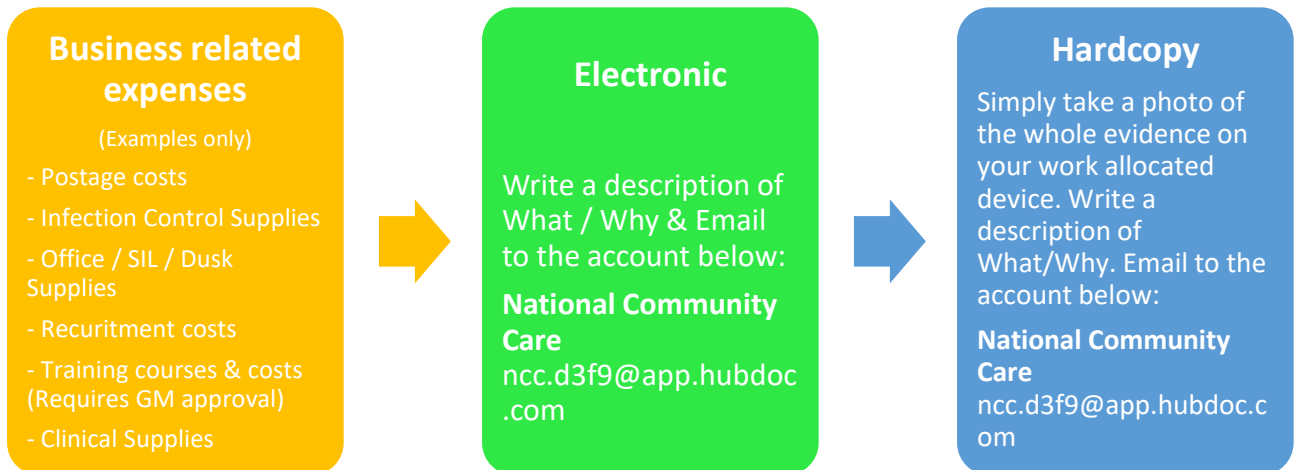
**Hub Doc – Process Map (Related to Support Coordination)**

This process map is related to the following role within National: Support Coordinator Lead.



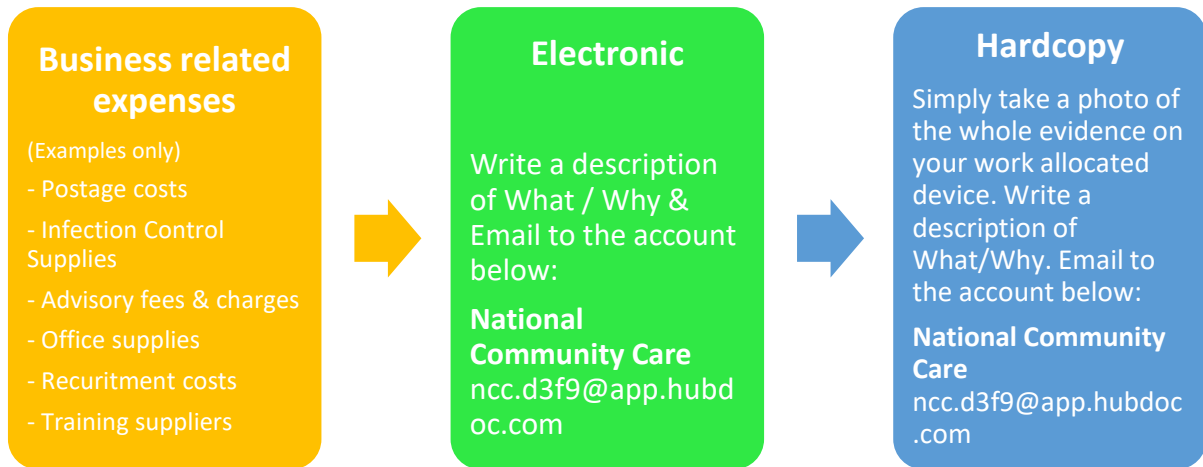
**Hub Doc – Process Map (Related to Clinical)**

This process map is related to the following roles within National: Clinical Team and Senior Community Nurse acting with authority from Clinical Team or General Manager.



**Hub Doc – Process Map (Related to Daily Operations)**

This process map is related to the following roles within National: Daily Operations Officer, Assistant Daily Operations Officer and General Manager.





# Incident Reporting

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.3
<b>Process Owner</b>	Governance Lead   Clinical Team   CEO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	3/2016	Natashia Telfer	Employsure	Additional resources added
1.2	3/2018	Natashia Telfer	Employsure	Defining the types of processes across sectors
1.3	10/2022	Natashia Telfer	CEO / GL	Review of severity inline with new documenting system roll out
1.4	06/2023	Natashia Telfer	Brevity Team	Additional referencing to Brevity incident reporting
1.5	02/2024	Natashia Telfer	GM	Restrictive Practice Procedure Implemented

## In conjunction with:

- Brevity Onboarding Framework
- Documentation and Record Keeping
- Lines of Reporting
- Infection Control
- WHS





## NCC Incident and Accident Reporting

### **POLICY STATEMENT:**

In fostering a safe and harmonious work environment, National seeks to provide support for both its employees and care recipients across the workplaces and home settings.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

In the event of an accident or incident has been identified, where it is safe to do so, employees will take appropriate immediate action to minimise the risk of further injury or damage (for example, isolating the hazard, first aid, evacuation, containing spills).

In a case of injury, depending on the severity of the injury and the injured client/participant and/or worker's preference, appropriate first aid or medical attention should be sought immediately.

At the time of the incident/accident Employees and Associates are required to notify Employer following the lines of reporting.

In the event the incident is a Mandatory Reporting / Notifiable Incident – SEE MANDATORY REPORTING POLICY and relevant procedures.

Employee may be required to attend police station to provide statement the day of reporting incident in line with employee duty of care. Management team member to attend with employee for support.

### **DEFINITION**

In safety parlance, an incident is an occurrence, condition, or situation arising in the course of work that resulted in or could have resulted in injuries, illness, damage or fatalities. An accident is an unplanned event that interrupts the completion of an activity, and that may include injury or property damage.

#### ***Community Client/Participant Responsibilities:***

- To report any incident/accidents as soon as it is safe to do so to National via phone call and/or email.
- To understand all National employees have a duty of care that may require emergency services to be contacted.
- Effective documentation should include:
  - Name of the person(s) involved.
  - Dates and times
  - Clearly and factually record the incident and any injury or potential injury sustained

#### ***Facility Responsibilities:***

- Hold primary duty of care for the residents residing within their facility / organisation.
- Responsible for inducting all new Agency employees to their sites.

#### ***Management Responsibilities:***



- To ensure all employees are inducted and understand National incident and accident reporting processes and reporting requirements.
- Action any serious incidents within a 48hour period.
- To notify all relevant parties (eg - guardian, broker, POA, GP, insurance)
- To seek resolution if applicable
- To report subjectively to the appropriate authorities if required
- To ensure all documentation is logged and stored appropriately for seven years
- To follow up with relevant parties
- Any workplace injuries should be sent to National insurance company as a notification. – SEE WORKPLACE INJURY POLICY
- Employee may be required to attend police station to provide statement the day of reporting incident in line with employee duty of care. Management team member to attend with employee for support.
- In the event the incident is a Mandatory Reporting / Notifiable Incident, register details within NDIA PRODA – SEE MANDATORY REPORTING POLICY and relevant procedures.

*Quick Reference: Category Scale of Incident and Reportable time frames*

	<b>Minor (Cat 1)</b>	<b>Serious (Cat 2)</b>	<b>Urgent (Cat 3)</b>
<b>Incident report completion</b>	24 hours Same day	24 hours Same day	24 hours Same day
<b>Additional information submitted to National</b>	48-72 hours business hours	24 hours Same day	24 hours Same day
<b>Additional actions</b>	N/A	N/A	May require formal statement at local police station and/or relevant commissions



*Incident Severity Definitions*

<b>Severity 1</b>	<b>Minor: Near Miss</b>	<ul style="list-style-type: none"> <li>-Assisted to the ground, fall &gt; no injury</li> <li>-Medications not delivered by pharmacy</li> <li>-Tripped due to WHS hazard &gt; no injury</li> <li>-Medication error by pharmacy &gt; employee identified before administration</li> </ul>
<b>Severity 2</b>	<b>Moderate: Minor Accident or Injury</b>	<ul style="list-style-type: none"> <li>-Fall</li> <li>-Medication error by employee &gt; no adverse effects</li> <li>-Injury or illness of a participant, client, or employee</li> <li>-Illness or injury requiring review by medical practitioner</li> <li>-Emergency event requiring ambulance intervention or transportation to hospital.</li> <li>-WHS incidents – with minor injury &gt; action within 24hours</li> <li>-Skin tear</li> <li>-Pressure area</li> <li>-Witnessed and unwitnessed fall with serious injury or illness</li> <li>-Unexpected power outage at SIL property</li> </ul>
<b>Severity 3</b>	<b>Serious: Reportable &amp; Notifiable Incidents including allegations</b>	<ul style="list-style-type: none"> <li>-Medication error by employee &gt; serious injury</li> <li>-Death of a participant / client.</li> <li>-A serious injury or illness (Participant, client, or employee).</li> <li>-A dangerous incident.</li> <li>-Restrictive Practices.</li> <li>-WHS incidents with injury.</li> <li>-Serious medication incident with adverse or serious outcome.</li> <li>-Unexplained absence of participant, client, or employee.</li> <li>-Any incident requiring notification to police.</li> <li>-Pressure area stage 4, 5, unstageable or suspected deep tissue injury.</li> <li>-Complaints internal and external</li> <li>-Fall – with fracture or requiring surgical intervention</li> <li>- Needlestick Injury sustained to employee</li> </ul>



### Key Personnel Contacts:

NCC Operational Intake: 0401 439 798  
NCC Support Coordination: 0427 552 804

NHS / NNA: 0413 955 956

<b>Work Safe ACT</b>	6207 3000	<a href="https://WorkSafe.act.gov.au">https://WorkSafe.act.gov.au</a>
<b>ACT Police</b>	6256 7777	<a href="https://police.act.gov.au">https://police.act.gov.au</a>
<b>ACT Ambulance Service</b>		<a href="http://esa.act.gov.au/actas">http://esa.act.gov.au/actas</a>
<b>Work Cover NSW</b>	13 10 50	<a href="http://www.workcover.nsw.gov.au">http://www.workcover.nsw.gov.au</a>

### REFERENCES

Freedom of Information Act 1989	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012
Disability Services Regulation 2014 Aged Care Act 1997	Fair Work Act 2009
	Workers Compensation Act 1951

WorkSafe ACT, Failure to report an incident is an offence, accessed from

<https://www.accesscanberra.act.gov.au/ci/fattach/get/79345/1460090980/redirect/1/filename/Failure+to+report+an+incident+is+an+offence+poster.pdf> on 1 April 2018 Aged Care Quality and Safety Commission - <https://www.agedcarequality.gov.au/providers/compulsory-reporting-approved-providersresidential-aged-care-services>

National Standards for Disability Services - <https://www.dss.gov.au/our-responsibilities/disabilityand-carers/standards-and-quality-assurance/national-standards-for-disability-services>



## Incident/Accident Reporting Procedures

### *National Community Care Reporting*

#### **Employee Responsibilities:**

- Employee to remain calm and professional.
- Employee to minimise any serious risk posed to self and client.
- Employee to provide first aid in line with scope of practice. Call ambulance if required.
- Employee to verbally report any incident/accidents as soon as it is safe to do so and/or requires on-shift support on navigating the situation via phone to Operational intake line 62424978.
- In the event the client has sustained an injury (cut, skin tear, bruise etc) employee can seek consent to take a photo of the area (unidentified) for clinical assessment. If no consent is given, no photo is to be taken and a verbal description needs to be provided.
- In the event that damage to property has occurred, a consented photo of the property can support in the treatment of incident. (See **Consent Policy**)
- Employee is to complete incident report via the Brevity Application (See Brevity Onboarding) and attach any relevant supporting evidence ensuring all photo has consent gained.
- Depending on the severity of the incident, management team may request you also email across your version of events to capture the full picture. This supports in insurance claims and any legal proceeding that could occur. Employee to email any additional documentation to [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)
- Employee to understand effective documentation:
  - Name of the person(s) involved and contact details
  - Clearly and factually record the incident and any injury or potential injury sustained
  - Ensure all records are legible, signed, designated and dated
- Employee to understand Mandatory Reporting obligations
- Employee to have all documentation to National within 24hours.
- Employee may be required to attend police station to provide statement the day of reporting incident in line with employee duty of care.



## Brevity Incident Report Procedure

### *Incident Reporting via App*

The Incident tab allows the support worker to both check the particulars of incidents raised that relates to them and to register new incident records. Brevity categorises an incident record as either an incident, accident, complaint, suggestion, near miss, medical incident or medication refusal.

Incidents related with the support worker can be viewed through the Incident tab if they have been either.

- Created By the client using the Brevity Care mobile app.
- Created By the support worker on behalf of the client using the Brevity Care mobile app.
- Created through the Incident module within the Brevity Care CORE web application by authorised management.

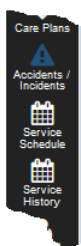
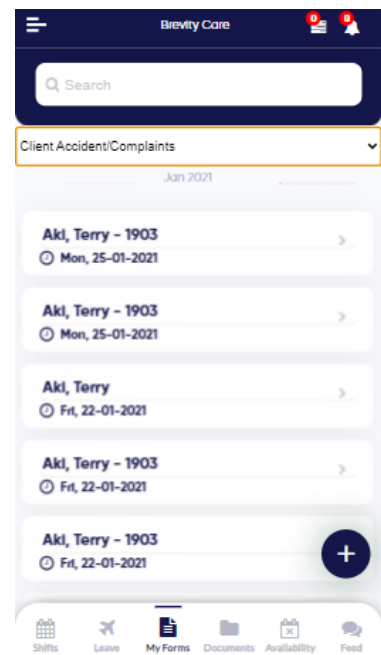
### *Viewing an existing Incident*

To view an incident record through the Brevity Care mobile app the Support Worker will need to observe the following steps.

5. Access the Brevity Care mobile app using your Support Worker login credentials.
6. Tap the :incident\_tab: Incidents tab in the bottom navigation bar.
7. Depending on the number of incidents registered slide the screen till you come to the incident that you wish to inquire upon. Incidents are listed in order of their registration.
8. Tap the :r-arrow: icon to open the selected incident and view the particulars of the record.

An incident that has been registered through the mobile app will always be managed through the Brevity Care CORE web application by authorised management.

W Within the Brevity Care CORE web application support worker incidents related with the client can be managed either through the accident menu within the Care Management module or through either the client or employee module(s), by selecting the Accidents/Incidents icon located within the left navigation panel.



Within the Brevity CORE Web Application, support worker incidents related with the client can be managed either through the accident menu within the Care Management module OR through either the client or employee module(s), by selecting the Accidents/Incidents icon within the left navigation panel.



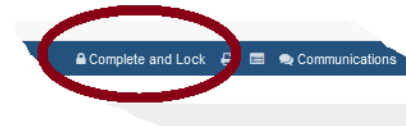
### *Resolved Incidents*

Incidents that have been resolved within the Brevity Care CORE web application Incident module will be identified with a padlock icon within the incident panel. Resolved incident revert to view only.



### *Closed and Completed Incidents*

Once the incident investigation has been concluded the record will be closed by selecting the Complete and Lock icon within the Brevity Care web application Incident module. This action will remove the record from the incident tab within the Brevity Care mobile application.



### *Record types*

The following is a summary of record types that can be used to categorise the record.

<b>Incident</b>	This is an unexpected occurrence or event that does not result in either injury, illness or harm to the client or damage to the client's property
<b>Accident</b>	This is an unexpected event that results in either injury, illness or harm to the client or damage to the client's property
<b>Near-Miss</b>	This is a narrowly avoided accident.
<b>Complaint</b>	This is a grievance from the client in relation to a particular aspect of the service that they have received.
<b>Suggestion</b>	This is a recommendation or pitch from the client about enhancing a particular aspect of the service that they have received.
<b>Medical Incident</b>	This is a broad definition that may be treated in the same fashion as an Accident, may include for example reporting the occurrence of medication abuse, some form of abuse, hospitalisation or the contraction of a communicable disease
<b>Medication refusal</b>	This is a refusal of the client to take scheduled medication.



*Navigating the Incident record*

4:48 ← 📶 🔋

← Save

**Date:** Apr 27, 2021 ▼

**Time:** 13:00 ▼

**Type:** Incident ▼

**Severity:** Level 1 ▼

**Description:** 🎤  
Incident

**Events Before:** 🎤  
Nil

**Events During:** 🎤  
Nil

**Events After:** 🎤  
Nil

**Reported By:** Client

**Reporter Phone:** 44566

**Witnesses:** Client

**Location:** Client premises

Attachments

Camera Album File





The following is a summary of the fields that comprise the Incident record.

14. **Date:** This field is used to register either the record date in the case of a complaint or suggestion or the the date that accident/incident/medical incident or medication refusal occurred.
15. **Time:** This field is used to register the time, This is especially important for accident/incident/medical incident or medication refusals, but less of importance in the case of a complaint or suggestion
16. **Type:** This is a drop down field that lists the category of record type is used to categorise the event.
17. **Severity:** This is a drop down field that lists severity values that are used to categorise the seriousness of the event.
18. **Description:** This field allows for a narrative of the incident that occurred.
19. **Events Before:** This field allows for a narrative of the events that occurred prior to incident .
20. **Events During:** This field allows for a narrative of the events that occurred during the incident.
21. **Events After:** This field allows for a narrative of the events, activities or actions that occurred after the occurrence of the incident.
22. **Reported By:** This field is used to register a the full name of the person that is reporting the incident, this will either be yours or another individual that may have assisted with the registering of the incident.
23. **Reporter Phone:** This field is used to register a contact number of the person that has reported the incident, that will either be yours or another individual that may have assisted with the registering of the incident.
24. **Witnesses:** This field is used to register the names of any persons present that witnessed the incident.
25. **Location:** This field is used to register the location at which the incident occurred.
26. **Attachments:** images either taken or selected from you phones album and files can be uploaded and attached to the event record.



### *Registering an Incident Report via Brevity App*

In line with **NCC Incident Reporting Policy** and **Documentation and Record Keeping Policies**, when registering a new record observe the following steps:

16. From the incident tab tap the :add: button to add a new record.
17. Within the date field, use the date picker select the occurrence date of the event.
18. Within the time field use the time picker specify the occurrence time of the event.
19. Within the type field, select the appropriate record type from the drop down list that will classify the event.
20. Within the severity field either accept the default value or select the appropriate rating from the drop down list.
21. Within the description field input a narrative of the event, this information can be typed or dictated.
22. Within the Events before field input a narrative of the events that occurred prior to the event, this information can be typed or dictated.
23. Within the Events During field input a narrative of the events that occurred during the event, this information can be typed or dictated.
24. Within the Events After field input a narrative of the events that occurred after the event, this information can be typed or dictated.
25. Within the Reported By field input the name of the individual that is completing the event report.
26. Within the Reporter Phone field input the phone number of the individual that is completing the event report.
27. Within the witnesses field specify the names of any witnesses that observed the event.
28. Within the location field, input where the event occurred.
29. Tap the SAVE link
30. Return back to the incident page, you should observe the incident record listed within the tab.



## ALL Mandatory Reporting

### **POLICY STATEMENT:**

In fostering a safe and harmonious work/home environment, National seeks to provide support for both its employees and care recipients across the workplaces and home settings.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

In the event of reportable incident, National will operate with the client/participants welfare being of the highest priority. Reportable incidents (including allegations) arising in the context supports or services must be reported to the relevant Agencies within 24 hours of a National and/or Clinical Coordinator being made aware of the incident.

### *Reportable Incidents Including Allegations*

- The death of a client/participant
- Serious injury of a client/participant
- Abuse or neglect of a client/participant
- Unlawful physical contact with, or assault of, a client/participant
- Unlawful psychological abuse of a client/participant
- Unlawful sexual contact, sexual misconduct, committed against, or in the presence of, a client/participant, including grooming of the client/participant for sexual activity
- Unauthorised use of restrictive practices in relation to a client/participant
- Financial abuse of a client/participant
- Unexplained absences of a client/participant (missing persons)
- Reports of self-harm and/or suicide of a client/participant
- Reports of harm or threats to others

### **DOCUMENTATION**

The National incident/accident report template is available to all employees through employee portal under the documents tab. [www.nationalcommunitycare.com.au/login](http://www.nationalcommunitycare.com.au/login). Any other forms of documentation including care plan notes and/or emailing sequence of events to management, the following information is required when reporting effectively:

- The name of the person(s) affected and the names of any witnesses to an incident
- Where and when the incident occurred
- The events surrounding the incident
- Whether an injury occurred as a direct result of the incident
- The response and corrective measures that were taken
- It should be signed and dated
- Attach photos if applicable, ONLY with the client/Participants consent



**All documentation should include:**

- Objective language
- Write what was witnessed and avoid assigning blame; write only what you witnessed and do not make assumptions about what occurred. (facts not thoughts!)
- If the affected person or witnesses tells you what happened and use direct “quotations”
- Ensure that the person who witnessed the event writes the report
- Complete your report as soon as the incident occurs, or as soon as is feasible afterwards.

***Client / Participant Responsibilities:***

- Report all concerns to National Community Care immediately
- Understand National Community Care has an obligation to appropriately manage any incident deemed reportable including notifying the appropriate authorities for actioning.
- Treat employees respectfully and understand the carer has a legal obligation to report to ensure your safety and wellbeing.

***Employee Responsibilities:***

- Report all concerns to National Community Care immediately
- Maintain mandatory training requirements
- Understand your duty of care to the client/participant
- Maintain clear and concise documentation
- Staff should be trained to recognise if an assault may have occurred and how to respond and encouraged to raise suspicions of assault internally to the approved provider’s authorised persons for consideration and action.
- Understand your compulsory reporting requirements
- May be required to provide a formal statement to ACT police
- Debrief with National management and express if you require additional supports
- Employee may be required to attend police station to provide statement the day of reporting incident inline with employee duty of care.

***Management’s Responsibilities:***

Authorised Notifiable Incidents reporter to report to the appropriate agencies within a 24hour period of becoming aware of incident.

Complete the ***Allegation Investigation - Template***

Provide all clients/participants with access to their charter of rights and advocacy services.

Maintain up to date knowledge and resources of the reporting requirements across the various areas in which we operate.

Maintain appropriate record keeping for a minimum of 7 years.

Ensure resources are available and accessible to all employees of National

Ensure Mandatory reporting is understood and acknowledged by all employees at the commencement of their employment in the on-boarding induction.



Conduct annual “Mandatory Reporting/Elder Abuse” training for all employees

Collectively work with the employee to ensure the appropriate documentation is recorded and assist in the reporting process.

Employee may be required to attend police station to provide statement the day of reporting incident inline with employee duty of care.

Provide support and/or counselling to employees affected by this process including access to NEXT STEP who provide a short-term intensive program for up to 6 sessions over the phone or face-to-face. <https://www.wcs.org.au/services/mental-health/next-step>

### **Record Keeping**

National Community Care must keep consolidated records of all incidents involving allegations or suspicions of reportable assaults which can be, upon request, reviewed by the appropriate Commission.

Records must includes:

- the date when received the allegation and/or incident, or started to suspect on reasonable grounds, that a reportable assault had occurred
- a brief description of the allegation or the circumstances that gave rise to the suspicion, and
- information about whether a report of the allegation or suspicion has been made to a police officer and the Commission;
- Records must be stored for a minimum of 7 years both digital and paper records.
- See *Documentation and Record Keeping Policy*.

### **Protecting Individuals Who Report an Assault**

Protection for reporting of alleged assaults:

- The identity of employee who make disclosures is protected;
- Employee should not be unfairly treated as a result of making a report in accordance with the compulsory reporting requirements;
- Employees are protected from victimisation;
- Employee may report anonymously or confidentially to the relevant Complaints Commissioners.
- Protection from liability for voluntary or mandatory notification
- A person who notifies the Public Advocate of a suspicion that a person has been or is being abused or neglected, or provides any information to the Public Advocate in respect of such a notification—
  - cannot, by virtue of doing so, be held to have breached any code of professional etiquette or ethics, or to have departed from any accepted form of professional conduct; and
  - insofar as he or she has acted in good faith, incurs no civil or criminal liability in respect of the notification or the provision of the information.



### *Restrictive Practice (See Restrictive Practices Policy)*

A restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Under the [\*National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018\*](#) certain restrictive practices are subject to regulation. A restrictive practice is a regulated restrictive practice if it is or involves [seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint.](#)

The [Regulated Restrictive Practices Guide](#) was developed for registered NDIS providers and NDIS behaviour support practitioners supporting NDIS participants. It may also be of interest to anyone who supports a person with disability. The guide supports a contemporary positive behaviour support framework.

The guide explains what a restrictive practice is, and sets out information on the five types of regulated restrictive practices. It also highlights possible impacts of, and important considerations for, the use of regulated restrictive practices. It will assist registered NDIS providers and NDIS behaviour practitioners to meet their obligations under the *NDIS Act 2013* and relevant Rules.

### *Mandatory Agencies*

Agencies that National has an obligation to report to in line with duty of care. The Agency in which National must report to will vary pending on many factors including the type of concern, employee or client, guardianship of the client, age of the client, funding of the client.

### **WORK SAFE ACT**

6207 3000

*Employee Workplace Injury including the death of a person, a serious illness/injury, or a dangerous incident arising out of work carried out by business, undertaking or workplace.*

### **Policing**

000 / 131 444

*For all incidents and/or alleged incidents of abuse and neglect, threat and/or self-harm*

### **Crisis Assessment and Treatment Team (CATT)**

General Enquiries 1800 629 354 | 24-hour assistance line 131 444

*Acute mental health assessment and treatment service for threat and/or self-harm*

### **NDIS Quality and Safeguard Commission**

Provider Portal:

<https://www.ndiscommission.gov.au/providers/incident-management-and-reportableincidents>

*NDIS Participants involved in serious incidents that have, or are alleged to have, occurred in connection with the provision of supports*

### **Office of the Senior Practitioner**

(02) 6205 2046 or [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)

### **Aged Care Quality and Safety Commission**

1800 081 549



*For any person residing within an Aged Care Home and/or Aged Care Home Package*

### **ACT Care & Protection Services**

Centralised Intake Service: 6207 6956/ Mandated Reporters: 1300 556 728

*To be notified of any serious/critical incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.*

### *Additional Supporting Agencies*

#### **ACT Human Rights Commission**

6205 2222 | [hrc.act.gov.au](http://hrc.act.gov.au)

Health services and services for older people and their carers.

#### **Public Trustee and Guardian**

6207 9800 | [www.ptg.act.gov.au](http://www.ptg.act.gov.au)

*Clients/Participants with PTG oversight*

#### **Older Persons Abuse Prevention Referral and Information Line (APRIL)**

6205 3535 | [crisis@dvcs.org.au](mailto:crisis@dvcs.org.au)

*ACT Community Service Directorate*

#### **Domestic Violence Crisis Service**

6280 0900 | [crisis@dvcs.org.au](mailto:crisis@dvcs.org.au)

*24/7 Domestic Violence Assistance*

#### **ACT Civil and Administrative Tribunal**

6207 1740 | [www.acat.act.gov.au](http://www.acat.act.gov.au)

*Guardianship and management of property orders*

#### **ACT Disability, Aged and Carer Advocacy Service**

6242 5060 | [www.adacas.org.au](http://www.adacas.org.au)

*Free, independent advocacy and information*

### **REFERENCES**

- |   |                               |
|---|-------------------------------|
| Freedom of Information Act 1989               | Discrimination Act 1991       |
| Health Records (Privacy and Access) Act 1997  | Fair Work Act 2009            |
| Working with Vulnerable People Act 2011       | Work Health & Safety Act 2011 |
| Human Rights Act 2004                         | Health Professionals Act 2004 |
| Human Rights Commission Act 2005              | Territory Records Act 2002    |
| National Disability Insurance Scheme Act 2013 | Information Privacy Act 2014  |
| Disability Services Act 1991                  | Official Visitor Act 2012     |
| Disability Services Regulation 2014           | Fair Work Act 2009            |
| Disability Discrimination Act 1992            | Workers Compensation Act 1951 |



Aged Care Act 1997

WorkSafe ACT, Failure to report an incident is an offence, accessed from

<https://www.accesscanberra.act.gov.au/ci/fattach/get/79345/1460090980/redirect/1/filename/Failure+to+report+an+incident+is+an+offence+poster.pdf> on 1 April 2018

Aged Care Quality and Safety Commission -

<https://www.agedcarequality.gov.au/providers/compulsoryreporting-approved-providers-residential-aged-care-services> National Standards for Disability Services - <https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/nationalstandards-for-disability-services>

<https://www.ndiscommission.gov.au/sites/default/files/documents/2019-07/my-reportable-incidents-faqsfinal-july-2019.pdf> on July 2019

<https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents#01> 11/1/20





### *Mandatory Reporting Procedure: Aged Care Facility & Brokered Clients*

#### **PROCEDURAL AIM**

One of National Community Care's primary objectives is to maintain client/participant safety and welfare. National will confidently advocate/report within the legal obligations and best interests of the client/participant within our scope as a Service Provider. This procedure provides all employees of the requirements for reportable incidents.

#### **BACKGROUND**

The Aged Care Act requires that, except in very specific circumstances, approved providers of residential aged care must report every allegation or suspicion of a reportable assault to the Quality and Safety Commission.

National Community Care assist a variety of Aged Care client/participants. The scope in which National operates, the client/participants we provide services to either:

- Reside within an Aged Care facility; or
- Have a primary Home Care Package Service Provider whom broker/contract service to National.

#### **REPORTABLE INCIDENTS**

Elder abuse is defined as the following:

**Financial Abuse:** involves the illegal or improper use of an older person's finances or property.

- stealing or misappropriating money
- forcing changes to a will or other legal documents
- denying access to personal funds, forging signatures or misusing Power of Attorney.

**Psychological Abuse** is the infliction of mental anguish involving actions that cause fear of violence, isolation or deprivation and feelings of shame, indignity or powerlessness. It can include:

- verbal intimidation and shouting
- humiliation or embarrassment
- threats of physical harm
- withholding of affection
- threats of institutionalisation
- removal of decision-making powers.

**Physical Abuse** is the infliction of physical pain, injury or physical coercion. It can include:

- hitting, slapping, pushing, punching, kicking, beating, biting, scratching, shaking, arm twisting, dragging or burning
- inappropriate restraint or medicating



- locking a person in a room.

**Sexual Abuse or exploitation** can include:

- rape (sexual intercourse against the wishes of an individual)
- indecent assault (inappropriate sexual handling or touching)
- sexual harassment (inappropriate comments or labelling about general appearance, attitude and behaviour).

**Social Abuse** involves preventing a person from having social contact, or access to social activities. It can include preventing independence with threats, manipulation and control as well as:

- isolating a person from the support of family or friends
- monitoring a person's calls or not allowing them to use the telephone
- preventing a person from socialising or meeting neighbours.

**Neglect** is the failure of a carer to provide the necessities of life to a person for whom they are caring.

It can be intentional or unintentional, and include:

- inadequate or inappropriate food or drink, supervision, clothing or accommodation
- lack of mental, physical, social or cultural contact and/or stimulation
- failure to meet physical needs or provide medical treatment.
- Missing Persons

## **PROCEDURE**

In the event of a reportable accident or incident, where it is safe to do so, employees will take appropriate immediate action to minimise the risk of further injury or damage (for example, isolating the hazard, first aid, evacuation, containing spills).

### ***Aged Care Facility Client/participant***

- Employee to ensure client/participant is safe, free of danger before leaving the client/participant to report.
- National Community Care employees have a duty of care to report directly to the Aged Care Facility team leader at the time of the incident for appropriate treatment.
- In the event a reportable incident occurs, employee is required to notify the facility team leader immediately.
- Employee is required to notify National prior to leaving the premises.
- The employee reporting the incident will be required to complete an incident form on the matter and complete the facility documentation according to their facility requirements. This will be required by the facility and National.



- Upon filling out the incident report, ensure documentation is factual, include detail in chronological order ensuring Name and date is on the document and return to National within the day.
- Scan/take a photo of the incident report for National records of the incident.
- National to follow up with the facility to ensure appropriate action is being taken, requesting a written outcome update for National client/participant record keeping.

In the event, concerns are not being reported in line with ACT &/or legislation the following action is required:

- National to report to the Aged Care Quality and Safety Commission a suspicion or allegation made of a reportable assault, an approved provider must report within 24hrs submit the compulsory report using the Commission's reportable webform. From 31 December 2020, online submissions will be the only available method to report.

#### ***Brokerage Company Client***

1. Employee to ensure client is safe, free of danger before leaving the client to report.
2. National Community Care employees have a duty of care to report directly to National at the time of the incident for appropriate treatment.
3. National are responsible for reporting incident to the Brokerage as outlined within the relevant Brokerage agreement
4. The employee reporting the incident will be required to complete an incident form
5. Upon filling out the incident report, ensure documentation is factual, include detail in chronological order ensuring Name and date is on the document
6. Return/Scan/email the incident report to National same day.
7. National to follow up with the brokerage to ensure appropriate action is being taken, requesting a written outcome update for brokered client record keeping.

In the event, concerns are not being reported in line with ACT &/or legislation the following action is required:

8. National to report to the Aged Care Quality and Safety Commission a suspicion or allegation made of a reportable assault, an approved provider must report within 24hrs submit the compulsory report using the Commission's reportable webform. From 31 December 2020, online submissions will be the only available method to report.

#### **CONTACT FOR REPORTING**

##### **Aged Care Quality and Safety Commission**

Email: [compulsoryreports@agedcarequality.gov.au](mailto:compulsoryreports@agedcarequality.gov.au)  
Compulsory reporting line: 1800 081 549

##### **ACT Human Rights Commission**

Health services and services for older people and their carers.

[hrc.act.gov.au](http://hrc.act.gov.au) | 6205 2222

##### **ACT Policing**

24-hour emergency response 000  
24-hour assistance line 131 444

##### **Older Persons Abuse Prevention Referral and Information Line (APRIL)**

[crisis@dvcs.org.au](mailto:crisis@dvcs.org.au) | 6205 3535



**Public Trustee and Guardian**

*Clients/Participants with PTG oversight*

[www.ptg.act.gov.au](http://www.ptg.act.gov.au) | 6207 9800

**Office of the Senior Practitioner**

(02) 6205 2046 | [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)



### *Mandatory Reporting Procedure: Self-Funded/Private Clients*

#### **PROCEDURAL AIM**

One of National Community Care's primary objectives is to maintain client safety and welfare. National will confidently advocate/report within the legal obligations and best interests of the client within our scope as a Service Provider. This procedure provides all employees of the requirements for reportable incidents.

#### **SCOPE**

This procedure applies to all employees of National.

#### **BACKGROUND**

In accordance with the Human Rights Commission, Human rights are often defined in different ways.

Simple definitions that are often given include:

- The recognition and respect of people's dignity
- A set of moral and legal guidelines that promote and protect a recognition of our values, our identity and ability to ensure an adequate standard of living
- The basic standards by which we can identify and measure inequality and fairness
- Those rights associated with the universal declaration of human rights.

National Community Care assist a variety of private clients. The scope in which National operates, the clients we provide services to Self-Fund their services with National.

#### **REPORTABLE INCIDENTS**

**Self-Harm or Serious Injury:** Self-harm is any behaviour that involves the deliberate causing of pain or injury to oneself without wanting to die. Self-harm can include behaviours such as cutting, burning or hitting oneself, binge-eating or starvation, or repeatedly putting oneself in dangerous situations. It can also involve abuse of drugs or alcohol, including overdosing on prescription medications.

**Harm to Others:** Is any behaviour that involves the deliberate causing of pain or injury to others. This may be physical, emotional, financial or neglect.

**Suicide Attempts and/or Threats:** Any behaviour or indication of wanting to die.

**Witness of Abuse:** Includes a variety forms of abuse including:

**Financial Abuse** - involving the illegal or improper use of an older person's finances or property.

**Psychological Abuse** - is the infliction of mental anguish involving actions that cause fear of violence, isolation or deprivation and feelings of shame, indignity or powerlessness.

**Physical Abuse** - is the infliction of physical pain, injury or physical coercion. Sexual Abuse – including rape, indecent assault, sexual harassment.

**Social Abuse** involves preventing a person from having social contact, or access to social activities. It can include preventing independence with threats, manipulation and control.



**Neglect** is the failure of a carer to provide the necessities of life to a person for whom they are caring. It can be intentional or unintentional.

**Suspicion of Abuse:** Is when there is reasonable cause to believe that abuse may have occurred.

## PROCEDURE

In the event of a reportable accident or incident, where it is safe to do so, employees will take appropriate immediate action to minimise the risk of further injury or damage (for example, isolating the hazard, first aid, evacuation, containing spills, removing client/participant from harm).

### *Self-Funded/Private Clients*

- Employee to ensure client is safe, free of danger before leaving the client to report.
- National Community Care employees have a duty of care to report directly to National at the time of the incident for appropriate treatment.
- The employee reporting the incident will be required to complete an incident form
- Upon filling out the incident report, ensure documentation is factual, include detail in chronological order ensuring Name and date is on the document
- Return/Scan/email the incident report to National same day.
- National are responsible for reporting incident to the POA/Guardian/Public Trustee if applicable
- National responsible for notifying the police within 24hours.
- National can notify the following at their judgement: Crisis Assessment and Treatment Team (CAT Team) &/or the Human Rights Commission
- National to follow up to ensure appropriate action is being taken, and/or upline to the Human Rights Commission

## CONTACT FOR REPORTING

### **ACT Policing**

24-hour emergency response 000  
24-hour assistance line 131 444

### **ACT Human Rights Commission**

[hrc.act.gov.au](http://hrc.act.gov.au) | 6205 2222

### **Public Trustee and Guardian**

[www.ptg.act.gov.au](http://www.ptg.act.gov.au) | 6207 9800

### **Crisis Assessment and treatment Team (CATT)**

1800 629 354

### **Office of the Senior Practitioner**

(02) 6205 2046 | [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)

### **Older Persons Abuse Prevention Referral & Information Line (APRIL)**

[crisis@dvcs.org.au](mailto:crisis@dvcs.org.au) | 6205 3535

### **Domestic Violence Crisis Service**

[crisis@dvcs.org.au](mailto:crisis@dvcs.org.au) | 6280 0900

### **ACT Civil and Administrative Tribunal**

[www.acat.act.gov.au](http://www.acat.act.gov.au) | 6207 1740

### **ACT Disability, Aged and Carer Advocacy Service**

[www.adacas.org.au](http://www.adacas.org.au) | 6242 5060

## *Mandatory Reporting Procedure - NDIS Participants*

### PROCEDURAL AIM

One of National Community Care's primary objectives is to maintain client/participant safety and welfare. National will confidently advocate/report within the legal obligations and best interests of



the client/participant within our scope as a Service Provider. This procedure provides all employees of the requirements for reportable incidents.

### SCOPE

This procedure applies to all employees of National.

### BACKGROUND

Registered NDIS providers are required to record and manage all incidents that happen in the delivery of NDIS supports and services in their internal incident management systems and notify the NDIS Commission of reportable incidents.

Registered NDIS providers must notify the local police and NDIS Quality and Safeguards Commission of all reportable incidents (including allegations), even where the provider has recorded and responded within their own incident management system.

If a reportable incident raises a serious compliance issue, the NDIS Commission has powers to take regulatory action. Action might include requiring the provider to undertake specified remedial action, carry out an internal investigation about the incident, or engage an independent expert to investigate and report on the incident. The NDIS Commission can also conduct its own investigation and take appropriate enforcement action such as issuing a compliance notice or asking a court to impose a civil penalty.

The NDIS Commission takes a responsive and proportionate approach to regulation, providing guidance to build the capacity of NDIS providers to prevent and respond to incidents where possible. The NDIS Commission will work with NDIS providers to help them comply with the new quality and safeguards requirements, including through education and training about their obligations.

### REPORTABLE INCIDENTS

For an incident to be reportable a certain act or event needs to have happened (or alleged to have happened) in connection with the provision of supports or services by the registered NDIS provider. This includes:

- The death of a person with disability
- Serious injury of a person with disability
- Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with disability
- Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- Unauthorised use of restrictive practices in relation to a person with disability.
- Unexplained absences (missing persons)

**Chemical Restraint:** Under the NDIS, chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition; any restraint is required to be reported to NDIS Quality and Safeguard Commission as per their stipulation.



## PROCEDURE

1. Employee should report immediately to National.  
Within a SIL property, please report to the most senior member of staff on duty.
2. Complete incident report and documentation including:
  - i Name and designation of who reporting;
  - ii Name of alleged offender;
  - iii Offender relationship to client/participant;
  - iv Where is the client/participant?
  - v Were there any witnesses?
  - vi When did the incident occur?
  - vii Where did the incident occur?
  - viii Who has been advised?
  - ix What action has been taken?

## MANAGEMENT / AUTHORISED NOTIFIABLE INCIDENT REPORTER

- National are responsible for reporting incident to the POA/Guardian/Public Trustee if applicable
- National responsible for notifying the police within 24hours.
- National to notify NDIS Commission
- National can notify the following at their judgement: Crisis Assessment and Treatment Team (CAT Team) &/or the Human Rights Commission
- National to follow up to ensure appropriate action is being taken.

## NOTIFYING NDIS COMMISSION

### *Step 1. Notify the NDIS Commission*

The Immediate Notification Form must be submitted via the [NDIS Commission Portal](#) within 24 hours of key personnel becoming aware of a reportable incident or allegation.

The Immediate Notification Form includes a number of sections and questions, concerning details of the reportable incident, actions taken in response to the incident and the individuals involved in the incident. *An exception to this rule is notifying the NDIS Commission of the use of a restrictive practice that is unauthorised or not in accordance with a behaviour support plan. In these instances, the provider must notify the NDIS Commission within five business days of being made aware of the incident. If however, the incident has resulted in harm to a person with disability, it must be reported within 24 hours.*

To notify the NDIS Commission of an incident the authorised 'Notifier' or 'Approver' needs to login to the NDIS Commission Portal and select 'My Reportable Incidents' tile at the top of the screen. From here, you will be able to complete an Immediate Notification Form.

The NDIS Commission suggests the 'Authorised Reportable Incidents Approver' is the person you want to have the authority to review and be responsible for submission to the NDIS Commission. This is **Natashia Telfer – 0401 439 798**, responsible for reporting incidents to the NDIS Commission. The authorised 'Approver' will have the ability to submit new Reportable Incidents and view previous Reportable Incidents submitted by their organisation.





The NDIS Commission suggests the 'Authorised Reportable Incidents Notifier' is a supporting team member who can assist the 'Authorised Reportable Incidents Approver' to collate and report the required information. The authorised 'Notifier' is **Caitlin Halliday - 0429 599 548**. will have the ability to create new Reportable Incident notifications to be saved as a draft for review and submission by the authorised 'Approver'. The authorised 'Notifier' will need to inform the authorised 'Approver' that the Incident is awaiting their review and submission. The 'Notifier' can also view past Reportable Incidents they have created through the page.

### **STEP 2: Submit a 5 Day Form**

The 5 Day form must be submitted via the 'My Reportable Incidents' portal within five business days of key personnel becoming aware of a reportable Incident. This provides additional information and actions taken by the NDIS registered provider.

The five-day form is also to be used for incidents involving the unauthorised use of a restrictive practice, other than those resulting in immediate harm of a person with disability.

### **STEP 3. Submit a final report, if required**

You may be required to provide a final report. When this is the case, the NDIS Commission will notify you via email and tell you the date this is due.

If you are required to submit a final report, you will have access to the final report fields on the NDIS Commission Portal for that incident.

There are key considerations for registered NDIS providers. In all cases, providers must assess:

- The impact on the NDIS participant.
- Whether the incident could have been prevented.
- How the incident was managed and resolved.
- What, if any, changes will prevent further similar events occurring.
- Whether other persons or bodies need to be notified.

Where appropriate, the NDIS Commission may require a provider to take remedial measures. The NDIS Commission may work with the provider to implement these measures, and monitor progress. Remedial measures may include, but are not limited to, additional staff training and development or improved services to support NDIS participants and updating policies and procedures.

## **NCC CONTACTS FOR REPORTING**

### **All LEAD Roles**

NDIS Authorised Reportable Incidents Notifier

### **General Manager**

NDIS Authorised Reportable Incidents Approver  
0423 219 340 | [tahla@teamnational.com.au](mailto:tahla@teamnational.com.au)

### **CEO**

NDIS Authorised Reportable Incidents Approver  
0401 439 798 | [natashia@nationalcommunitycare.com.au](mailto:natashia@nationalcommunitycare.com.au)



**CONTACTS FOR REPORTING**

**ACT Policing**

24-hour emergency response 000

24-hour assistance line 131 444

**Public Trustee and Guardian**

[www.ptg.act.gov.au](http://www.ptg.act.gov.au) | 6207 9800

**Office of the Senior Practitioner**

(02) 6205 2046 | [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)

**NDIA Quality and Safeguards Commission**

<https://www.ndiscommission.gov.au/providers/incidentmanagement-and-reportable-incidents>

**ACT Disability, Aged and Carer Advocacy Service**

[www.adacas.org.au](http://www.adacas.org.au) | 6242 5060



## INCIDENT & ACCIDENT REPORT

This form is to be completed and reported to NCC within 24 hours of event. This form can include but is not limited to the following situations: Incident, accident and hazard, which can include faulty equipment, environmental hazards, potential risks, medication incident, death of a client, client fall, client found on floor, client injury, employee injury, abuse of client or staff, MVA, breach of policy etc

### SUPPORT WORKER/ RN / COORDINATOR TO COMPLETE

<b>Date:</b>	<b>Time:</b>	<b>Location:</b>
<b>Client Name:</b>	<b>Employee:</b>	
<b>Date Reported:</b>	<b>Reported by:</b>	
<b>Category:</b>	<input type="checkbox"/> Accident	<input type="checkbox"/> Incident <input type="checkbox"/> Near Miss/Hazard
<b>Describe the incident/accident/hazard:</b>		
<b>Area of damage (part of body injured/client/employee property etc.):</b>		
<b>Was a photo taken with consent gained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Possible Reason for Occurring:</b>		
<b>Action Taken:</b>		
<b>First Aid Administered:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time</b>
<b>Hospitalised:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time</b>
<b>NCC notified:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time</b>
<b>Additional Documentation attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Person completing Form Signature:</b>		



<b><u>RN / COORDINATOR TO COMPLETE</u></b>			
<b>Coordinator Notified:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time:</b>
<b>Next of Kin Notified:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time:</b>
<b>GP or Pharmacy Notified</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date/Time:</b>
<b>Outcome requested by the Coordinator/Case manager/ Next of Kin:</b>			
<b>Recommended Actions</b>			
<input type="checkbox"/> Review WHS policy	<input type="checkbox"/> Provide debriefing/counseling		
<input type="checkbox"/> Conduct hazard inspection	<input type="checkbox"/> Temp. Relocation of employee involved		
<input type="checkbox"/> Replace equipment/tools	<input type="checkbox"/> Develop and/or provide training		
<input type="checkbox"/> Develop/Review procedure	<input type="checkbox"/> Review client case plan		
<input type="checkbox"/> Request Maintenance	<input type="checkbox"/> Medication Webster Repack		
<input type="checkbox"/> Back to work plan	<input type="checkbox"/> Other (describe)		
<input type="checkbox"/> Ensure adequate documentation			
<b>Signature of Person Filing Report:</b>		<b>Designation:</b>	
<b><u>INCIDENT ANALYSIS CONCLUSIONS</u></b>			
<b>What, if anything could have prevented the incident?</b>			
<b>Was the incident related to a procedure breakdown (staff focus)?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Was the incident related to the lack of information provided?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Was the immediate action taken appropriate?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><u>RN or Coordinator TO COMPLETE - ACTION PLAN</u></b>			
	<b>Who</b>	<b>By When</b>	<b>Date Completed</b>
Analysis completed			
Follow up with staff member/s IF APPLICABLE			
Follow up with Broker/Family IF APPLICABLE			
<b>OUTCOME OR END RESULT:</b>			
<input type="checkbox"/> Issue resolved <input type="checkbox"/> Improvement implemented (describe):			
<b>CLOSED OUT/COMPLETE:</b>			
<b>RN's Signature:</b>		<b>Date:</b>	
<b><u>MANAGEMENT REVIEW</u></b>			
<i>Was the incident preventable?</i>			
<i>Are there any controls which can be implemented to prevent similar incidents from occurring?</i>			
<i>Is the report ready for sign off YES / NO</i>			
<b>Manager Signature:</b>		<b>Date:</b>	



## Processing & Management of Incident and Accident Reports

### **POLICY STATEMENT:**

In fostering a safe and harmonious work environment, National seeks to provide support for both its employees and care recipients across the workplaces and home settings.

### **SCOPE**

This policy applies to all management level employees of National.

### **POLICY**

In the event of an accident or incident, where it is safe to do so, employees will take appropriate immediate action to minimise the risk of further injury or damage (for example, isolating the hazard, first aid, evacuation, containing spills).

In a case of injury, depending on the severity of the injury and the injured client/participant and/or worker's preference, appropriate first aid or medical attention should be sought immediately.

At the time of the incident/accident Employees and Associates are required to notify management following the lines of reporting.

In the event the incident is a Mandatory Reporting / Notifiable Incident – **SEE MANDATORY REPORTING POLICY** and relevant procedures.

Employee may be required to attend police station to provide statement the day of reporting incident in line with employee duty of care. Management team member to attend with employee for support.

### ***Client/Participant Responsibilities:***

- To report any incident/accidents as soon as it is safe to do so to National via phone call and/or email.
- Effective documentation should include:
  - Name of the person(s) involved
  - Dates and times
  - Clearly and factually record the incident and any injury or potential injury sustained

### ***Employee Responsibilities:***

- Employee to verbally report any incident/accidents as soon as it is safe to do so via phone to general intake line 62424978.
- Employee to complete incident report via the Brevity App.
- Employee to submit Incident and Accident Form same day.
- Employee to understand effective documentation:
  - Name of the person(s) involved and contact details
  - Clearly and factually record the incident and any injury or potential injury sustained
  - Ensure all records are legible, signed, designated and dated
- Employee to understand Mandatory Reporting obligations
- Employee to have all documentation to National within 24hours.
- Employee may be required to attend police station to provide statement the day of reporting incident inline with employee duty of care.



### *Management Responsibilities*

- To ensure all employees are inducted and understand National incident and accident reporting processes and reporting requirements.
- Understand your legal responsibilities to document, and follow up all reported incidents.
- Designated Operational Intake personnel should close off any incidents complete within time of duties. Should the incident remain open for follow up, please ensure this is documented within the incident report so the oncoming operational intake officer is across open incidents.
- Weekly Monday Risk meetings will also address all OPEN incident reports for followup and closure where applicable.
- Action all reports within indicated timeframes.
- To notify all relevant parties (eg - guardian, broker, POA, GP)
- To seek resolution if applicable
- To report subjectively to the appropriate authorities if required
- To ensure all documentation is logged and stored appropriately for seven years
- To follow up with relevant parties
- Any workplace injuries should be sent to National insurance company as a notification. – SEE WORKPLACE INJURY POLICY
- Employee may be required to attend police station to provide statement the day of reporting incident in line with employee duty of care. Management team member to attend with employee for support.
- In the event the incident is a Mandatory Reporting / Notifiable Incident, register details within NDIA PRODA – SEE MANDATORY REPORTING POLICY and relevant procedures.

### **Key Personnel Contacts:**

- **Daily Operations: 0401 439 798**
- **Clinical Coordinator: 0429 599 548**
- **Support Coordination: 0427 552 804**
- **Chief Executive Officer: 0401 439 798**

<b>Work Safe ACT</b>	6207 3000	<a href="https://WorkSafe.act.gov.au">https://WorkSafe.act.gov.au</a>
<b>ACT Police</b>	6256 7777	<a href="https://police.act.gov.au">https://police.act.gov.au</a>
<b>ACT Ambulance Service</b>		<a href="http://esa.act.gov.au/actas">http://esa.act.gov.au/actas</a>
<b>Work Cover NSW</b>	13 10 50	<a href="http://www.workcover.nsw.gov.au">http://www.workcover.nsw.gov.au</a>

### **REFERENCES**

Freedom of Information Act 1989	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012
Disability Services Regulation 2014 Aged Care Act 1997	Fair Work Act 2009
	Workers Compensation Act 1951

WorkSafe ACT, Failure to report an incident is an offence, accessed from



<https://www.accesscanberra.act.gov.au/ci/fattach/get/79345/1460090980/redirect/1/filename/Failure+to+report+an+incident+is+an+offence+poster.pdf> on 1 April 2018 Aged Care Quality and Safety Commission - <https://www.agedcarequality.gov.au/providers/compulsory-reporting-approved-providersresidential-aged-care-services>  
National Standards for Disability Services - <https://www.dss.gov.au/our-responsibilities/disabilityand-carers/standards-and-quality-assurance/national-standards-for-disability-services>



# Medical Emergency

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2021	Tahla Small	CEO	Additional resources added
1.2	02/2024	Natashia Telfer	CEO	Expansion of medical emergency Expansion of Death procedures

## In conjunction with:

- ALL National Policies





## Clinical Care: Medical Emergency Policy

### **POLICY STATEMENT**

National is committed to providing the best possible Emergency response care for client/participants. This policy is intended to provide basic directions to staff specifically to their employment scope in the case of a medical emergency, including cardiac arrest.

### **SCOPE**

This policy applies to all employees

### **POLICY**

Employee is responsible: Assess client/participant and situation, employees must take appropriate and immediate action to minimise the risk of further injury or damage to self and client/participant and administer first aid where appropriate.

### **DUTY OF CARE**

A Duty of Care when providing First Aid means to provide care to an injured or ill person appropriate to the level of your First Aid training, skills, and limitations. This means acting in good faith, with reasonable care, and using available equipment and resources according to the manufacturer's instructions.

Conscious or unconscious, adult or child, you have a Duty of Care to show respectful behaviour towards the casualty (person being treated) regarding beliefs, culture and as a person. Also, to be kind and reassuring, providing comfort, dignity and, wherever possible, privacy.

You have a Duty of Care to yourself, to where possible prevent any harm coming to yourself It is important for your safety and the protection of your casualty, that you use Personal Protection Equipment (PPE) when you are providing First Aid. PPE for clarification is Gloves, Face Shields, Eye protection etc.

### **CONSENT FOR FIRST AID**

Remember, it is a legal requirement that you obtain consent from an injured or ill person, regardless of their age, ability, health, or mental status, before you assist them with First Aid. For clarity, consent can be defined as the following: VERBAL, IMPLIED, or ASSUMED.

#### ***Verbal***

This simply means that the casualty verbally consents. For example, if your casualty has a broken arm and they Reply "Yes" when you asked, " Can I help you? I'm trained in First Aid". There is your consent.

#### ***Implied***

Where a casualty may not be able to speak and conveys consent by body language or gestures. For instance, if your casualty was choking and unable to speak, and they nodded or physically indicated "Yes" when you asked, "Can I help you? I'm trained in First Aid," this would imply consent.

That's consent.



### ***Assumed***

If someone is unconscious, we can't ask for their consent before we assist them with first aid, however in these circumstances the law (Good Samaritan legislation) allows you to assume your unconscious casualty has given their consent.

### ***Consent from a minor***

The parent or guardian must give their consent if the casualty is a minor

For emergency treatment or assisting with a wound or illness, a mature minor could give consent.

If they cannot give consent and there is no parent present, the doctrine of necessity would justify treatment that is reasonably necessary and in the child's best interests.

### ***Consent not given***

You want to help someone. If they do not give consent. Call 000. Tell the operator what is happening and let them make a decision. They may send an Ambulance to assist.

## **MEDICAL EMERGENCY**

A medical emergency can be defined by two categories:

- Responsive (a conscious person)
- Non-Responsive (an unconscious person)

Employee must be aware of the clients Advanced Care Directive Status.  
This will be identified in the Brevity Application on the Participants Alerts banner.

### ***Responsive (Conscious Person)***

All employees are responsible for the provision of first aid in any medical emergency in the community setting.

- Where possible, employee should remove self and client from any exposed danger, and with consent, provide first aid accordingly.
- Call any emergency services required – Police / Fire / Ambulance
- Apply First Aid, in the event the injuries sustained are beyond the scope of the attending employee and resources at hand, an ambulance should be called.
- Ensure client/participant is safe and comfortable until emergency services arrive.
- Employee to notify National at the most immediate convenient time.
- Employee must document event accordingly and lodge "Incident and Accident form" within 24hours of event occurring.



### *Non-Responsive (Unconscious Person)*

- Where possible, employee should remove self and client from any exposed danger, and with consent, provide first aid accordingly.
- Call any emergency services required – Police / Fire / Ambulance
- Check Health Care Directive status

DRSABCD is the prime consideration for everyone involved in the care and treatment of medical emergencies. All staff should be aware of the importance of Danger, Response, Airway, Breathing, Circulation and Defibrillation.

**Danger** to yourself: don't put yourself in danger to others:

don't allow bystanders to be exposed to danger to  
the client/participant: remove the danger

from the client/participant, or the client/participant from the danger

**Response** use the 'shake and shout' method is the

client/participant alert? is the

client/participant drowsy or confused? is the

client/participant unconscious, but reacting?

is the client/participant unconscious with no reaction?

#### **Send for Help**

If required contact the ambulance service by dialling 000. If unsure if an ambulance is required, call 000 and they will advise. Remain calm and provide adequate information to 000. Repeat address to confirm it is correctly recorded.

**Airway** is the airway open and

clear?

is there noisy breathing?

are there potential obstructions such as blood or false teeth?

#### **Breathing**

look to see if the chest rises

listen for the sound of  
breathing

feel, by putting your hand on the diaphragm

**Circulation** is there a

carotid pulse?

is it strong? is it

regular? is there

major blood loss?

#### **Defibrillation**



\*If the casualty is conscious, treat the injuries or illness according to the signs and symptoms.

\*If the casualty is unconscious, and breathing spontaneously, place them in the recovery position, then treat any injuries.

If the patient/client/participant is unconscious, and not breathing, then commence CPR as required (i.e. Start CPR, 30 compressions, 2 breaths).

- Apply first aid or any other directive given to you over the phone by emergency services.
- Ensure client/participant is safe and comfortable until emergency services arrive.
- Employee to notify National at the most immediate convenient time.
- Employee must document event accordingly and lodge "Incident and Accident form" within 24 hours of event occurring

**National is responsible:**

- Ensuring employees have adequate and current HLTAID003 Provide First Aid and HLTAID001 Provide Cardiopulmonary Resuscitation.
- Ensure the appropriate internal and external channels are notified (case manager/primary carer etc)
- National must ensure all documentation is completed by employee and lodged with appropriate agencies. (Copies to case manager/carer/GP/insurance/NDIS/Aged Care etc)
- National Community Care will provide employees with face shield keyring for CPR on commencement of employment.
- National Community Care will follow up with client/participant.
- National Community Care will follow up with attending employee.

**Training Requirements**

All service delivery employees are required to hold a valid First Aid and CPR. Employees are required to undertake annual refresher of CPR and First Aid 3<sup>rd</sup> yearly. This is a part of the employee's contractual obligations and is at the cost of the employee, not National. HLTAID001 / HLTAID002 / HLTAID003

Failure to maintain valid First Aid and CPR will result in the employee's employment being placed on hold until the required evidence is provided, as per the Training Policy.



## Death of a Client/Participant Policy in Community Setting

### **POLICY STATEMENT**

National is committed to managing the death of a client/participant in a smooth and dignified manner ensuring appropriate procedures are carried out and the employees receive support.

### **SCOPE**

This policy applies to all employees of National.

### **OBJECTIVES**

To guide National employees' responses where a client death occurs by:

- Ensuring all reportable deaths of people receiving a service from NCC are reported in line with the client death procedure.
- Ensuring the cultural and religious beliefs and practices of people are respected, including planning with family and community members prior to a person's death.
- Responding to the death of a client in a sensitive, dignified, and prompt manner, while meeting contractual and legislative reporting requirements. This may include reporting to State Coroner, Ombudsman, The NDIS Quality and Safeguarding Commission and funding bodies.
- Delivering clear and respectful information to family members, friends, guardians, or advocates.
- Assisting and supporting family members, guardians, advocates, other clients, carers and NCC employees.
- Responding appropriately to requests for information as part of an investigation by external agencies, such as Police, Ombudsman or Coroner.
- Understanding the Client Death Review Process.

### **POLICY**

On finding a client/participant, the employee is responsible for assessing the client/participant for signs of life using basic life support principles, noting the date and exact time of the assessment. If there are any signs of life contact ACT Ambulance Service on 000. Be well versed if there is a NDR order in place or alternatively be prepared to perform resuscitation.

**Please note: Within any SIL Property, the care team would implement the participants Advanced Care Directive.**



### ***Client Death Procedure***

The following process should be followed for client deaths who received a service where NCC has a high level of responsibility.

#### PALLIATIVE DEATH IN THE HOME

##### ***Attending Employee***

- If the client was receiving palliative care through Home Based Palliative Care Team, refer to the individualised palliative care plan for directives and any cultural and/or religious considerations which are to be upheld.
- It is likely, a family member is within the home, and/or near by and contactable. If the family member is not within the home, contact NCC intake phone line to notify if the client/participant passes away.
- Attending employee to notify NCC Operational Intake and coordinate with family the notification of palliative care team to attend and verify the death.

##### ***NCC Responsibilities***

- Notify the external palliative care team immediately upon notification of suspected death, the palliative care team will attend to all legal requirements.
- Immediately following a person's death, determine whose role it is to inform the family if they are not in attendance already. Primarily it will be a Clinical Team, and/or General Manager. If NCC is responsible for notifying family, they must be notified immediately if they can be reasonably located.
- NCC to notify Support Coordinator to have any NDIS services concluded.
- NCC to notify NDIS Commission of the death of participant.
- NCC to notify client roster of care.

#### UNEXPECTED DEATH IN THE HOME

##### ***Attending Carer***

- Remain calm, respectful and professional.
- A carer cannot determine 'death' as such situation must be responded to as a medical emergency with a non-responsive person in line with the clients Advanced Care Directive. (See *Medical Emergency Policy*)
- Call 000 for ambulance.
- The 000 operator will ask if you want police, fire or ambulance. State '*ambulance*'.
- The operator will ask a series of questions to determine the situation.
- The operator will also ask for your address or location.
- IF the client has an advanced care directive, the attending employee must relay this to the operator, otherwise the operator will support the employee in administering CPR until ambulance arrival and can determine and confirm death.
- CPR Face shield masks are provided to all employees on keyring upon induction. Where rescue breaths are not safe to deliver, compressions should be continued as directed by emergency



services.

- Notify National Community Care Operational Intake.
- Upon Ambulance personnel declaring client death, attending ambulance will coordinate notification of the police and their attendance to the scene.
- The body of the deceased client/participant is not to be moved. A towel, or sheet may be used to cover the participant for dignity.
- Maintain updates to Operational Intake.
- A police officer will visit and request formal identification of the body, person details about the deceased person and the name, address and contact number of the person responsible. Police ID (including the name, rank and station) shall be documented on the Incident and Accident form along with the case identification reference number.
- Cooperate with police requests for witness statements or documentation. Police will report Reviewable/Reportable deaths to the appropriate coronial body.
- As soon as possible, attending employee should document the event and all actions taken.
- Attending employee to complete an incident report.
- Attending employee to debrief with NCC Intake, Lead and/or General Manager.
- Attending Employee access the provided Employee Assistance Program at their discretion.

#### ***NCC Responsibilities***

- Provide support to the attending employee.
- Check Advanced Care Directive status and direct attending employee accordingly of status.
- Notify next of kin or guardian of NON-RESPONSIVE.
  - Immediately following notification of a medical emergency the Operational Intake, Clinical Lead, and/or General Manager must called the NOK and advise their loved one has become unresponsive at this time. Emergency services are in attendance and updates will proceed.
- Upon Ambulance personnel declaring client death, attending ambulance will coordinate notification of the police.
- Advise the Police that the deceased is an NDIS participant / Aged Care Consumer, as such their death is reportable under the relevant State Coroners Act. **(in a hospital setting, the hospital will take carriage of this)**
- Employees being interviewed by police should be supported by the Leads/Officers available at the time.
- Notify next of kin or guardian
  - Upon verification of the death, if NCC is responsible for notifying family, they must be notified immediately if they can be reasonably located. Where possible, this should be done in person.
  - ***Note: Police will often take responsibility for notifying family.***
  - For culturally appropriate information about contacting next of kin see [Aboriginal and Torres Strait Islander Peoples Palliative Care Resources - Palliative Care Australia](#)
- Rescheduling of shifts may be required in the event police interview process takes a lengthy period of time and always taking into consideration the employee may require a day or so off



to process the incident.

- Remind and support attending employee to complete documentation.
- Remind and support attending employee to complete an incident report.
- Debrief with attending employee.
- Provide employee reminder to access the Employee Assistance Program at their discretion.
- NCC to notify Support Coordinator to have any NDIS services concluded.
- NCC to notify NDIS Commission of the death of participant.
- NCC to notify client roster of care.
- NCC to update Brevity records for NDIS records.
- NCC to submit an 'early notification' to insurance broker for safeguarding possibility of Medical Malpractice and/or Workers Compensation.
- NCC to undertake a review of the process after the fact.

#### DEATH IN THE HOME WITH A REGISTERED NURSE

If present, a Registered Nurse may assess whether a client/participant is deceased (Verification of Death).

The clinical procedure for verifying death is as follows:

- i. No palpable carotid pulse, and
- ii. No heart sounds heard for 2 minutes, and
- iii. No breath sounds heard for 2 minutes, and
- iv. Fixed and dilated pupils, and
- v. No response to centralised stimulus, and
- vi. No motor (withdrawal) response or facial grimace in response to painful stimulus.

*From: Emergency Care Institute, National for Clinical Innovation (website accessed 2018).*

The treating Medical Officer / General Practitioner may only issue a Medical Certificate of Cause of Death.

If the person is deceased on arrival at their home, coordinate with NCC the call 131 444 to notify the Australian Federal Police who have legislative responsibility for deaths in the community.

- Notify the person responsible according to written instructions. If the person responsible intends to visit or wish to assist with Last Offices, inform the staff accordingly.
- Performance of Last Offices must not be commenced before official determination of life extinct, and permission is provided by Next of Kin/Person Responsible.
- Put air-conditioning on to cool room.





- Cultural and religious care preferences should be carried out as recorded in the client/participant's care record.
- Employee to notify National at the most immediate convenient time
- Employee must document event accordingly and lodge "Incident and Accident form" within 24 hours of event occurring, being sure to document date, time, how the situation was discovered, who was present at the time, action taken, outcome and signature and designation on report.

## POST DEATH REQUIREMENTS

### *Operational Reporting Obligations*

- Conclude NDIS 5 day report and submit to NDIS Commission via PRODA.
- Follow up with outcome to insurance broker for safeguarding possibility of Medical Malpractice and/or Workers Compensation.

### *Supporting the Family*

- Respond to family and friends in a prompt and dignified manner.
- Respect and be sensitive to cultural and religious beliefs and practices of the person and family.
- Where NCC is responsible for accommodation support, leave the deceased persons' bedroom intact so that family, friends, and support workers can visit should they wish until arrangements can be made between the Lead and family.
- In some instances, the family may request the assistance of NCC in collecting their loved ones belongings. This should only be done so with x2 employees present and an asset list of items provided.
- Assist with funeral arrangements on a case by case basis.
- In some properties it may be appropriate to maintain contact with the family after the funeral. This is particularly important if family were actively involved in a service or property and had formed relationships with other people in the service, their families and support workers.
- If action has been taken to improve service as a result of a person's death, provide relevant information to the family (this should be done by a Lead and/or executive management).

### *Supporting Employees*

Leads are responsible for support to front line workers affected by the death of a person. This might involve individual counselling or group debriefing, as well as giving workers the opportunity to talk about how they feel immediately after the event and over time.

Debriefing can be done by Leads, clinicians or a skilled counsellor. Formal debriefing and counselling is available through the Employees Assistance Program (EAP).



### *Supporting other People in the Property*

This should be assessed on a case by case basis. Consider the needs of house mates and friends. This may include counselling services and resources to guide workers when considering how to work with others who are affected by the death. General guidance includes:

- Be honest, include and involve the bereaved person.
- Listen to and be present for the bereaved person.
- For people with disability consider their individual communication needs, nonverbal rituals, minimise change and routine. Seek specialist help if behaviour changes persist.
- Respect photos and mementos the bereaved person may have.
- Support the observance of anniversaries.

### *Cultural and Linguistic Diversity*

Cultural sensitivity is important. Each person and family is unique and it is important to understand the family's needs following a death. This may require the use of an interpreter.

- Before making any arrangements, it is important to know whether the deceased person had an Advanced Care Plan/Order/Directive in place to contact the contact person named in the plan.
- Where no end of life, Advanced Care Plan/Order/Directive has been made, it is still important to talk to the family to understand any rituals, ceremonies, or taboos around the death of a person.
- The primary NCC contact person could seek information from the family such as:
  - spiritual and religious beliefs, practices, and taboos they wish to observe
  - how the family communicates, the need for an interpreter, the acceptability of certain words when discussing death or illness.

### *Aboriginal and Torres Strait Islander People*

Aboriginal and Torres Strait Islander people may have customary practices before and after a person has died. See [Aboriginal and Torres Strait Islander Peoples Palliative Care Resources - Palliative Care Australia](#)

### *Funeral Arrangements*

NCC employee attendance at funerals should be in consultation with family members, with respect given to family decisions, and in consultation with Leads where personal leave is required.

### *Estate Management for SIL/Shared Properties*

- If the deceased person lives with other people, secure their belongings by closing or locking their door. Do not remove anything from their room until instructions are given by the family, trustee, guardian, or executor.
- Do not clean or change the deceased person's room as their family, friends or support workers may wish to spend time in the room as part of the grieving process.
- After the funeral, complete an asset stock take against any existing asset registers. If one does not exist, create an asset stock list. With x2 employees, store the deceased person's



belongings securely until further instructions are given by the family, trustee, guardian, or executor. Place a copy of the assets stock take and asset register with the belongings and a copy on their SharePoint file.

#### CONTACTS:

##### National Contacts

NCC Operational Intake **0401 439 798**

General Manager **0423 219 340**

##### ACT Police

**6256 7777 OR 131 444**

#### NDIS Commission

National is required to record and manage all incidents that happen in the delivery of NDIS supports and services in their internal incident management systems and notify the NDIS Quality and Safeguards Commission of reportable incidents. A Death of a client/participant would be categorised as a compulsory reporting mandate. See Mandatory Reporting – NDIS Policy.

#### ACT Care & Protection Services

The ACT Care & Protection Service is to be notified of any serious incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

- Centralised Intake Service: 6207 6956
- Mandated Reporters: 1300 556 728 / [childprotection@act.gov.au](mailto:childprotection@act.gov.au)
- General Public after Hours: 1300 556 729
- Crisis Service: 1300 556 729

##### Canberra Grief Centre

[canberragriefcentre.com.au](http://canberragriefcentre.com.au) 0409 966

515 / 0401 344 577

##### Lifeline

[www.lifeline.org.au](http://www.lifeline.org.au)

131 114

##### Beyond Blue

[www.beyondblue.org.au](http://www.beyondblue.org.au)

6287 8066

#### RELEVANT LEGISLATION AND REFERENCES

Coroners Act 1997

Health Records (Privacy and Access) Act 1997

Human Rights Act 2004

Human Rights Commission Act 2005

National Disability Insurance Scheme Act 2013

Disability Services Act 1991

Disability Services Regulation 2014

Work Health & Safety Act 2011

Health Professionals Act 2004

Territory Records Act 2002

Information Privacy Act 2014

Official Visitor Act 2012

Working with Vulnerable People Act 2011

Emergency Care Institute, Agency for Clinical Innovation, End of Life Resources, accessed from <https://www.aci.health.nsw.gov.au/networks/eci/clinical/clinical-resources/clinical-tools/end-of-life/end-of-life-resources> on 6 May 2018. [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

[FAQ | ACT Emergency Services Agency](#)

[Aboriginal and Torres Strait Islander Peoples Palliative Care Resources - Palliative Care Australia](#)





# Wound Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CL	<b>Date of Issue</b>	March 2024
<b>Approved by</b>	General Manager	<b>Review</b>	March 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	03/2024	Natashia Telfer	GM	New policy

## In conjunction with:

- All NCC Policies
- Individual Wound Management Plan
- Emergency Management policy
- Infection Control Policy
- Incident Management Policy
- [Abbey Pain Assessment.pdf](#)
- [BWAT- Wound Care Assessment.pdf](#)
- [fact sheet:preventing pressure injuries.pdf](#)
- [Falls Risk Assessment.pdf](#)
- [Pressure care chart Template.docx](#)
- [Wound Care Chart.docx](#)
- [Wound Care Tracking Chart Template.docx](#)
- [Wound Ruler - 15cm.pdf](#)



## Wound Care Management

### **POLICY STATEMENT**

Non-surgical, Acute or Chronic wounds acquired in the community setting can include but are not limited to the following:

- Skin tears
- Pressure area injuries
- Minor burns
- Abrasions
- Lacerations less than 3cm

All wounds are to be reported to National Community Care (NCC) via phone call for efficient and immediate response, and documented through raising an incident in the Brevity Application.

For clarity, this policy is to provide a clear understanding of scope and responsibilities when identifying, responding and managing wounds.

### **SCOPE**

This policy applies to all NCC Registered Nurses and Assistant Nurses (when wound care is delegated by a Registered Nurse to a skilled Assistant Nurse).

**Registered Nurses** are required to follow the Nursing and Midwifery Board (AHPRA) 'Registered Nurse Standards' and implement critical thinking and decision making in line with scope and NCC policies and procedures in relation to wound care and management.

**Carers** are only permitted to respond to a new wound by applying first aid and following directive of the intake team when up-lining.

Where an ongoing wound requires care, a carer specifically advised otherwise in an individualised participant wound management plan.

### **POLICY**

Effective wound management requires a sound understanding of scopes within employed roles along with an understanding of the processes of tissue repair and knowledge of the properties of the dressings available and all employees to have a sound understanding of their scope of practice.

Where Registered Nurse service is required in relation to wound assessment and management, NCC must consider the following options where appropriate in relation to the participants clinical requirements, site specific guidelines and/or available specialised staffing resources:

- Medical Officer, including Specialist Medical Review, General Practitioner
- Senior Nursing Staff, including Wound Management Nurses, Stomal Therapy Nurses
- Allied Health clinicians and specialists



*New wound identified by attending Carer*

Consent must be given by the participant before any employee proceeds. Consent can be verbal and/or assumed. However, employee must call NCC immediately should the participant decline and not provide consent so we may notify their emergency contacts for follow up. See **Consent Policy** for more information.

- Implement and apply First Aid principles, find and use a clean face washer (wet with warmed water) and apply directly to the wound for at least ten minutes. The priority is to stop the bleeding.
- Depending on the type and severity of wound an ambulance may be required and/or in the event the wound does not stop bleeding after initial and second application of the face washer.
- Seek consent to take a photo of the wound, purpose of this is to seek further advice from NCC on how to proceed.
- If consent is given, send unidentified photo to the intake-line 0401 439 798 with a mandatory follow up phone call. This is for the purpose to aid the on-shift advice being provided (next steps) based on your wound observations using the descriptions below.
- If consent is NOT given, proceed with a call ONLY, be as descriptive as possible providing your wound observations using the descriptions below.
- If In-take personnel has clinical scope, clinical critical thinking and judgement on next steps will be used and advice will be given to the Assistant in Nurse / participant on next steps.
- If in-take personnel is not clinical, and no clinical personnel are on site (in office to liaise with), in-take may send the image to the registered nurse on shift at Alexs House 0400 976 753 and seek clinical advice on next steps.
- Once situation has deescalated, attending Assistant in Nurse is to complete an incident report via their Brevity Application within 24 hours and attach the photo in the report.
- Photo should be removed from personal mobile phone immediately after it is submitted, prior to leaving the participants residence.



### Wound Assessment

When assessing the wound there are a number of characteristics that require consideration. These references should be used when describing the wound sustained to the intake personnel. *HETI Related Course - Wound Management 42833429*

#### Open Wound Characteristics

**Abrasions** (grazes) are superficial wounds in which the topmost layers of the skin are scraped off often caused by a sliding fall onto a rough surface.

**AMBULANCE MAY REQUIRED**



**Laceration (skin tear)** are rough, irregular wounds caused by crushing or ripping forces.

**AMBULANCE MAY REQUIRED**



**Avulsion** is a forcible tearing off of skin or another part of the body, such as an ear or a finger. Any time layers of skin have been torn off to expose muscles, tendons and tissue.

**AMBULANCE IMMEDIATELY REQUIRED**



**Incisions (cut)** caused by a clean, sharp-edged object such as a knife, razor or glass splinter.

**AMBULANCE MAY REQUIRED**



**Punctures** are caused by an object puncturing the skin, such as a nail or needle.

**AMBULANCE MAY REQUIRED**



**Amputation** is the loss or removal of a body part such as a finger, toe, hand, foot, arm or leg that may have been cut off or torn away in a severe accident.

**AMBULANCE IMMEDIATELY REQUIRED**



*Ongoing wound management tasks that may be undertaken by an Carer*





In very limited & exceptional circumstances, a participant may require support from an assistant nurse to maintain wound care under the direction of a Registered Nurse.

In the event this is identified, the Assistant Nurse would be equipped with a clearly detailed individualised participant wound care plan stipulating Assistant Nurse specific directive(s).

For clarity, this may be tasks such as soaking the dressing(s) off in the shower or in preparation for the attending NURSE to effectively assess and re-dress the wound (s). Or it could be attending the participants/clients home to support the NURSE on shift with complex wound care management tasks which due to WHS obligations requires two employees, at the **directive, supervision** and **registration** of the attending NURSE.

*Wound management tasks that can only be undertaken by a registered nurse or enrolled nurse*

Includes Skin Tears 2b and above.

Pressure Area Stages 2 and above

Diabetic Ulcers

Vascular or Venous Ulcers

Significant lacerations, burns, abrasions and or any chronic wound types.

Surgical wounds are only permitted to be attended by a NURSE.

*Wound Care Management Plan*

A wound care management plan is an individualised holistic wound care and management plan developed by either a participants General Practitioner (Initially where practically possible) and or by a qualified and or skilled Community Registered Nurse (Professional development / qualification).



**Initial /Ongoing Role & Responsibilities**

All registered nurses need to be familiar with the scope of practice they can delegate to a carer and/or inclusions within an acute wound care plan.

Wound Type	Wound Plan – Initial GP	Wound Plan – Initial RN	Ongoing Updates to plan - GP	Ongoing Updates to plan - RN
<b>ACUTE</b>				
Skin Tear 1a, 1b & 2a		✓		✓
Skin Tear 2b & 3	✓	✓	✓	+ If GP delegated
Pressure Area Stage 1		✓	✓ - If non healing	✓
Minor burn (superficial)		✓	✓	
Blister		✓		✓
Laceration < 3cm	✓		✓	+ If GP delegated
Oedema	X		X	+ if GP delegated
<b>CHRONIC</b>				
Pressure Area Stage 2 & above	✓		X	+ if GP delegated
Diabetic Ulcers	X		X	+ If GP delegated
Vascular Ulcers	X		X	
Lymphoedema	X		X	

**Acute (new) wounds** – Community Registered Nurses will be responsible for the implementing their critical thinking and decision making to provide initial treatment of the wound. The participants GP is to be informed of the acute wound and treatment provided via email, enquiring if wound care management plan is endorsed or requires amendments.

**Chronic (reoccurring) wounds** – Community Registered Nurses are required to immediately notify a participants GP via email/fax or phone call and request a wound management care plan, complex and chronic wounds require a multidisciplinary approach to be effectively managed within the community setting.



*Chronic Pressure Area / Wound Bed Characteristics*

- **Granulating:** healthy red tissue which is deposited during the repair process, presents as pinkish/red coloured moist tissue and comprises of newly formed collagen, elastin and capillary networks. The tissue is well vascularised and bleeds easily.



- **Epithelializing:** process by which the wound surface is covered by new epithelium, this begins when the wound has filled with granulation tissue. The tissue is pink, almost white, and only occurs on top of healthy granulation tissue.



- **Slough:** the presence of devitalized yellowish tissue. Is formed by an accumulation of dead cells. Must not be confused with pus.



- **Necrotic:** wound containing dead tissue. It may appear hard dry and black. Dead connective tissue may appear grey. The presence of dead tissue in a wound prevents healing.



- **Hypergranulating:** granulation tissue grows above the wound margin. This occurs when the proliferative phase of healing is prolonged usually as a result of bacterial imbalance or irritant forces.





### **Stages of wound healing**

It is critical to remember that wound healing is not linear and often wounds can progress or regress through the phases depending upon intrinsic and extrinsic forces at work within the patient.

#### **Inflammatory or Reaction Phase**

The period of acute inflammatory response occurs. It starts immediately following injury or breach in skin integrity, and lasts approximately 0-3 days. Haemostasis through a process of vasoconstriction or spasm of the arterioles or capillaries in or around the wound leads to a platelet plug. This then binds with fibrin fibres to produce a clot. Local ischemia occurs as a result of the platelet clot and this causes a release of histamine which in turn causes a vasodilation of surrounding tissues. As more blood flows to the area it produces erythema, swelling, heat and discomfort e.g. a throbbing sensation. Phagocytosis then occurs.

Neutrophils and leucocytes which are the body's early natural defence against microbial invasion are released in huge numbers and they kill invading bacteria. Macrophages digest the dead bacteria and debris in an attempt to clean the wound, they also stimulate fibroblastic cells to make collagen to assist with healing. Wound exudate is often copious during this phase as the exudate provides a support medium for enzymes, antibodies and the various cells necessary for wound cleaning.

#### **Proliferation Phase**

This phase commences approximately 2-3 days post the initial injury, and can last for up to 24 days. The proliferation phase comprises of neo-granulation, epithelialisation, and wound contraction. The primary cells involved in this phase are fibroblasts. During this phase fresh red blood cells cover the surface of the wound linking up with the existing capillary network. As the wound site fills with granulation tissue, the wound margins pull together, thereby decreasing the wounds surface area. The final stage of this phase keratinocytes migrate from the wound edges and this is known as epithelialisation.

#### **Maturation or Reconstruction Phase**

This phase lasts approximately 21-365 days. During this process, epithelial cells cease to divide and contraction continues, through contractile fibroblasts. The basic principles being the remodelling of the scar. Collagen fibres become reorganised, increasing the tensile strength of the wound. Scar tissue regains 80% of its tensile strength.

#### **Wound Repair Mechanisms**

- **Primary intention:** the wound edges are held together by artificial means, for



example steri-strips, sutures, tissue adhesive (clean surgical wounds). Many acute wounds such as surgical incisions are closed by primary intention. Such wounds have a lower risk of infection, involve little tissue loss and heal quickly with minimal scarring.

- **Secondary intention:** healing takes place slowly by granulation, contraction and re-epithelisation, and usually occurs in wounds when the wound edges cannot be opposed. Examples would be pressure injuries, wound breakdown/dehiscence or injury with tissue loss.

### General Principles of Wound Management

1. Prevention of wound breakdown is the primary strategy in wound management.
2. *Management of wounds:* Consider the cause, presence of infection, wound characteristics, availability of dressings and cost: to factor into management plans.
3. Dressing selection will be made in consultation with the medical officer, wound care nurse consultant/specialist when indicated and in line with guidelines.
4. Effective wound cleansing is essential for good healing. The cleansing agent should not be toxic to viable tissue or increase wound inflammation. Ensure the wound is adequately cleansed and necrotic or foreign material is removed prior to dressing application.
5. Normal saline is used as a cleansing or irrigating agent unless there is a specific order from the medical officer, or if the wound appears to be clinically infected.
6. All wounds are susceptible to infection, depending on the nature of the wound and the capacity of the patient to resist infecting organisms. Prevention of wound infection is an important aspect of wound management.
7. If infection is suspected, a swab for microbiology, culture and stain (MC&S) should be obtained and the treating medical officer notified. NB Swab to be taken AFTER the wound is cleaned.
8. Standard PPE precautions are to be used when handling wounds/dressings/wound discharge or exudates. Used wound dressings are to be treated as contaminated waste and disposed of accordingly.
9. Assess the need for appropriate pain relief prior to dressing change, removal of sutures, drains or wound interventions.

### Pain Assessment

Pain and/or anxiety are characteristic features of many healing and non-healing wounds. Pain can be caused by nociceptive and neuropathic stimuli. Pain assessment tools should be used to assess the nature and severity of the pain. Routine systematic use of pain assessment should:



- Take place prior to, during and after any intervention
- Incorporate verbal and non-verbal cues
- Must be based on a scale to assist with continuity
- Provide a method of measuring the success of analgesia
- May involve a parent/carer.

### Assessment Documentation

Initial wound documentation should include:

- Date wound sustained
- Wound classification (i.e. chronic pressure ulcer, acute traumatic wound)
- Wound location
- Practitioners/clinicians involved in wound management (RN, GP, CNC, Plastics, Orthopaedics or Infection Control)

Wound appearance is to be documented in the medical record at the time of the initial assessment, at each dressing change and following any change in the treatment with rationale for such. This to be clearly documented in the electronic medical records.

- Dimensions and subsequent changes in size (length, width, depth)
- Pressure injury staging (note: The staging of the pressure injury does not change from the initial assessment as the wound heals)
- Characteristics of wound bed (red, granulation tissue, necrotic, yellow slough).
- Exudate type and amount (serous, haemoserous, purulent).
- Odour (Smell)
- Pain associated with wound or at dressing change.

### Infected Wounds

Nearly every wound is contaminated by microorganisms, so a positive culture doesn't always indicate infection<sup>4</sup>. The table below indicates the stages of bioburden of wounds

Level of bacterial impairment	Bacterial activity	Clinical signs
Contamination	Bacteria are on the wound surface. No division is occurring	No impairment to healing No obvious clinical signs of infection
Colonisation	Bacteria are dividing	No impairment to healing No obvious clinical signs of infection



Topical infection (Critical colonisation)	Bacteria are dividing and have invaded the wound surface There may be an increasing variety of bacteria present	Impairment to healing Clinical signs of infection may not be obvious or are subtle; dull wound tissue, absence of vibrant granulation tissue, slough, hyper granulation, rolled or raised wound edges
Local infection	Bacteria and / or their products have invaded the local tissue	Impairment to healing Usually obvious signs of infection localised to the wound environment; wound breakdown, increase in size, erythema, increased pain, purulent or discoloured exudate, malodour and increased temperature at wound site
Regional/ Spreading infection /Cellulitis	Bacteria and / or their products have invaded the surrounding tissue	Impairment to healing Usually obvious signs of infection. May have systemic signs; spreading erythema (more than 2cm from wound edge), induration of regional tissue, fever, oedema of regional tissue, malaise and/or general feeling of un-wellness
Sepsis	Bacteria and / or their products have entered the blood stream and may have spread to distant sites or organs	Impairment to healing Usually obvious systemic clinical signs; patient acutely unwell, damage to organs may occur, high fever, lymphangitis and regional lymphadenopathy, organ compromise or failure and possibly circulatory shock (including hypotension, tachypnoea, tachycardia)

Wound infection may be defined as a quantitative bacterial count of  $10^5$  colonies of bacteria per gram of tissue or per ml of wound fluid. The presence of microorganisms invade tissue and yield a host reaction. A host reaction can present with one or a combination of the following local and systemic clinical signs.

#### Local

- Delayed wound healing- a wound failing to progress in the expected time frame
- Wound breakdown- increase in size,
- Localised erythema,
- Increased wound pain
- Purulent or discoloured exudate,
- Malodour
- Increased temperature at wound site

#### Systemic

- Fever
- Cellulitis



If any of the following clinical indicators are present an urgent medical review should be instigated (GP review within 12 hours or transfer to hospital).

- A wound swab for microscopy & culture (MC&S) should be considered. Culture and sensitivity testing shows the type of bacteria present in the wound and guides antimicrobial therapy.
- Brevity Incident form to be attended.

### **How to take a wound swab**

Obtaining a wound swab using the recommended technique reduces the risk of false positives/ negatives in the culture. Current evidence based practice shows using the Levine technique avoids these risks

- The wound swab should be obtained before any antibiotic therapy has been commenced
- The wound should be cleaned , ideally by using irrigation of sodium chloride 0.9% via a syringe, to flush away any wound debris and then wipe gently with a sterile gauze pad. A wound culture must be taken from clean tissue because pus or necrotic tissue will not provide an accurate profile of the micro flora present
- Moisten the swab with sodium chloride 0.9%, as a moist swab provides more accurate data than a dry swab
- A small area of clean viable tissue should be used to obtain the swab from. Rotate the swab, applying light pressure to express non purulent wound fluid
- Insert the collected swab into its sterile container
- Ensure that the specimen is labelled correctly, include wound site, time specimen was obtained and if any, antimicrobials the participant is on.
- Send the specimen to pathology as soon as possible

### **Wound Management**

#### **Wound Cleansing**

- Wound cleansing is the application of fluid to aid removal of exudate, debris, slough and contaminants. Cleansing of the wound helps optimise the healing environment and decreases the potential for infection.
- The common indications for cleaning a wound are:
  - Reduce the risk of wound infection
  - Clear excessive exudate
  - Reduce or debride the presence of debris, eschar or slough
- The **most commonly used cleansing agent is sterile 0.9% sodium chloride solution** which is isotonic and not detrimental to wound tissue.





- Wound healing occurs at normal body core temperature so when the body surface temperature falls below this wound healing is delayed<sup>6</sup>: It has been demonstrated that 37°C is considered optimal<sup>7</sup>. Using cold solutions combined with exposure on removing dressing reduces the temperature in the wound and it may take 3-4 hours to return to normal.
- The **cleansing of wounds by irrigation** has been shown to be more effective and causes less trauma than the swabbing method<sup>8</sup>. Where possible the wound should be irrigated using a syringe or squeezing ampoules of warmed normal saline. There may be some instances where the patient can shower to cleanse their wound.
- Gauze swabs and cotton wool should be avoided or used with caution to prevent mechanical damage to new tissue and shedding fibres into the wound bed.

### Appropriate Dressing Selection

Assessment of the wound is a prerequisite to the selection of an appropriate dressing. Dressing selection can be based on the phase of wound healing, location of the wound and amount of wound exudate. (See [Appendix 1](#) and [Appendix 2](#))

The principle reasons for applying a dressing can be summarised as followed:

- To optimise timely and cosmetically appropriate healing
- Maintain a moist environment
- Control or absorb excess exudate, and aid debridement of necrotic or slough tissue
- To prevent or combat infection non adherent to the wound surface, not to shed fibres or cause trauma to the wound or surrounding tissue on removal
- Minimise interference with normal bodily function.
- Prevent further injury to the site.

### Wound dressing procedure

**Note:** When performing a wound dressing hand hygiene and aseptic non-touch technique principles must be adhered to. *“Aseptic Non Touch Technique aims to prevent pathogenic organisms, in sufficient quantity to cause infection, from being introduced to susceptible sites by hands, surfaces and equipment. It protects patients during invasive clinical procedures by utilizing infection prevention measures that minimize the presence of micro-organisms”*

- Aseptic non touch technique (ANTT™) refers to the identification of ‘key parts’ by not touching them either directly or indirectly. This is the single most important step in achieving asepsis
- Key parts refer to the parts that if contaminated with micro-organisms increase the risk of infection.
- Aseptic non touch technique is achieved by using sterile equipment and ensuring



that the sterile component of the product does not come into contact with a non-sterile surface

- Aseptic non touch technique includes performing hand hygiene at the following times:
  - *Prior* to setting up for the procedure and
  - *Prior* to application of non-sterile/sterile gloves and
  - At completion of procedure

This is to protect the practitioner and patient from cross-contamination as per standard precautions.

### Equipment

- Clean procedure trolley
- Disinfectant wipes
- Critical Aseptic Field (e.g. sterile drape/dressing pack)
- Sterilized Gloves
- Procedural equipment

### Procedure

1. Ascertain treatment plan and dressing changes regime, as well as assessing the patients need for appropriate pain relief prior to dressing (e.g. pre-procedural analgesia or distraction technique).
2. Wash hands.
3. Clean the trolley with alcohol impregnated wipes.
4. Open up dressing pack, using standard precautions.
5. Open up appropriate dressings, cleaning solutions, gauze, scissors and gloves using ANTT.
6. Using aseptic technique, remove old dressing and discard. If dressing does not lift easily it may require soaking to avoid trauma to the wound.
7. Using the irrigation method. For linear wound types, start at the top of the wound and finish at the lower edge. For other wound types, start at the wound edges and work inwards. NOTE: Wound cleaning should be performed in a way that minimises trauma to the wound bed. Irrigation is the preferred method. If used, swabs/wipes should only be used once.
8. Once the wound has been cleaned, change gloves.
9. Ensure the wound is dry before applying appropriate dressing.
10. Discard soiled materials and clean trolley. Soiled wound dressings are to be considered contaminated waste and disposed of accordingly.
11. Wash hands.
12. Document the wound status/ assessment in the patients' medical records.

**Wound management plan: Evaluate at each dressing change**



The frequency of dressing changes will dictate an individualised wound management plan. The frequency of such dressing changes will be directed by the clinician co-ordinating the patients care but must take into consideration the dressing properties and the stage of wound healing. The choice of dressing is determined by the individual needs of the patient and the wound. The type of dressing used may differ as the healing process progresses. When evaluating the wound management plan, consider:

- Is the dressing providing an environment that supports and is beneficial to the healing process?
- Is the wound progressing in a timely manner through the stages of wound healing?
- Are there any signs of clinical infection?
- Note any adverse reactions to dressings or tapes used.

If the wound is deteriorating or showing no expected signs of healing, then re-assessment must be performed by an appropriately trained clinician and an alternative wound management plan prescribed.

## REFERENCES

1. NSW Health
2. ACT Health
3. Dealey C (2012) The Physiology of Wound Care (chapter1) in The Care of Wounds- A Guide for Nurses 4th edition. John Wiley and Sons Ltd.
4. Reinke JM, Sorq H (2012) Wound Repair and Regeneration. Eur Surg Res 49 (1); p35-43
5. Carville K (2012) Physiology of Wound Healing in Wound Care Manual 6th edition. Silver Chain Nursing Association, WA.
6. Huddleston Cross H (2014) Obtaining a wound swab culture specimen. Nursing 2014, July; p68-69
7. Bonham PA (2009) Swab cultures for diagnosing wound infection: a literature review and clinical guideline. J Wound Ostomy Continence Nurs, 36(4) , p389-95
8. Krasner D, Rodeheaver G, Sibbald G (Eds)(2007) Chronic Wound Care: A clinical source book for healthcare professionals (4th ed) Malvern PA, HMP Communications
9. McGuinness W et al (2004) Influences of dressing changes on wound temperature. Journal of Wound Care 13 (9); 383-5
10. The Association for Safe Aseptic Practice. (2015). *Aseptic Non Touch Technique (ANTT): Aseptic Non Touch Technique: The ANTT Clinical Practice framework. For all invasive procedure from surgery to community care. Version 4.0* The Association for Safe Aseptic Practice (The-ASAP): London.
11. Fletcher J (1997) Update: Wound Cleansing. Professional Nurse 12(11); 793-6
12. Trevelyan J (1996) Wound Cleansing Principles and Practice. Nursing Times 92 (16); 46-8
13. Preston RM. Aseptic Technique: Evidence-based Approach for Patient Safety. Br J Nurs. 2005 May 26 – June 8; 14(10): 540-2, 544-6.
14. Rowley S, Responsibility. A safe and efficient handling technique for IV therapy & other clinical procedures. United Bristol Healthcare Trust.
15. Hart S. Using an aseptic technique to reduce the risk of infection. Nursing Standard. 2007; 21(47):43-48.
16. Hemsworth S, Selwood K, van Saene R, Pizer B. Does the number of exogenous infections increase in paediatric oncology patients when sterile surgical gloves are not worn for accessing Central Venous Access Devices? Euro J Oncol Nurs. 2007; 11:442 – 447.
17. Willy C (2006) The Theory and Practice of Vacuum Therapy. Scientific Basis, Indications for Use, Case Reports, Practical Advice. Lindqvist, Germany



18. Willy C & Schmidt R (2006) The Principle of Vacuum Therapy in C Willy (ed.) The Theory and Practice of Vacuum Therapy. Scientific Basis, Indications for Use, Case Reports, Practical Advice, Lindqvist, Germany.
19. V.A.C. Therapy Clinical Guidelines – A reference source for clinicians, 2-B-128 Rev. 7-0. KCI ,San Antonio, Texas.



# Participant Consent

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.4
<b>Process Owner</b>	Governance Lead   CEO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2019	Natashia Telfer	Employsure	New policy Photography
1.1	4/2023	Natashia Telfer	CEO	Additional resources added, All references re: consent - across all policies combined to create this all round consent policy
1.2	3/2018	Natashia Telfer	Employsure	Defining the types of processes across sectors
1.3	5/2023	Natashia Telfer	CEO / GL	Review of severity inline with new documenting system roll out
1.4	2/2024	Natashia Telfer	CEO / GM	Review. NIL Change



## Decision Making and Consent Policy

### **POLICY STATEMENT**

The Policy provides a framework for supporting people with disability to exercise their rights to self determination as defined in the Act and the UN Convention. The Policy highlights the person-centred approach to supporting people to make decisions that affect them, and to give informed consent. The Policy recognises the vital role of family and others, and legally appointed decision makers, in ensuring the rights of the person with disability are protected. Decision making and consent issues addressed in the Policy apply to people who need and want support to make decisions in all areas of their lives, who are 16 years and older, and reside in or access NCC operated disability support services.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

The issue of informed consent is recognised by NCC as a challenging area due to the functional limitations of some of our participants. NCC has identified the need to obtain consent and agreement from our participants for the following activities:

- understanding of, and agreement to, the terms and conditions of the NDIS Service Agreement
- commencement of the Services outlined in the Support Plan
- seeking payment request / inquiry from Agency and/or Plan Managed Agencies
- seeking and disclosing information with other service providers and pertinent others
- taking and use of photographic/video materials by NCC for use in participant related records
- participation in Participant Satisfaction Surveys and Quality Management Activities

NCC recognises the rights of the participant to limit their consents or withdraw consents at any time. Participants will have their consents clearly documented on their Service Agreement and Support Plan where it is accessible to those working with them.

### **OUTCOME**

Consent is appropriately sought and given by the participant or their substitute decision maker. Consent is appropriately documented and stored for all participants receiving services from NCC. No breach in consent occurs.

### **GUIDING PRINCIPLES**

1. People have the right to make decisions about things that affect their lives.
2. People are presumed to have the capacity to make their own decisions and give consent when it is required, unless there is evidence otherwise.
3. People are supported to make informed decisions when their consent is required.
4. Consent is obtained from the person, or a legally appointed guardian, for life decisions such as accommodation, medical and dental treatment, forensic procedures, and behaviour support.
5. Consent for financial matters is obtained from the person, or a legally appointed financial manager or person appointed under a Power of Attorney.



6. People are supported to identify opportunities to make decisions about their own lives and to build their decision making confidence and skills.
7. When support to make decisions is wanted or needed by the person, it is provided in ways preferred by the person and by a supporter of their choice.
8. Support with decision making respects the person's cultural, religious and other beliefs.
9. If the person wants to be supported by natural supporters, such as family and friends, this is encouraged and facilitated.
10. Support is provided in ways that uphold the person's right to self determination, privacy, and freedom from abuse and neglect.
11. Decision making and self determination are not limited by the interests, beliefs or values of those providing the decision making support.
12. The amount or type of support required by people to make decisions will depend on the specific decision or the situation.
13. People are supported to make decisions that affect their own lives even if other people don't agree with them, or regard the decisions as risky.
14. People are supported to access opportunities for meaningful participation and active inclusion in their community where they want this.
15. Information is provided in formats that everyone can understand, and enables the person, their supporters and other relevant people, such as legally appointed guardians, to communicate effectively with each other.

#### **APPLICATION OF PRINCIPLES**

The Guiding Principles of the Policy are the basic mandatory requirements for NCC operated disability support services to follow when supporting people in their decision making and when seeking consent.

#### ***Aboriginal and Torres Strait Islander People***

The Act provides that Aboriginal and Torres Strait Islander people with disability are to be provided with services that recognise their particular needs. To make a difference, services need to be culturally competent, responsive and sensitive to the needs of Aboriginal and Torres Strait Islander people. Aboriginal Torres Strait Islander people have higher rates of disability and support needs compared to non-Aboriginal people and access relatively fewer services. For many Aboriginal Torres Strait Islander people this is compounded by broad socio-economic disadvantage and geographical isolation. This information guides staff with an opportunity to provide supports and services that are culturally competent, responsive and sensitive for Aboriginal Torres Strait Islander people, their families and carers. If an Aboriginal Torres Strait Islander person who receives accommodation services requires decision making support, they have the right to receive it. See Other Resources for more information on working with people from Aboriginal and Torres Strait Islander communities.

#### ***Cultural and Linguistic Diversity***

The Act provides that services and supports are to be provided to people with disability of a Culturally and Linguistically Diverse background in a way that addresses the barriers that may be created due to cultural, language and other differences. The behaviour of the person and their family, attitudes, preferences and decisions about decision making and consent, are influenced by culture and religious practices.

A person's cultural and religious preferences for supported decision making should be determined early in support planning. Demonstrate respect and cultural sensitivity by considering:

- The person and the family's perspective on decision making and consent.



- The person and the family's perspective on alternate decision making and advocacy.
- The role of spiritual and religious beliefs and practices in decision making.
- How the person and their family communicate, for instance, through an interpreter.
- The person's own role in the process of problem solving and decision making

### **Women**

The Disability Inclusion Act recognises that “women with disability may face multiple disadvantages and are potentially more vulnerable to risk of abuse or exploitation”.

In supporting women with decision making and seeking consent, respect is shown by:

- Ensuring supporters are chosen by the person such as allowing the person to choose female or male supporters.
- Involving and encouraging contribution by natural supports where the person wants this (natural supports are a protective factor in preventing abuse and exploitation).
- Ensuring access to information and supports regarding reproductive health and sexuality that enable informed decision making and consent about general health and wellbeing, intimate relationships and self-protective strategies.

### **Children and Young People**

In the context of the Policy, a child is any person under 16 years of age and a young person is anyone 16 years or older and under the age of 18 years. In line with Children and Young Persons Act 1998 Children and young people have a right to be involved in decisions that affect them in ways appropriate to their age and stage of development under the UN Convention on the Rights of the Child. Even very young children can make choices and communicate their feelings, ideas and wishes in numerous ways before they are able to communicate through spoken or written language. Children should be involved in decisions that affect them, in an age appropriate way. This provides opportunities for children to develop decision making skills and confidence to prepare them for adulthood, and allows parents and guardians to see them as decision makers. Parents and guardians of people under 16 years have the right to make certain decisions for them. Parents or legal guardians also have a role in decision making concerning their children because they have primary responsibility for children's upbringing and development. The Standards in Action Manual<sup>11</sup> provide guidance for workers to support decision making in a child and family centred way, recognising the important roles and responsibilities of parents of children and young people, and the shift to a person centred approach to decision making as children develop and mature. The Disability Inclusion Act 2014 requires service providers to consider the particular needs of children and young people with disability so that supports and services are provided in a way that:

- Recognises the child or young person's right to live a life with full and active participation in family, cultural and social life, with dignity and conditions that promote self-reliance.
- Recognises that children and young people are more vulnerable to the risk of abuse and exploitation.
- Respects the views of the child or young person (with respect to their age and maturity).

Support with decision making will be provided to children and young people, and their families, within these frameworks.

### **Participant Responsibilities:**

Participants should be supported to be active partners in the design, delivery and evaluation of supports. To do this, participants should be:





- Support participants to understand and exercise their rights
- Provided with evidence-based information about treatment options
- Encouraged to share decision making about their health care to the extent that they choose
- Involved in making decisions about how health services are designed and operate, how care is delivered, and in measuring and evaluating care and services.

Health care can be improved when consumers share – with their healthcare providers – what is important to them and any issues that may impact on their care and treatment plans.

***NCC/Employee Responsibilities:***

- Employee to always seek consent from participant regardless the task as hand.
- Employee to understand legal obligations and consequence is consent is not given.
- Employee to undertake annual training in relation to mandatory reporting.
- Employee understands any breach of participant consent can result in disciplinary action and legal action taken by the participant.

Participants should be supported to be active partners in the design, delivery and evaluation of supports. To do this, participants should be:

- Support participants to understand and exercise their rights.
- Provided with evidence-based information about treatment options.
- Encouraged to share decision making about their health care to the extent that they choose.
- Involved in making decisions about how health services are designed and delivered.

**Key Personnel Contacts:**

- **Daily Operations: 0401 439 798**
- **Support Coordination: 0427 552 804**

<b>Work Safe ACT</b>	6207 3000	<a href="https://WorkSafe.act.gov.au">https://WorkSafe.act.gov.au</a>
<b>ACT Police</b>	6256 7777	<a href="https://police.act.gov.au">https://police.act.gov.au</a>
<b>ACT Ambulance Service</b>		<a href="http://esa.act.gov.au/actas">http://esa.act.gov.au/actas</a>
<b>Work Cover NSW</b>	13 10 50	<a href="http://www.workcover.nsw.gov.au">http://www.workcover.nsw.gov.au</a>

**REFERENCES**

Freedom of Information Act 1989	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012
Disability Services Regulation 2014 Aged Care Act 1997	Fair Work Act 2009
	Workers Compensation Act 1951

WorkSafe ACT, Failure to report an incident is an offence, accessed from

<https://www.accesscanberra.act.gov.au/ci/fattach/get/79345/1460090980/redirect/1/filename/Fail>



[ure+to+report+an+incident+is+an+offence+poster.pdf](#) on 1 April 2018 Aged Care Quality and Safety Commission - <https://www.agedcarequality.gov.au/providers/compulsory-reporting-approved-providersresidential-aged-care-services>

National Standards for Disability Services - <https://www.dss.gov.au/our-responsibilities/disabilityand-carers/standards-and-quality-assurance/national-standards-for-disability-services>



## Consent Procedure Types

### ***Consent to Partake in Initial Assessment***

The NCC Information Pack/Welcome Packs used by the staff member taking the new referral includes obtaining verbal consent from the participant or their substitute decision maker to undergo the Initial Assessment and for the associated fees to be claimed through the participant's NDIS account. This consent is recorded on the participant's file via their completion of the application for service form and reconfirmed via signed service agreements.

### ***Consent to seek and disclose information to others***

At the time of the Initial Assessment the participant will consider the consents contained in the NDIS Service Agreement. One of these consents is for sharing information with and obtaining information from other Service Providers and pertinent others. The participant can choose to provide limited consent e.g. choose for information not be shared with certain Service Providers. This consent is stored on the participant file and is referred to prior to information being sent or information being sort.

### ***Consent to proceed with services***

At the time of the initial assessment, NCC will discuss planned services and any risks associated with the planned services.

Participants are given the opportunity to ask questions until they understand and are satisfied with the explanation of the answers.

Participants are requested to sign a Service Agreement which includes a consent section that includes the consent for services to be provided.

Participants are informed they can withdraw their consent for services at any time.

### ***Consent to additional processes to support service***

Within the Service Agreement, there are optional tick boxes for a participant to express consent in relation to participating in audit process, individualised training, buddy shifts etc.

Participants are informed they can withdraw their consent for services at any time.

### ***Consent to use photographic/video materials for use in participant related records***

Participants are requested to sign a Service Agreement which includes a consent section that includes the consent for taking photographs for the purpose of therapy and inserting in reports if required.

Any participant unable to consent and/or withdraw consent will have an indicated representative identified within the service agreement and information pack.

Where such material is taken, employee is required to complete an incident report and an additional check box is available to indicate that additional consent was also sought at time of incident.

### ***Consent to participate in Participant Satisfaction Surveys and Quality Management Activities***



Participants are requested to sign a Service Agreement which includes a consent section that includes the consent for participating in Client Satisfaction Survey and Quality Management Activities.

Participants are informed of their right to refuse consent and may also choose to not participate at any stage.

Participants are informed of their right to withdraw consent at any time.

Participants are informed their decision not to partake in Participant Satisfaction Surveys or Quality Management Activities will not change or jeopardise the services they receive from NCC.

### ***Storage of Consent***

The range of consents is part of the Service Agreement form.

All Service Agreement forms are safely electronically stored and attached to the participant record.

### ***Consent to use participant's photographic/video materials for marketing or external use***

NCC's general consents do not include consent to use photographs or video material of participants for marketing or non-participant related reports. In the event this consent was being sought a separate consent would be used and documented specifying the details of the marketing project or report. This consent would be stored as above and attached to the participant record.

### ***Signing of Consent***

Participants who are physically unable to sign their own consent but have the ability to determine their consent can provide verbal consent which is documented on the service agreement.

Where possible a secondary signature witness may be required to safeguard participant and/or confirmation via email to support the verbal consent.

### ***Staff Training***

Staff are inducted on the various consents and the documentation of consent at induction and then annually within Mandatory Reporting or as required.

### ***Overruling participant consent***

Poses serious harm to self and/or others

Mandatory reportable incident

As a registered NDIS provider, NCC must notify the NDIS Commission of all reportable incidents (including alleged reportable incidents) that occur (or are alleged to have occurred) in connection with the provision of NDIS supports or services you deliver, even where NCC have recorded and responded within internal incident management system. It is a condition of registration that NCC comply with the NDIS Quality and Safeguards Rules about notifying all reportable incidents regardless of participant consent on the incident.

For an incident to be reportable, a certain act or event needs to have happened (or be alleged to have happened) in connection with the provision of supports or services. This includes:



- the death of a person with disability
- serious injury of a person with disability
- abuse or neglect of a person with disability
- unlawful sexual or physical contact with, or assault of, a person with disability
- sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- use of a restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person with disability

NDIS Consent for third party to act on your behalf form

[Consent forms | NDIS](#)



# Participant Onboarding & Transitioning

## Current Version

<b>Service Area</b>	Disability, Mental health, Aged Care	<b>Version</b>	1.5
<b>Process Owner</b>	Governance Lead   Clinical Team	<b>Date of Issue</b>	14 Jan 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Jan 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	08/2015	N.Telfer	Employsure	Creation
1.1	10/2016	N.Telfer	Employsure	Review nil change
1.2	03/2020	N.Telfer	CEO	Expansion on Transition of services
1.3	06/2022	N.Telfer	CEO	Living Alone Assessment inclusion
1.4	08/2022	N.Telfer	CEO	Companion Pets inclusion
1.5				
1.6				
1.7				

Further to additional Policy Guidelines:

- Complaints and Feedback
- Documentation and Record Keeping
- Emergency Management
- Employment Roles and Responsibilities
- Fraud and Corruption
- Incident Reporting
- Infection Control
- Lines of Reporting
- Risk Management
- Training Performance and Development



## Participant Responsibilities

### **POLICY STATEMENT:**

National is committed to maintaining and protecting the rights, dignity and interests of client/participants and employees whilst providing a high standard of quality care.

### **PURPOSE:**

There are ethical and legal obligations imposed upon all parties concerning duty of care. The purpose of this policy is to ensure all parties are reminded of their obligations. All parties refers to Service Provider/Employer, Employees, Client/Participant.

### **SCOPE:**

This policy applies to all employees of National

### **POLICY:**

Duty of Care refers to the legal obligation to take responsible care to avoid injury to a client/participant and employee whom, it can be reasonably foreseen, might be injured by an act or omission. A duty of care exists when someone's actions could reasonably be expected to affect other people. Failure to exercise care in that situation may lead to foreseeable injury and liability against the employee.

### **Responsibilities:**

- All clients/participants are to provide a safe environment for the employee to work within.
- All parties have the right to be treated inclusively and respectfully.
- Clients/Employees are required to inform National of any client/participant changes. This can include but is not limited to the following: The timeframe allocated for service is not substantial, the client/participant has incurred an injury or illness prior to service, during the time-of-service delivery, medication mishaps, if the client/participant is out of character, if the client/participant or employees are at risk whether it be environmentally, physically, mentally.
- Clients understand that they always have choice and control in line with person centred framework.
- Documentation is required for all care, to fulfil legal and professional practice requirements it is to be clear and accurate, stating the facts, the date and time, employee signature and designation.
- Clients must understand documentation is a permanent record on the interaction between client/participant and carer, this aids in communication between client/participant and families, other service providers, case managers etc and that the employee can be held accountable in a court of law.
- Clients and Employees must understand the mandatory reporting requirements National must adhere to.

### **Relevant Legislation and References:**

Freedom of Information Act 1989

Discrimination Act 1991



Health Records (Privacy and Access) Act 1997

Fair Work Act 2009    Official Visitor Act 2012

Working with Vulnerable People Act 2011

Work Health & Safety Act 2011

Human Rights Act 2004    Disability Services Act 1991

Health Professionals Act 2004

Human Rights Commission Act 2005

Territory Records Act 2002

National Disability Insurance Scheme Act 2013

Information Privacy Act 2014





## Choice and Control (Person Centred) Policy

### POLICY STATEMENT

National is committed to providing quality; person centred health care in an environment that is respectful of the individual's right to privacy and confidentiality, choice and control. National respects the choices and decisions of clients.

### SCOPE

This policy applies to all employees of National and recipients of care.

### POLICY

All persons are entitled to choice and control. This is reflected within all charters of rights including: Australian Commission on Safety and Quality in Healthcare Charter of Rights, NDIS Charter of Rights and Charter of Aged Care Rights. In addition, it is also reflected in Code of Conduct.

The **person-centred approach** treats each person respectfully as an individual human being, and not just as a condition to be treated. It involves seeking out and understanding what is important to the patient, their families, carers and support people, fostering trust and establishing mutual respect. This is extended when choice and control is respected.

National acknowledges that an individual's choices may not align with other individual's views and beliefs, however within a professional setting, all employees are required to respect the choices and decisions of others without judgement or prejudice. National is always of the highest belief, that care is care. If an employee feels that a client places the employee at risk or immediate danger, then safety is priority. This is an issue separate to choice and control. (See emergency management)

For example, in most cases, all individuals have choice and control on:

- where you choose to live
- what service you wish to engage
- how you wish to receive said service
- what GP you wish to visit
- what you wish to eat
- when you wish to shower
- what time you wish to have appointments
- when you wish to be available
- what time a service is requested

Beyond this, additional preferences can be requested and where it safe to do so, National will do their best to facilitate preference requests. These could include:

- Gender preferences: female, male, non-binary and/or other
- Cultural similarities: indigenous language, religion etc
- Skills: cooking, sewing, computer skills etc
- Hobbies: sports, crafts, arts etc



In addition to the above rights to choice and control, there can often be serious concerns of risk and/or legal requirements National must adhere to that may not necessarily be privileged to service delivery level knowledge. This could include:

- Client historical experiences: Domestic Violence, History of Abuse
- AVOs, FVOs, A cease and desist, Judge appointed directives
- Public Trustee and Guardianship (PTG) directive
- Guardianship, Enduring Power of Attorney (EPOA)
- Client medical history and/or diagnosis and/or behaviours
- Mental health Plans / Behaviour Plans

Instances where this could be brought into disrepute – where a significant risk is identified and can not safely be mitigated with risk controls and/or a dignity of risk, rendering a high risk with severe consequence to client and/or attending employee. National have duty of care to employee and client safety. However National can not simply cut services without due process. The following documents and processes should identify and support in reducing and/or mitigating risks as first steps.

- Onboarding Risk Assessment
- Living Alone Assessment
- WHS Property Risk Assessment
- Full Profile Risk Assessment
- Care Planning and Review
- Dignity of Risk
- Advance Care Directive / Health Statement
- Service Agreement: Service Outlines
- Service Agreement Special Conditions
- Multidisciplinary Meeting with client
- Internal Weekly Risk Meetings

### ***Supporting National Policy***

Choice and Control is part of National culture and is reflected throughout many of National frameworks including but not limited to:

- Participant Consent
- Participant Onboarding and Transition
- Commencing, transitioning, Sharing and Exiting Services
- Living Alone Risk Assessment Policy
- Support Coordination Framework
- Restrictive Practices
- WWVP Policy
- Mealtime Policy
- Participant Finances Policy
- Client Sexuality and Relationships Guidelines



- NCC Accessibility Policy
- Client Privacy and Confidentiality Policy
- Clinical Policy Framework
- Medical Emergency

***Supporting Evidence***

[Choice and control in the NDIS | Disability Support Guide](#)

[Tips for choosing a support provider | Disability Support Guide](#)

[A National Human Rights Act for Australia | Australian Human Rights Commission](#)

[PB Participant Service Charter PDF.pdf](#)

[Rights of people with disability | NDIS Quality and Safeguards Commission](#)

[NDIS Code of Conduct | NDIS Quality and Safeguards Commission](#)

[Charter of Aged Care Rights | Aged Care Quality and Safety Commission](#)

[Code of Conduct for Aged Care | Aged Care Quality and Safety Commission](#)



## Client Privacy & Confidentiality Policy

*(also see Documents and Record Keeping Policy)*

### **POLICY STATEMENT**

National is committed to providing quality; person centred health care in an environment that is respectful of the individual's right to privacy and confidentiality. National respects the privacy of employees and the privacy of patients.

### **SCOPE**

This policy applies to all employees of National and recipients of care.

### **POLICY**

National requires employees to sign a confidentiality clause as a condition of employment, to ensure understanding of and commitment to National's obligation to protect the rights of patients and National's own confidential information.

All client/participant service agreements hold a similar clause to ensure understanding of and commitment of the client/participants obligation to protect the rights of own and National's confidential information.

#### *Collection of Client Information*

**Care recipients** personal and health information will be collected

- As necessary to provide informed, accurate personal and clinical care.
- By lawful and fair means, and not in an unreasonably intrusive way.

National requires all care recipients to have an understanding and an agreement to the personal information being collected and why and the circumstances that information would be shared

#### *Use and Disclosure*

National will not disclose personal information without the express consent of the employee's and care recipients unless otherwise authorised by law. Personal information collected by National which is no longer required by National and which need not be retained by law will be destroyed.

Personal information will not be disclosed to another party except

- to those the person would reasonably expect the information to be disclosed to AND if a secondary purpose is related to the primary purpose of collection
- if the information is relevant to public health or public safety or for the compilation of statistics
- To those government or regulatory authorities and other organisations, as required or authorised by law including any reportable incident
- to health care settings such as primary responders (Ambulance personnel) and to local Hospitals, to facilitate treatment in such circumstances where personal and health information is required.
- Lastly, If reporting information is necessary to prevent or lessen a serious threat to an individual's life, health or safety, the NDIA will carefully consider the matter and proceed with the urgency required by the circumstances.



A serious threat to life, health or safety could arise when a person is subject to, or at risk of, harm, abuse, neglect or exploitation. Such threats could be physical or emotional, such that the person has suffered or is likely to suffer physical or psychological injury that jeopardises, or is detrimental to their wellbeing.

Harm, abuse, neglect or exploitation may also involve a reasonable likelihood of a person being killed, injured, abused or neglected by a person they live with, a person who has threatened to kill or injure them before or a person who has killed, abused or neglected another person in the past.

Whether a serious threat exists, and whether there are reasonable grounds to believe that the disclosure is necessary to prevent or lessen the threat to an individual's health, life or safety are questions of fact to be determined in the individual circumstances of each case. Careful consideration and judgement by National is required

### ***Data Quality***

National will take all reasonable steps to ensure that personal information it collects uses or discloses is accurate, complete and up to date.

### ***Data Security***

National will take all reasonable steps to ensure that the personal information it collects uses or discloses, from misuse, and loss and from unauthorised access, modification, or disclosure. This includes the implementation of a Cyber Security Policy and appropriate onshore cyber storage. (See *Documents and Record Keeping Policy*)

National will take reasonable steps to destroy or de-identify personal information if it is no longer needed for any purpose. De-identified personal information is shredded and disposed of to safeguard confidentiality.

### ***Openness***

This policy document will be made available to all employees and care recipients on request. (Choice and control)

National will take reasonable steps to disclose to any individual on request what personal information it holds, for what purposes and how it collects, holds and uses that information.

### ***Access and Correction***

National will provide employees and care recipients with access to their information on reasonable request and will provide opportunity to amend information that is not accurate or correct. This includes any participant transitions between service providers to ensure a smooth and successful transition for the participant and providers involved.

### ***Client/Participant Confidentiality***

National is committed to safeguarding the privacy and confidentiality of client/participant information. Employees are required to comply with their obligations under the [Health Records \(Privacy and Access\) Act 1997 \(ACT\)](#). (See *Privacy and Confidentiality Policy*)

This obligation includes:

- only obtaining information about patients and their health with the patient's consent



- keeping patient health information secure
- not disclosing patient information without the patient's consent
- allowing the patient to withdraw consent at any stage
- ensuring a process for working with the Office of the Privacy Commissioner to resolve any complaints that cannot be resolved directly with the patient.

National and all employees of National are bound by law, by this policy and by National Code of Conduct to maintain the privacy and confidentiality of patient information. Failure to comply with this policy could result in disciplinary action, up to and including termination. Relevant Legislation and Information. [Health Records \(Privacy and Access\) Act 1997 \(ACT\)](#). [National Privacy Principles](#)

Client/Participant information is only shared with approved client/participant consent across relevant parties which can include plan managers, POA, guardians, coordinators, allied health professions and/or in the event National are obliged by mandatory reporting requirements as outlined in this policy under “use & disclosure” and in addition, within the Mandatory Reporting Policy.



## Commencing, Transitioning, Sharing and Exiting Services

### **PURPOSE**

The purpose of this procedure is to ensure a transparent and participant focused approach. Outline National Community Care's responsibility and obligation as a registered NDIS service provider under the 'NDIS Practice Standards and Quality Indicators 2021' to ensure each participant experiences are planned and coordinated from commencing services, to transiting between or in the event the participant choices to engage multiple services and/or exit service. This process is to be transparent and always in the best interests of the participant and safety of all parties involved.

### **SCOPE**

National Community Care Directors, Clinical Coordinator, Senior Nurses and AINs supporting transition to or from a service provider.

### **OPERATIONAL COMMITMENT**

National individually assess suitability in providing supports within the operational capacity at that time, if National is unable to provide the necessary supports this will be communicated prior to any agreements being reached to provide services. This may include ability to meet volume of hours required, specific skill set and/or appropriate employees to fulfill the client/participant needs.

Furthermore, National will liaise and operate transparently with all client/participants, if care needs significantly change and are identified to be beyond our scope to continue services adequately and/or safely.

### **PROCEDURES**

National Community Care will collaborate with the participant and their nominated representative to seek consent to coordinate with their external health professionals, clinicians, support coordinators and all other relevant persons to commence any form of transition including but not limited to:

- Commencing Services with National Community Care
- Transitioning from a Service Provider to National Community Care or vice versa
- Implementing more than 1 Service Provider
- Exiting Services with National Community Care

Regardless the form of transition, National Community Care will be open and transparent with all parties in relation to transition to ensure a smooth and safe process for the client/participant executing their right of choice.

### **PRIVACY**

Regardless of the type of transition occurring, all collected information by National Community Care will be entered into our system to create a basic service guide for the carers to best assist you. All personal information provided will be kept and stored confidentially, in line with the Privacy Act 1988 and is accessible upon request.

### **Conflict of Interest**



National uphold privacy and confidentiality of all clients/participants and employees. Furthermore, National will not knowingly take on a client/participant that is of a relation to a National Employee. National believe this is in the best interests of maintaining profession boundaries across all parties. Any employee relations are referred to National Relationships in the Workplace Policy and Conflict of Interest Policy and are required to notify National in the event a relationship commences. National will strictly never roster a relation to work the same service/shift together to ensure the best interests of all parties involved. (See Conflict of Interest Policy)

*Commencing Services with National Community Care*

	 BASIC INFO / SERVICE AGREEMENT	 SERVICE GUIDE	 CARE PLANS*	 RISK ASSESSMENTS	 EMERGENCY PLANNING*	 INDIVIDUALISED TRAINING*
UPON COMMENCEMENT	✓	✓	✓	✓	✓	✓
1 MONTH			✓			
12 MONTHLY	✓	✓	✓	✓	✓	✓
UPON CHANGE		✓	✓	✓	✓	✓
COMPLEX 3-6 MONTHS			✓ <sup>SIL</sup>			
TRANSITIONING SERVICES				✓	✓	

\*IF APPLICABLE TO PARTICIPANT NEEDS

- Upon contacting National Community Care to engage services, National will provide you with information in your preferred method: email and/or post out or face to face.

The information provided includes:

**Basic Information Pack** - This contains information about National Community Care (NCC), our charge rates and FAQs.

**Client/participant Application for Services** - This document outlines specific details of what the client/participant requires and provides National with information to make a determination on skill mix as to who within our team may be the appropriate fit.

**WHS Check List** - This checklist can be completed by you prior to National visiting the property and provides you with an idea of the safety requirements we need to ensure for our employees.





**The NCC Risk Assessment** – completed together with a National representative and the client/participant and the meet and greet. SIL Participants have the “Comprehensive Risk Profile Document” and community clients/participants have a “Basic Risk Profile”.

**Care Planning** – for participants with complex care needs.

**Comprehensive Risk Assessment** – For SIL participants engaging National.

**Personal Emergency Evacuation Plan**- To be completed by client/participant with National if required or requested, there is an opt out option for client/participant who do not wish to complete this form.

- Upon reviewing the Information Pack and the client/participant choosing to engage National in services, National Community Care will schedule a meet and greet with the client/participant and will have Service Agreements drawn up for client/participant review. This can be emailed over prior to the scheduled meeting to ensure the client/participant has adequate time to read and absorb the Service Agreement and raise any questions prior to meeting.  
There are 2 copies to be signed. 1st copy for client/participant records, 2nd copy to be returned to National. National can email a soft copy for review prior to meeting face to face. This allows time to ensure client/participant and/or support networks have time to read over the agreement, document any questions and arrange any support networks present at the meeting.
- At the meet and greet, we can discuss how you wish to have your service delivered, preferences, idiosyncrasies and all the finer details that will make the client/participant service effective and enjoyable. We will identify any goals you wish to achieve and outlined within your NDIS plan. At this time, pending client/participant preference we can complete the risk assessment or post pone it within the first 3 months of service.
- Upon returning signed documents to National before any service can commence along with your desired start date. This ensures insurances are in place to safeguard our employees and the client/participant.
- National can set up a complimentary meet and greet with any carer(s) we may have in mind to ensure they are a good fit for the identified needs of the client/participant.
- National will touch base with the client/participant upon commencement to see how the transition is going.

### *Transition to National Community Care from another provider*

- National Community Care, individually assess suitability in providing supports within operational capacity, if National is unable to provide the necessary supports this will be communicated prior to any agreements being reached to provide services.



- Service Agreement to be agreed and signed by participant if able, or legal nominated representative (See *Commencing Services with National Community Care Procedure*)
- Meetings with the participant and representatives will be organised to discuss the following: goals of care, supports required, current NDIS approved plan (discussing care / supports within budget), WHS risk assessment of living environment, communication to support coordinator of any risks, hazards or concerns that need to be addressed prior to full transition of care to National Community Care.
- Care planning meeting to be conducted – as per care plan policy & procedure.
- Transition of Services meeting between services can occur at the client/participants discretion. Here, with consent of participant, National will request relevant documentation for transition of care from the current service provider and any finer details National may need to know. Such as risk assessments, current care plans, consumable orders and accounts, current daily routines etc.
- A detailed plan for transition will be developed with the information identified and outlining all parties' responsibilities in relation to ensuring a planned and coordinated transition of care is achieved. This is communicated through email, with a formal transition letter attached. (Specifically, within SIL properties: Setting up accounts, pharmacies, moving of personal items, Functional OT assessments etc.
- If you have any current care plans in place with other service providers, you can provide these if you wish to ensure care is consistent and that we can provide a seamless transition in care.

### *Transition to another provider from National*

- National Community Care will confirm transition with participant / representative and gain consent before providing any private and confidential information to the onboarding provider.
- Once confirmation and consent is obtained National will actively collaborate with the new service provider to ensure a planned and coordinated transition is achieved.
- National Community Care will then proceed with consent to provide copies of the following relevant information: risk assessment, health & wellbeing reports, overview of care supports, contact list of external allied health services currently engaged, current medication list, hospital discharge summaries, specialist reports and identified behaviours and behaviour management plan, list of identified risks in providing supports for the participant.
- National will seek any feedback from participant and representatives to log as continuous improvement.
- National will maintain open, transparent communication with the new service provider during the transition phase to assist with positive outcomes for the participant.
- In the event the participant holds funding within a PRODA NDIS Service Booking, NCC management is responsible for ending the service booking on the last date of service provided by National.



- Once transition is complete, National will place all documentation & files etc into archiving to uphold privacy and confidentiality requirements, the information will be stored in a locked facility. (See *Documents and Record Keeping Policy*)

### *Implementing more than 1 Service Provider*

- As National operate in a brokerage capacity, we demonstrate daily the ability to effectively work alongside other service providers in a cohesive manner. By working together, this can provide the participant with more access to choose and freedom in the delivery of their care. Service providers have the shared desire of meeting the client/participants identified needs and goals.
- This is achieved by maintaining clear boundaries between all parties including who is the primary contact, which service provider is responsible for what services and/or tasks.
- In previous experience, National has found having transparent communication across all services and participants can ensure a collaborative and seamless approach to service delivery and we welcome these supports to all participant meets.

### *Exiting Services with National Community Care*

- Upon receiving notification from a client/participant that services will conclude, National will discuss with the client/participant the reason for terminating services and confirm final date of services.
  - Relevant employees will be notified by National when services are concluding. Employees will be required to maintain services in a professional and courteous manner and notify National in the event any concerns arise as per complaints and feedback policy.
- As per client/participant service agreement, seizing service can occur at any stage with no exit fees incurred unless it is within 2hrs of a service commencing, in which the fee would only be the cancellation fee of said service.

**Client/Participant responsibilities** upon exiting are to remain courteous and respectful of staff entering their homes including providing a safe environment. Failure to comply may result in immediate termination of services as per service agreement.

## REFERENCES

Choice and Control - [Tips for choosing a support provider | Disability Support Guide](#)

Health Records (Privacy and Access) Act 1997, Human Rights Act 2004, Human Rights Commission Act 2005, Privacy Act 1988 (Cwth), Public Advocate Act 2005, <https://www.ndiscommission.gov.au/providers/ndis-practice-standards>



## Living Alone Risk Assessment Policy

### **POLICY STATEMENT**

National Community Care is committed to ensuring the safety of all client/participants living independently supported by NCC. The living alone risk assessment will identify client/participants at risk of abuse, neglect, and violence with the purpose to install early intervention and responses to abuse, neglect and violence experienced by people with a disability.

### **SCOPE**

All employees of National Community Care

### **POLICY**

The living alone risk assessment is to be completed when a client/participant has been identified as living on their own. The form is to be dated and all questions completed. Add the client/participant to the participant risk register.

If a client/participant has been identified as medium/high risk, then the living alone risk assessment is to be conducted 6 monthly.

If a client/participant has been identified as low/no risk, then the living alone risk assessment it to be conducted annually.

### **NCC Sole Carers – Registration Group 0107**

In seldom cases, there may be a sole carer providing assistance with personal activities (NDIS Registration group 0107). This means no other employee from NCC, nor any other service provider is involved in the participants care and that the participant lives alone. This poses a heightened vulnerability to the participant as such NCC have identified in these instances, there are several factors that must be met to ensure best practice is maintained. This includes the following:

- Undertaking the *Living Alone Risk Assessment*
- The identified risk is recorded within the NCC Risk Register
- The identified risk is recorded within the participants Risk Profile
- General security checks in place: WWVP, WHS etc
- Skill Set / Qualifications for participant needs
- Only at the participant's request
- Only where employee availability is in sync with participant shift times



## Participant High Risk Behaviour

### **POLICY STATEMENT**

National have a vested interest in the wellbeing of all employees and clients. Safety is our utmost priority.

### **SCOPE**

This policy applies to all employees and clients of National.

### **POLICY**

#### ***National Expectation of Clients***

- National respectfully requests clients and those within your home do not smoke or participate in illicit drugs while National employees are present. Employee may ask you to cease, and/or cancel service and report to NCC
- National respectfully request client and those within your home are not under the influence during scheduled services. National employees have the right to refuse to proceed with service if they feel at risk.
- National prohibits employees to participate in gambling of any kind while working and/or on behalf of the client/participant unless previously approved and client/participant care plan clearly stipulates the parameters in which this would occur.
- National request clients treat employees with respect and do not knowingly put employees in danger; physical, emotional, environmental.

#### ***National Expectation of Employees***

- Whilst working or on meal breaks National expressly prohibits employees to be under the influence of, or in possession of illegal or non-prescription drugs of any kind.
- National prohibits all employees to smoke on any client/participant premises and/or facility/healthcare setting. All SIL property 'house rules' will also reflect this rule.
- The consumption of alcohol during work hours (including meal breaks and rest pauses) is not permitted. Breaching these provisions can result in dismissal or disciplinary action.
- National does not support the use of alcohol or drugs outside working hours where the effects of these substances may result in impaired work performance. If an employee arrives at work under the influence of drugs or alcohol, they will be sent home for the day without pay. Repeated instances of arriving at work under the influence of drugs or alcohol may result in termination.
- National prohibits employees to participate in gambling of any kind while working and/or on behalf of the client/participant unless previously approved and client/participant care plan clearly stipulates the parameters in which this would occur.



## Conflict of Interest

### **PURPOSE**

The purpose of this policy is to help National effectively identify, disclose and manage any actual, potential or perceived conflicts of interest and/or bias in order to protect the integrity of National and manage risk to clients/participants, employees of National and National.

### **OBJECTIVE**

National aims to ensure that employees are aware of their obligation to disclose any conflicts of interest that they may have, and to comply with this policy to ensure they effectively manage those conflicts of interest as representatives of National while operating with mindfulness and respect towards all.

### **SCOPE**

This policy applies to all affiliations of National.

### **DEFINITION OF CONFLICTS OF INTERESTS**

A conflict of interest occurs when a person's personal interests' conflict with their responsibility to act in the best interests of the National and those who engage is National's services.

Personal interests include direct interests, as well as those of family, friends, or other organisations a person may be involved with or have an interest in (for example, as a shareholder).

It also includes a conflict between management duties to National and another duty that the board member has (for example, to another charity). A conflict of interest may be actual, potential or perceived and may be financial or non-financial. These situations present the risk that a person will decide based on, or affected by, these influences, rather than in the best interests of the client/participant and/or National. Therefore, these situations must be managed accordingly.

### **POLICY**

This policy has been developed to address conflicts of interest affecting National and National client/participants. Conflict of interest are common, and they do not need to present a problem to National as long as they are openly and effectively managed.

It is the policy of National as well as a responsibility of management, that ethical, legal, financial or other conflicts of interest be avoided and that any such conflicts (where they do arise) do not conflict with the obligations to National and National client/participants.

National will manage conflicts of interest by requiring employees to:

- avoid conflicts of interest where possible
- carefully manage any conflicts of interest, and
- follow this policy and other various relevant policies and respond to any breaches.

### **Responsibility of Management**



- Maintain a register system for identifying, disclosing and managing conflicts of interest across National– See *NCC ALL register (excel)*.
- monitoring compliance with this policy, and
- reviewing this policy on an annual basis to ensure that the policy is operating effectively.

#### ***Identification and disclosure of conflicts of interest***

Once an actual, potential or perceived conflict of interest is identified, it must be entered into National’s COI register, as well as being raised with management.

The register must be maintained by **Natashia Telfer, Managing Director and Caitlin Halliday, Clinical Coordinator and Administration**. The register must record information related to a conflict of interest (including the nature and extent of the conflict of interest and any steps taken to address it). National will maintain 3 unrelated employees to manage the register at any one time to ensure unbiased recordings

#### ***Action required to manage conflicts of interest***

##### **Conflicts of interest of Directors**

Once the conflict of interest has been appropriately disclosed, the directors must decide whether or not those conflicted members should:

- vote on the matter (this is a minimum),
- participate in any debate, or
- be present in the room during the debate and the voting

In exceptional circumstances, such as where a conflict is significant or likely to prevent a director from regularly participating in discussions, it may be worth National considering if it is appropriate for the person conflicted to resign from the National.

##### **What should be considered when deciding what action to take in deciding what approach to take, directors will consider:**

- whether the conflict needs to be avoided or simply documented
- whether the conflict will realistically impair the disclosing person’s capacity to impartially participate in decision-making
- alternative options to avoid the conflict
- National’s objects and resources, and
- the possibility of creating an appearance of improper conduct that might impair confidence in, or the reputation of National

The action and result of the voting will be recorded in the minutes of the meeting and reflected within the COI Register

#### **COMPLIANCE WITH THIS POLICY**

If Directors have a reason to believe that a person subject to the policy has failed to comply with it, it will investigate the circumstances.

If it is found that this person has failed to disclose a conflict of interest, management may take action against them. This may include seeking to terminate their employment with



National. If a person suspects that a director has failed to disclose a conflict of interest, they must discuss with the person(s) responsible for maintaining the COI Register.

Undisclosed relations that result in any of the following are reportable to the relevant agencies. (*See Mandatory reporting Policy*)

- Abuse: Physical, psychological, verbal, sexual
- Unauthorised use of restrictive practices
- Financial abuse of a client/participant
- Reports of harm or threats to others
- Serious allegations of misconduct

### **CONTACTS**

For questions about this policy, contact National: 02 6242 4978





## Participant Finances Policy

### **POLICY STATEMENT**

National Community Care is committed to safeguarding participant money and property, ensuring that it is managed in a manner that protects the security of their money & property while facilitating each participant to use as they wish.

### **SCOPE**

All National employees and associates. To ensure that our Staff do not give financial advice or information other than that would be required under a participant's plan. If Staff are involved with handling a participant's money, strict procedures contained in this policy will always be followed to protect the participant from financial abuse.

### **PURPOSE**

The purpose of this policy is to:

- Maximise each participant's control of their funding and finances
- Provide participants the opportunity to manage their NDIS funding personally
- Ensure that financial management of NDIS services, and any government programs, are undertaken in an orderly manner, as per appropriate legislation and regulations
- Support participants to access and spend their own money as they determine
- Inform participants of costs and the payment process for all services provided
- Provide participants with technical assistance to increase their capacity to direct their own support and teach them how to self-manage.

### **POLICY**

We will ensure that all financial transactions and procedures are implemented in a manner that meets the requirements of all legislation and contracts. To safeguard all participants and our Staff, the procedures outlined in this policy will be strictly followed.

The participant's money, or other property, is only used with the consent of the participant and for the purpose intended by the participant.

Staff must not give financial advice or information.

All participants requiring financial assistance must approve the arrangement and sign a Service Agreement and Consent Form. The participant's family or advocate must also sign the agreement. All documents will be kept on file and included in the Participant Care Plan.

We will undertake annual audits and provide required documentation. We will ensure the business is financially viable and inform participants of costs and payment procedures.

## Participant Money Procedures

Staff must only use and touch the participant's property to deliver a service, i.e. the use of equipment in completion of tasks, e.g. sweeping, assisting to dress. A record of the participant's property that is to be used should be listed in the Participant Care Plan.



Staff must not access the participant's money. If the participant requests the purchase of an item, then the Operational Intake must be contacted immediately and informed and records kept in the notes in the participant's records.

If a participant asks for financial assistance, the participant is to be advised this is beyond our scope of service and the General Manager is to be informed.

The Service Agreement must identify details of any money handling being undertaken, on behalf of the participant.

### *Financial management guidelines*

At times, participants may require assistance with their finances, e.g. paying bills, banking or shopping. Staff must follow guidelines and procedures outlined below when financially assisting a participant:

- Staff are at no time allowed access to a participant's personal identification number (PIN) or use an automatic teller machine (ATM) on the participant's behalf.
- Financial assistance may only be offered if it is documented in the participant's care plan with a clear individualised procedure agreed upon by the participant.
- If a participant requests financial assistance, and it is not documented in their care plan, Staff must contact the Director for approval.
- Transaction receipts must be obtained and given to the participant for the following:
  - Money received
  - Money spent
  - Money returned
- The Staff member must be sure to count the money in front of the participant on receipt and return.
- Staff must record all financial transactions carried out for a participant in the Financial Transaction Register (FTR) (if in use) and in the participant's progress notes. Records must be documented clearly, accurately and immediately.
- Staff must not give financial advice to participants or their companions, or act as a witness for any legal documents.
- Staff must not accept money or gifts from participants.



### *Onboarding Participant*

In the onboarding process, the participants service agreement has the option to provide consent for Cash and Card handling to assist with participant daily activities. A participant may choose to change their mind on consent at any stage. For example, if the participant did not tick yes to provide consent, however on shift, requests the attending staff member to collect milk and bread with their ATM card and willingly hands it over, consent is assumed. Equally should the participant decline to provide the attending staff member their cash and/or card for you to undertake their scheduled weekly shopping, it can be assumed consent is NOT given and the shopping task can not be completed (and should be reported to NCC on 0401 439 798).

In circumstances where the participant or legal nominated representative has provided National Community Care with consent to access participants money or property, it is to be secured and handled in a clear and open manner.

### *On-shift Cash and Card Handling*

1. The Staff member is to immediately record the amount of money received from the participant in the participants Brevity Application Notes section.
2. The Staff member must count any cash carefully in front of the participant and/or clarify that the purchase on card must be under the value of \$100 to 'tap an go' as no employee is authorised to have PIN.
3. The Staff member is to complete the transaction and obtain transaction receipts.
4. Record the following details:
  - a. Card or amount of cash provided.
  - b. Instruction given by participant – purchase required.
  - c. Upon purchase, retain a receipt of purchase and/or any change given.
  - d. Take a photo of receipt and change provided and upload to participant notes in Brevity.
5. Staff must carefully count out and return any money to the participant and provide all transaction receipts to the participant.

### *Financial assistance procedure*

If the participant makes a request for financial assistance, and there is no record of a financial assistance agreement in the participant's care plan, the following steps are taken:

- If the service is conducted on behalf of another agency, approval must first be sought from the on-call coordinator for the agency.
- If there are no other agencies involved, and NCC is the support coordinator Agency then the request must be considered based on the:
  - Participant agreement
  - Need/urgency
  - Participant safety
  - Time available.
- All details of the participant's request and final decisions must be documented in the participant's notes and service agreement.



### *SIL Properties*

- See *SIL Properties Procedures*

### *SIL Participant Invoicing for Consumables*

All received invoices for consumables in which NCC and/or employee has paid for in advance, will be reimburse to employee as per Reimbursement Policy and expense will be invoiced accordingly to participant in billing system as per Invoicing Processes Procedure and outlined within Participant house rules.

### *Suspected financial abuse*

Staff are trained to look for signs of abuse including financial abuse when working with participants. Staff are also trained to discuss preventative measures with participants, including:

- Ensuring they are aware of their rights to confidentiality and privacy
- Encouraging them to have networks beyond their family circle
- Informing them not to relinquish control of their finances, if they can manage them themselves
- Advising them not to make significant financial decisions following a major event, e.g. Loss of a partner, Serious diagnosis.
- Ensuring that they are aware of their right to refuse people access to their funds
- Providing advocacy service information within Welcome pack upon onboarding.
- Encouraging them to make plans in advance, while they are still independent
- Encouraging them to ask for help if they are overwhelmed, confused, or feel they are being taken advantage of.

### *Participant fees and payments Payments and pricing (NDIS)*

- National Community Care (NCC) must adhere to the NDIS Price Guide or any other agency pricing arrangements and guidelines, as in force from time to time.
- NCC must declare relevant prices, any notice periods or cancellation terms, to participants before delivering a service and this is reflected within Participant Basic Information Pack, and Service Agreement, in addition to being available on the NCC website. Participants are not bound to engage the services of NCC after their prices have been disclosed.
- NCC can make a payment request once a support has been delivered or provided.
- No other charges are to be added to the cost of the support (including credit card surcharges) or any additional fees including any 'gap' fees, late payment fees or cancellation fees. These requirements apply to all participants, whether the participant self-manages their funding or whether funding is managed by a plan manager, or by the agency.
- A claim for payment is to be submitted within a reasonable time (and no later than sixty (60) days from the end of the service booking) to the participant or the NDIS.
- Where required, NCC will obtain a quote for services and have this approved by the participant.

### *Monitoring, Evaluating and Reporting*

NCC exhibits a continuous improvement culture to facilitate the refinement of our services and processes. Stakeholder's input is pursued and, when received, reviewed immediately.

NCC policies are reviewed bi-annually and consider the input from all stakeholders where applicable.



### Related Documents

- Consent – Within Service Agreement
- Financial Transaction Documentation Template
- NDIS Price Guide
- Participant Care Plan / Service Guide

### References

- Australian Securities Industry Council (financial abuse)
- Corporations Act 2001
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)
- Provider Registration Guide to Sustainability
- Terms of Business for Registered Providers NDIS
- Work Health and Safety Act 2011
- Choice and Control - [Tips for choosing a support provider | Disability Support Guide](#)



## Client/Participant Sexuality and Relationships Guidelines

### **PURPOSE**

The United Nations' Convention on the Rights of Persons with Disabilities (the Convention) operates on the principle of respect for the individual's dignity and autonomy by promoting the individual's freedom to make choices, to be an independent and effective participant in society, and to enjoy equality of opportunity. The Guidelines are consistent with the objects and principles of the Disability Inclusion Act 2014 which state that people with disability have the right to realise their physical, social, sexual, reproductive, emotional and intellectual capacities, and the right to respect for their cultural or linguistic diversity, age, gender, sexual orientation and religious beliefs.

### **POLICY STATEMENT**

National Community Care aim to deliver all services in a fair and unbiased approach and encourage a person's choice and right to express their sexuality in a safe, respected manner and be treated with confidentiality.

### **SCOPE**

This policy applies to all employees.

### **POLICY**

National aim to provide information and support about sexuality that supports National employees to adequately support and advocate for clients/participants in a safe, respectful, and professional manner. While National aim to provide client/participants opportunities to explore and express their sexuality, duty of care is required to avoid putting the person at risk of harm.

In the event carers of a person who is exploring their sexuality identify a potential risk to that person or others, they should not only consider how to protect the person from harm, but also the person's right to make choices and take reasonable risks in life. Duty of care is balanced with dignity of risk. This means that people are to be supported to take reasonable risks that are based on an informed supported decision-making process that is fully documented.

### ***Client/Participant Responsibilities:***

- Understand client/participant right to express one's sexuality.
- Ensure client/participant actions do not put self or attending carer in danger
- Understand National may assist client/participant with the implementation of a procedure for carers to adhere to in order to best support client/participant.
- Understand National's complaints processes in the event client/participant feels inadequately supported.



- Understand National have a legal obligation to report any incident within the mandatory reporting scope as outlined within client/participant welcome pack.
- Utilising a Behaviour Plan to ensure client/participant is safe and provides carer with safe perametres.

***Employee Responsibilities:***

- Understand their responsibilities to the person and the limitations and boundaries related to their role
- Assist people to understand sex and relationships, and help them to address their reproductive and sexual health needs
- Identify what sexual behaviours are legal and illegal, and to fulfill their obligations to support the person and respond appropriately.
- Utilising a Behaviour Plan to ensure client/participant is safe within the identified perametres.

***National's Responsibilities:***

- Understand their responsibilities to the person and the limitations and boundaries related to the role as a provider and employee roles.
- Provide support and education to employees required to ensure employee can adequately advocate and support client/participant effectively within their scope of practice.
- Ensure employees and client/participants are aware of what is a reportable incident. (See Mandatory Reporting Policy)
- Implementing Provider of Individual Behaviour Plan to ensure client/participant is safe within the identified perametres.
- Liaise with Behavioural Specialist for individualised training and behaviour plan as required.

**RIGHTS BASED PRINCIPLES**

The following rights-based principles are protected by the law and are consistent with the objects and principles of the Disability Inclusion Act 2014.

1. People with disability are supported to express and explore their sexuality across their lifespan.
2. People are supported to understand their rights, to exercise them to enjoy sexual experiences, and to have their privacy and dignity respected.



3. People are provided with information and education in a way that supports them to form their own values and beliefs about sexuality.
4. Sexual expression is acknowledged as a normal part of development, and people are supported to develop healthy self-esteem and self-respect.
5. People have the right to make decisions about their own bodies, and live free of exploitation and sexual harassment.
6. People are supported to exercise their rights to form relationships of their choosing, to marry or live as a family, and to have children.
7. People have information that is accessible and understandable to them when they are making decisions about forming sexual relationships.
8. People are supported to identify and address risks to their health and safety, such as unsafe sex or sexual exploitation and abuse.
9. Access to sexual and reproductive health services, and population health and screening programs, is available to all people.
10. Information about reproduction, contraception and parenting is accessible to people who want it and is in a format they understand.

#### EDUCATION RESOURCES

<https://www.respectability.org/resources/sexual-education-resources/>

<https://www.youtube.com/watch?v=mShvkJO41lw> <https://www.youtube.com/watch?v=PfojtRdupoQ>

[https://www.youtube.com/watch?v=MfYSpuKq\\_-8](https://www.youtube.com/watch?v=MfYSpuKq_-8)

#### DEFINITIONS

<b><i>Behaviours of concern</i></b>	Includes behaviours that are considered to be appropriate in some contexts but not others, and behaviours that would not be considered appropriate in any circumstances.  Factors affecting the considerations include the nature of the behaviour, the setting in which it occurs, the impact or potential impact on the person displaying the behaviour, and the recipient/s of the behaviour.
<b><i>Capacity</i></b>	The ability to make decisions about things that affect the person's daily life.
<b><i>Child</i></b>	Refers to a person under the age of 16 years as defined in the Children and Young Person's (Care and Protection) Act (1998)
<b><i>Transgender</i></b>	Some people present themselves differently to their biological sex. Those who look like boys when they were born but grow up feeling like they are a girl, present themselves as a girl, and vice versa. These people call themselves transgender.





<b>Consent</b>	<p>Consent refers to the permission given by a person. For consent to be valid it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether to give or withhold consent. Consent must be given without coercion or threat and with sufficient time to understand the request and, if appropriate, take advice.</p> <p>Consent must be established each time it is required. A person who has given consent to a specific matter may change her or his mind and subsequently revoke consent.</p> <p>In certain circumstances, consent may also be provided by a legally appointed guardian on behalf of the person. Consent for medical or dental treatment may be given by a person responsible.</p>
<b>Eroticism</b>	Anything that is designed to arouse sexual desire or excitement.
<b>Gender identity</b>	Being female, male or transgender.
<b>Intimacy</b>	<p>Intimacy is about being close to another person. It involves being able to share the whole range of feelings and experiences we have as human beings - pain and sadness, as well as happiness and love.</p> <p><a href="http://www.relationships.org.au/relationship-advice/faqs/what-is-intimacy-and-why-is-it-so-important">http://www.relationships.org.au/relationship-advice/faqs/what-is-intimacy-and-why-is-it-so-important</a></p>
<b>Legislated</b>	Consistent with the objects and principles of the Disability Inclusion
<b>Rights</b>	Act 2014.
<b>Non coercive erotica</b>	Anything that is used to arouse sexual desire or excitement between people with their mutual consent.
<b>Relationship</b>	A relationship is when people know each other. There are different types of relationships including work mates, family, friends, support workers and casual acquaintances.
<b>Reportable incident</b>	An incident which occurs must be reported to NCC and actioned by management
<b>Sexual identity</b>	How a person identifies and feels about their sexual orientation.
<b>Sexual orientation</b>	Attraction to the opposite sex, the same sex or both.
<b>Sexuality</b>	Sexuality is a central aspect of being human. Throughout life it encompasses sex, gender identities and roles, sexual orientation,
<b>Risk of significant harm (ROSH)</b>	<p>has been, or is at risk of being, physically or sexually abused or ill-treated.</p> <p>Note: 'Physical or sexual abuse may include an assault and can exist despite the fact that consent has been given'.</p>



## Participant Communication

### SCOPE

All clients and client stakeholders and representatives

### PURPOSE

To ensure clients and relevant stakeholders and representatives can receive access to prompt and responsive support from NCC within appropriate time frames.

### PROCEDURES

Below outlines the best point of contact to action your enquiry:

#### *General Enquiries*

The general enquiries intake line is available 9-5 Monday to Friday. Please note to ensure healthy work life balance, any communications received outside of this will only be actioned within business hours.

Can be made via phone 62429478 or

email [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

#### *Service Bookings*

NCC request a minimum of 24hours notice to allow adequate time to source an appropriate carer. Please note; due to the casual nature of many National Employees, we cannot guarantee placement of carer for short notice requests.

In the event you are required to cancel or change your service, we require 24hours notice to avoid cancellation fees.

Can be made via phone 62429478 or

email [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

#### *Client Access to Clinical Advise*

Direct Client access to non-face-to-face Clinical consultation is only available to previously identified clients between 9am-5pm Wednesdays upon scheduled time slots. Outside of these times, if urgent, GP or emergency services should be accessed. This is due to our Clinical Nurses delivering services, as such emails will not be accessed outside of these hours unless previously booked by NCC.

Email [rn@nationalcommunitycare.com.au](mailto:rn@nationalcommunitycare.com.au)

#### *Client Access to ongoing non-face-to-face Support*

Clients are welcome to contact NCC in regard to ad-hoc shift concerns, ad-hoc service changes etc. This is considered a part of the service. However, ongoing and persistent calls will result in billable non-face-to-face hours in line with the NDIS price guide on a 10minute increment basis. All billable calls will be documented accordingly within client notes on NCC data base for record keeping purposes.

Email [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)

Clinical [rn@nationalcommunitycare.com.au](mailto:rn@nationalcommunitycare.com.au)



*Your Carer/Nurse*

NCC ensure all employees on-shift have on-shift access to NCC Intake Personnel.



## NCC Accessibility: Supporting Limited/Non-English-Speaking Cultures

### **POLICY STATEMENT**

National is committed to providing quality; person centred health care in an environment of positive culture, professional practice, sound stewardship, integrity and respect.

National considers proficiency in the English language – written, spoken, reading and comprehension – to be essential for effective communication and the delivery of safe patient care. Demonstrated English language proficiency is a requirement for employment as a registered nurse or midwife, enrolled nurse or as a personal carer.

### **PURPOSE**

Health care providers, patients and their families need to be confident that nurses, midwives and assistants in nursing can communicate safely and effectively. In accordance with the Nursing and Midwifery Board of Australia *English Language Skills Registration Standard*, all nurses and midwives are required to demonstrate they meet the English Language Proficiency articulated in the Standard so as to meet the requirements for registration.

All applicants, including internationally qualified applicants, who seek initial registration as a nurse or a midwife in Australia, must demonstrate that they have the necessary English language skills as articulated in the standard.

### **SCOPE**

This policy applies to all employees of National and in the interests of clients receiving service.

### **POLICY**

English is to be the only language spoken within the workplace between all employees. The only exception to this is if an employee has been assigned a pre-arranged bi-lingual service is specifically booked to assist a bi-lingual client/participant.

The English language requirements for internationally qualified applicants seeking employment with National are essential and stipulated by the Nursing and Midwifery Board of Australia for the English language Skills registration standards.

### **RESPONSIBILITIES**

It is the responsibility of the prospective employee to ensure they fulfil the requirements of the English Language proficiency as per the position applied for. The employee must provide evidence of the acquired English Level and submit with the application for employment.

#### *Bi-lingual &/or Non-English-Speaking Clients/Participants*

National will implement resources where possible to improve service accessibility for bi-lingual and/or non-english speaking clients/ participants. Please see Section 6 Client Focused

#### *Translator Apps*

- iTranslate Voice 3
- Microsoft Translator



- Google Translate
- SayHi
- TextGrabber
- Waygo
- MyLingo
- TripLingo

### *Bilingual Cue Cards*

[https://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Cue\\_Cards](https://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Cue_Cards)

<http://www.culturaldiversity.com.au/service-providers/multilingual-resources/communication-cards>

### *Translator Bilingual Services*

[https://translator.com.au/cities/canberra?gclid=CjwKCAiA4o79BRBvEiwAjteoYGgQFqXmYd48LXLiz8STV3h5koZfFRRDJhZM87oCZroZHAViGRMHBoCeBgQAvD\\_BwE](https://translator.com.au/cities/canberra?gclid=CjwKCAiA4o79BRBvEiwAjteoYGgQFqXmYd48LXLiz8STV3h5koZfFRRDJhZM87oCZroZHAViGRMHBoCeBgQAvD_BwE)

### **References**

- [Easy Read | Style Manual](#)
- Acacia Immigration Australia
- International English Language Testing System Australian Nursing & Midwifery Accreditation Council Nursing and Midwifery Board of Australia



## NCC Client Media Policy

### **POLICY STATEMENT**

National is committed to providing quality; person centred health care in an environment that is respectful of the individuals and their right to privacy. This extends to communications through Media platforms both formal and social and respectfully ask all clients and families to reciprocate this approach.

### **SCOPE**

This policy applies to all employees of National and recipients of care.

### **POLICY**

To act in the best interest of all parties including but not limited to National, all employees past and present, clients past and present, Government Bodies etc.

In line with employment contracts and Client Service Agreements, all employees and clients past and present are bound by a non-disclosure agreement to maintain confidentiality as is National. As such, no person can discuss and/or provide information to media outlets of any kind regarding any of the National Teams, National operations, employees, clients, families, facilities, hospitals and/or other Agencies and/or Community Teams that we are affiliated within.

### ***Defamation***

Any person proven to have made defamatory statements across any public forum, may be reported to the authorities. Defamation is a communication from one person to at least one other that harms the reputation of an identifiable third person, where the communicator (the publisher) has no legal defence. The law of defamation aims to balance the right of free speech with protecting a person's reputation against harm.

### ***Formal Media***

*Formal media is inclusive of News Media, Print Media and Broadcast Media and the internet platforms each of these forms may have.*

### ***Social Media***

*Social media is inclusive of any internet platforms. For example Facebook, Instagram, twitter, online blogs, chat forums, tictok, tumblr, Pinterest.*

### ***Client/participant Devices***

In the event you the Client/participant require employee assistance with your personal devices such as phones, computers, laptops and other devices, these are to be utilised respectfully. Client is responsible for ensuring the device is in good working order. Employee cannot be held accountable for any damage incurred in your presence. Client devices are only to be utilised by employees for client/participant purposes only. Assisting client/participants with accessing their phones or other devices needs to be done respectfully and with client/participant permission.



## Use of Client/Participant Equipment

### **POLICY STATEMENT**

National is committed to providing a safe workplace environment for all employees and ensuring the safety health and wellbeing of all employees and participants is upheld within any community setting whilst utilising client/participant equipment with the most upright respect.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

#### **National is responsible for:**

- Compliance with appropriate legislation, codes of practice and *National* policy
- Monitoring and reviewing compliance with procedures and working conditions on a continuing basis
- Ensuring employees are competent to carry out the tasks required by providing annual mandatory training on Infectious Control and Manual Handling.
- Ensuring employees are equipped with appropriate PPE

#### **The employee is responsible for:**

- Working safely and observing all Workplace Health and Safety instructions from National, and relevant policies, procedures and directions from the client/participant.
- Notifying National of any restrictions such as illness/injury that may prevent employee from undertaking duties safely.
- Using safety devices, manual handling equipment, cleaning products and personal protective equipment as directed by National when undertaking services that require use of client/participant equipment. Equipment can include, but are not limited to the following: lifters, cleaning appliances, kitchen appliances, cleaning products etc.
- Under no circumstances are employees authorised to supply their personal electrical equipment and/or cleaning products. All equipment/products to be utilised must be supplied by the client/participant with exception of Personal Protective Equipment (*see National Infectious Control Policy*) unless previously authorised by National.
- Promptly reporting any work accident, injury or Workplace Health and Safety concerns regarding client/participant equipment to National.
- Reporting to National and the client/participant of any situation the employee believes is a work hazard or an unsafe practice or any damaged equipment not safe for use.
- If an employee has an accident, incident or near miss, they are required to notify National as soon as practical and complete an Incident and Accident Form and returning to management within 24hrs of event. (*See Incident and Accident Policy*)
- Employee responsible may be liable for any damages caused to client/participant equipment and/or within the property.

### ***Cleaning of Equipment***

Standard precautions apply, including use of personal protective equipment (PPE), as applicable. Equipment to be regularly cleaned to ensure infectious control measures are met. (*See Infection Control Policy*)



## Companion Pets

### Policy Statement

National is committed to supporting participants and clients to care and manage a companion pet within their own home or in a supported independent living home.

### Scope

This policy applies to all employees of National – it is a condition of employment that employees of National assist participants with the daily care and management of a companion pet where it is deemed safe to do so.

### Policy

Companion pets includes any alive animal which is permitted to be owned and live in a residential suburb by a person within ACT or the local surrounds which assists in supporting a participant or client's psychological wellbeing. For the purpose of this policy National are referring to a dog, cat, bird, fish, rabbit, guinea pig or reptile.

### Participant responsibilities are to:

- Comply with all Local government legislation and requirements for owning a pet in a residential suburb.
- Vaccinate the pet annually as per veterinary requirements for the breed.
- Provide National employees with any information pertaining to the animal in order to assist with care and management.
- Consider if pet insurance is required.
- Dogs – basic training to manage behaviours and if behaviours pose a risk to participant and or staff that the dog is enrolled into additional training to rectify behaviours.
- Provide National with a care plan for the pet which details all daily requirements for National employees to adhere and assist.
- Provide the pet with necessities for life (water, food, bed, safe enclosure / backyard)
- Provide safe handling equipment – leash, collar, crate, gloves, muzzle etc
- Provide general PPE gloves and mask for employees when assisting with pet care.
- Organise professional grooming services for all washes, styling or nail trimming etc

### Employee responsibilities are to:

- Ensure the safety of the animal whilst on shift.
- Assist the participant or client to attend to basic needs of the animal.
- Cleaning and filling up of water bowl and food bowl in line with service guide.
- Cleaning enclosure / backyard of any animal by-product or waste and disposing of it in the general waste bin outside.
- Assist with day-to-day grooming requirements (brushing, cleaning around the eyes, removing any bindies from fur or coat).
- Assist with exercise requirements (short walk 10-20 minutes) weather permitting.
- Informing participant and National of any concerns relating to the health and wellbeing of the animal in a timely manner. In line with our incident reporting guidelines and policies.





- Treat the animal with dignity and respect at all times.
- Not to cause or inflict any pain or injuries to the animal whilst in their care.
- Adhere to guidelines for behaviour management provided by the pets trainer.

**Nationals' responsibilities are to:**

- Report any concerns for animal welfare to the RSPCA and or authorities for actioning.
- Monitor the risks of employees assisting a participant with caring for their pet, through attending a risk assessment initially, yearly and when any incidents occur.
- Ensure participants adhere to their responsibilities.
- Provide National staff with the basic training requirements to assist with a companion pet (providing pets training care plan etc).



# Behavioural Supports + Restrictive Practices

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   Clinical Team   CEO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	3/2020	Natashia Telfer	CEO	Behavioural Supports inline with NDIS
1.2	2/2024	Natashia Telfer	GM	Expansion on Restrictive Practice.

## In conjunction with:

- Incident / Accident Framework
- Documentation and Record Keeping
- Mandatory reporting



## Specialist Behaviour Supports - NDIS (also see Restrictive Practices Policy & Guidelines)

### **POLICY STATEMENT:**

National is committed to ensuring that all care recipients have access to Behaviour support which is appropriate to their individual needs and is based on evidence-informed practices in line with relevant legislation, policy frameworks and best practice.

### **PURPOSE:**

To assist participants in accessing appropriate supports specific to their individual assessed needs in a safe and positive manner.

### **SCOPE:**

All National employees, recipients of care and external practitioners.

### **POLICY:**

Specialist Behaviour supports refers to NDIS approved behaviour support practitioners specialised in positive behaviour supports, assessments and development of individualised behaviour support plans for implementation by a service provider. This policy aims at reducing and or eliminating the need for restrictive practices.

## **1. Behaviour support plans NDIS**

**Outcome** – “Each participant accesses Behaviour support that is appropriate to their needs which incorporates evidence-informed practice and complies with relevant legislation and policy frameworks”

### **National Community Care’s responsibilities**

- The National Disability insurance scheme (Restrictive Practices and Behaviour Support) Rules 2018 will be available to all employees and care recipients and it will be understood by employees of National and care recipients and applied throughout practices and care delivered.
- To ensure NDIS approved behaviour practitioners have been assessed as suitable to deliver specialised positive behaviour supports, a register will be maintained with evidence of suitability and professional development as supporting documentation.
- A specialised behaviour support clinical supervisor provides clinical supervision (Clinical Coordinator) of each work practice of the NDIS behaviour support practitioner.
- Demonstrate a commitment to reducing and where possible eliminating restrictive practices through National policies, procedures and practices.

## **2. Restrictive Practices**

**Outcome** – “Each participant is only subject to restrictive practice that meets any state and territory authorization (however described) requirements and the relevant requirements and safeguards outlined in commonwealth legislation and policy.



### **National Community Care's responsibilities**

- All National employees will have the knowledge and understanding of regulated restrictive practices as described in the National Disability insurance scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- All National employees are to understand the relevant state and territory legislation and or policies relating to restrictive practices relating to obtaining authorisation for the use of any restrictive practices included in a behaviour support plan.
- Organise and conduct scheduled care reviews quarterly, to facilitate all stakeholders (participant, next of kin, medical practitioner etc) to participate in a review of any implemented restrictive practices within the support plan. This review is to include discussions on why there is a need for the restrictive practice, explaining the risks associated and offer alternatives to restrictive practice.
- Engage in external services to assist with reducing the use of restrictive practices with consent from participant or next of kin with authority to provide consent.
- National will monitor the use of restrictive practices to ensure they are in with the conditions prescribed in the National Disability insurance scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- National is committed to reducing and or eliminating the need for restrictive practices through ensuring that behaviour support plans and interim plans have strategies aimed at reduction and elimination of restrictive practices in consultation of the participant and support networks. For example, liaising with the prescribing doctor to reduce chemical restraints if supporting evidence suggests this could be of benefit to the participant.

### **3. Supporting the Assessment and Development of Behaviour support plans**

**Outcome** – “Each participant’s quality of life is maintained and improved by tailored, evidence informed behaviour support plans that are responsive to their needs”.

#### **Support Coordinator/ Management responsibilities**

- National will engage behaviour specialists through <https://www.cpbs.com.au/> if the participant does not have a service coordinator. This will be done in consultation with the participant and support networks.
- National will ensure active communication and collaboration with behaviour specialist to facilitate behaviour support plan, implementation outcome and participate in reviewing the plan annually and as required.
- Providing person focused training, coaching and mentoring to employees delivering and implementing support plans as outlined on the training calendar, to ensure the relevant employees have the skills to enable them to inform the development of the participants behaviour support plan.



- National will engage in positive behaviour and restrictive practices educations on an annual basis for relevant employees to ensure they have the appropriate training to enhance their skills.

#### **4. Behaviour support plan implementation**

**Outcome** – “Each participants behaviour support plan is implemented effectively to meet the participants behaviour support needs”.

##### **National Community Care’s responsibilities**

- All policies and procedures relevant to behaviour supports/ plans are maintained and reviewed annually and as required.
- National employees (registered nurses and clinical coordinator) will actively work with specialist behaviour support practitioners/providers to implement each participants behaviour support plan and to align support delivery with evidence informed practice and positive behaviour support.
- Employees will be supported to develop and maintain their skills required to consistently implement the strategies in each participants behaviour support plan in line with their skill level and at the directive of the behavioural specialist.
- National will undertake performance management reviews as a tool to ensure that workers are implementing strategies in the participants behaviour support plan appropriately.

#### **5. Monitoring and Reporting the use of Regulated Restrictive Practices**

**Outcome** – “Each participant is only subjected to a restrictive practice that is reported to the commission”.

##### **National Community Care’s responsibilities**

- Comply with monthly online reporting requirements in relation to the use if regulated restrictive practices as prescribed in the in the National Disability insurance scheme (Restrictive Practices and Behaviour Support) Rules 2018.
- All data will be monitored by clinical coordinator, actions identified will be logged as a quality improvement.
- National will utilise data to provide feedback to employees (with consent from participant) about the implementation of the behaviour support plan to inform the education and elimination of restrictive practices.

#### **6. Behaviour support plan review**

**Outcome** – “Each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing Behaviours of concern, and reducing and eliminating the use of restrictive practices”.



### Support Coordinator/Management Team responsibilities

- National will monitor the implementation of participants behaviour support plans through a combination of informal and formal approaches. Informal includes reviewing reflective notes attended by care staff, verbal feedback, observation of care provided and team meeting discussions. Formal includes comprehensive review of clinical progress notes, interpreting data and formal feedback and complaints.
- Employees are to document in the form of an evaluation, each shift of implementation of the behaviour support plan, the effectiveness of interventions and overall outcome.
- National will monitor and identify any circumstances where the participants needs, situations or progress require the need for a more frequent review including behaviour changes, National will liaise with participant and all relevant stakeholders for consent and organise a review.
- National will contribute effective interventions trialled not yet in the plan, with the primary focus of reducing or eliminating restrictive practices based on observations or positive changes in the participants situation.

### 7. Reportable incidents involving the use of a restrictive practice

**Outcome** – “Each participant that is subject to an emergency or unauthorized use of a restrictive practice has the use of that practice reported and reviewed”.

### Support Coordinator/Management Team responsibilities

- National understand any unauthorised use of restrictive practice requires daily reporting to the NDIS Quality and Safeguards Commission.
- National understand daily reporting obligations are required even in the event the form of restriction is becoming ‘authorised’ by the appropriate channels. Example: chemical restraints awaiting prescribing doctor Medication Purpose Form.
- National is to notify the participants medical practitioner for an immediate review following an incident.
- National will collaborate with mainstream service providers such as police and or other emergency services, mental health, and emergency department, treating medical practitioners and other allied health clinicians, in responding to the unauthorised use of restrictive practice.
- National will notify the Commissioner of all reportable incidents involving an unauthorised restrictive practice in accordance with the National Disability insurance scheme (Incident management and reportable incidents) Rules 2018
- Where an unauthorised restrictive practice has been used, National engage in debriefing to identify areas for improvement and to inform further action. The outcomes of the debriefing are documented.
- Based on the review of incidents, the supports to the participant are adjusted, and where appropriate, the engagement of a specialist behaviour support provider is facilitated to develop or review the participant’s behaviour support plan or interim



behaviour support plan, if required, in accordance with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

- Authorisation processes (however described) are initiated as required by their jurisdiction.
- The participant, and with the participant's consent, their support network and other stakeholders as appropriate, are included in the review of incidents.

## 8. Interim Behaviour Support Plans

**Outcome** – “Each participant with an immediate need for a behaviour support plan receives an interim behaviour support plan based on evidence-informed practice, which minimises risk to the participant and others”.

### National Community Care's responsibilities

- Collaboration is undertaken with mainstream service providers (such as police and/or other emergency services, mental health and emergency departments, treating medical practitioners and other allied health clinicians) in contributing to an interim behaviour support plan developed by a specialist behaviour support provider.
- Work is undertaken with the specialist behaviour support provider to support the development of the interim behaviour support plan.
- National employees are supported and receive training in the implementation of the interim behaviour support plan.

### Relevant Legislation and References:

Health Records (Privacy and Access) Act 1997  
Working with Vulnerable People Act 2011  
Human Rights Act 2004  
Human Rights Commission Act 2005  
National Disability Insurance Scheme Act 2013  
Disability Services Act 1991  
Disability Services Regulation 2014  
Disability Discrimination Act 1992  
Aged Care Act 1997

Discrimination Act 1991  
Health Professionals Act 2004  
Territory Records Act 2002  
Information Privacy Act 2014

National Standards for Disability Services - <https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents#01> on 11 Jan 2020



## Restrictive Practice Policy and Guidelines

### PURPOSE

The purpose of this policy is to ensure that no restrictive practices are used in the provision of client services except in accordance with emergency procedures (see the “emergencies” section below).

### SCOPE

This policy applies to all employees of National.

### DEFINITIONS

The definitions for the terms ‘restrictive practice’, ‘chemical restraint’, ‘mechanical restraint’, ‘physical restraint’ and ‘seclusion’ are taken from the ‘National Framework for Reducing and Eliminating the Use of Restrictive Practices’ (2014).

**Restrictive practice-** A ‘restrictive practice’ is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability, with the primary purpose of protecting the person or others from harm.

**Chemical restraint-** A ‘chemical restraint’ means the use of medication or chemical substance for the primary purpose of influencing a person’s behaviour or movement. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment, of a diagnosed mental disorder, a physical illness or physical condition.

**Environmental restraint-** An ‘environmental restraint’ restricts a person’s free access to all parts of their environment. Examples of environmental restraints include but are not limited to: Barriers that prevent access to a kitchen, locked refrigerators and restriction of access to personal items such as a TV in a person’s bedroom Locks that are designed and placed so a person has difficulty in accessing or operating them Restrictions to the person’s capacity to engage in social activities by not providing the necessary supports they require to do so.

**Mechanical restraint-** A ‘mechanical restraint’ means the use of a device (may include any mechanical material, appliance or equipment) to prevent, restrict or subdue a person’s movement for the primary purpose of influencing a person’s behaviour but does not include the use of devices for therapeutic or non-behavioural purposes. For example, purposes may include the use of a device to assist a person with functional activities, as part of occupational therapy, or to allow for safe transportation.

**NDIS-** The National Disability Insurance Scheme.

**NDIS Commission-** The NDIS Quality and Safeguards Commission.

**PBS-** Positive Behaviour Support.

**Physical restraint-** A ‘physical restraint’ means the sustained or prolonged use or action of physical force to prevent, restrict or subdue movement of a person’s body, or part of their body, for the primary purpose of influencing a person’s behaviour.

**Seclusion-** ‘Seclusion’ means the sole confinement of a person with disability in a room or physical space at any hour of the day or night where voluntary exit is prevented, implied, or not facilitated.





## POLICY

This Policy and related procedure is in accordance with the National Standards for Disability Services and the Disability Services Commissions' Code of Practice for the Elimination of Restrictive Practice which emphasises the importance of dignity and respect, freedom of expression, self-determination, choice and control, confidentiality and privacy, freedom from discrimination, exploitation, abuse, harm, neglect and violence. National Community Care identifies that restrictive practice is considered a breach of human rights and should be eliminated wherever possible.

In ACT, National Community Care are registered and reportable to the **Office of the Senior Practitioner** and the **NDIS Commission**.

## Training Requirements

**Registered Nurse** – Annual reportable incidents training

**Support Coordinators** – Annual reportable incidents training

**Implementing Employee** – Annual reportable incidents training

**Leads** – ACTRIDS training

**Behavioural Specialist** – [self-assessment-resource-guide-positive-behaviour-support-capability-framework-may-2021.pdf](#)

## What is a Restrictive Practice

A restrictive practice is something that is used when a person uses a behaviour of concern. A restrictive practice limits the person's rights or stops them from moving around freely.

The restrictive practices defined in the Senior Practitioner Act 2018 are:

- Chemical restraint
- Mechanical restraint
- Physical restraint
- Environmental restraint
- Seclusion; and
- Verbal Direction of a Coercive nature (**Senior Practitioner Act ONLY**)

The National Disability Insurance Scheme Act 2013 defines a restrictive practice as any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. Certain types of restrictive practices are defined as regulated restrictive practices by the NDIS (Restrictive Practices and Behaviour Support) Rules 2018. The use of regulated restrictive practices are subject to a number of conditions and reporting requirements. The five types of regulated restrictive practices are outlined below:

Type	Definition
------	------------



<b>Seclusion</b>	The sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted.
<b>Chemical restraint</b>	The use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner to treat, or to enable the treatment of, a diagnosed mental disorder, physical illness or physical condition.
<b>Mechanical restraint</b>	The use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour. Mechanical restraint does not include the use of devices for therapeutic or non-behavioural purposes.
<b>Physical restraint</b>	The use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person.
<b>Environmental restraint</b>	The restriction of a person's free access to all parts of their environment, including items or activities.

### Reducing and eliminating restrictive practices

National Community Care is committed to the reduction and elimination of restrictive practices. The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector identified the following core strategies for reducing and eliminating restrictive practices:

1. Person-centred focus
2. Leadership towards organisational change
3. Use of data to inform practice
4. Workforce development
5. Use of restraint and seclusion reduction tools (including evidence-based assessment, prevention approaches, emergency management plans, environmental changes and meaningful activities integrated into the individual's support plan)

### Continuous improvement:

All employees are encouraged to provide feedback on this policy to their supervisor, to ensure that it remains relevant and continues to reflect the actual manner in which activities are undertaken.

- Employees will be prompted to review NCC's restrictive practice policies yearly through supervision sessions & newsletter reminders.
- NCC General Manager will be the main point of contact to provide any clarification to employees regarding this policy.
- The responsibility for providing continual improvement of this policy rests with NCC executive management and Policy development personnel.



**Employee Responsibilities:**

It is the responsibility of the employee to:

- Ensure that they remain informed regarding NCC's procedures which impact upon their duties, and to work within them;
- Have a clear understanding of what constitutes as a restrictive practice and mandatory reportable obligations.
- All employees are also encouraged to speak with their up line should any restrictive practice be observed.
- Use the least restrictive practice possible as a last resort in the event of an emergency where the use of a restrictive practice is considered a reasonable community safety measure and the employee has explored and applied evidence-based, person-centred and practice strategies;
- Advocate for the inclusion of Positive Behaviour Support in the client's NDIS plan (see the "procedural details" section below) where appropriate;
- Work together with the guardian and participant to trial a range of strategies to ease the participants feelings of safety, and comfort;
- Follow appropriate documentation, recording and communication in relation to restrictive practices procedures;
- Ensure safeguards are put in place; and
- Seek support, advocacy or debriefing services available to them via EAP.

**Lead/Officer Responsibilities:**

It is the responsibility of the Leads/Officers to:

- Support the team in providing evidence and documentation to the Behavioural Specialist in the development and ongoing review of an individualised plan.
- Ensure the interim and published plan is accessible within the participants SharePoint file for record keeping and in Brevity for attending employees. The plan should be in its entirety.
- A procedure of implementation may be developed from the plan and implemented within the participants care plan to make it easily accessible for on shift employees to identify and follow.
- Support all employees and ensure the restrictive practices policy is followed and support confidence in implementing identified strategies to support participant;
- Provide information and direction to all employees around NCC's procedures regarding restrictive practices;
- Provide options for support, advocacy and debriefing services to employees;
- Ensure employees follow appropriate documentation, recording and communication in relation to restrictive practices procedures;

**Support Coordinator Responsibilities:**

- Ensure collaboration & communication with the participant and their service provider of choice, gaining as much information as possible.



- Support participant in accessing a Behavioural Support Plan, this may include supporting a participant to go for an unplanned change of circumstance NDIS plan review.
- Ensure the engaged Behavioural Support therapist is adhering to the Territory reporting requirements with ACTRIDS and/or can provide the participants service provider with the signed application form for ACTRIDS submission of plan for approval.
- Adhere to the NDIS legislation surrounding assessment, implementation and documentation of restrictive practices.

#### **External Positive Behaviour Support Therapist Responsibilities:**

It is the responsibility of the external Positive Behaviour Support Therapist to:

- Ensure collaboration & communication with the participants Next Challenge therapy team regarding relevant updates or changes to restrictive practices; and
- Adhere to the NDIS legislation surrounding assessment, implementation and documentation of restrictive practices.
- Adhere to the Territory reporting requirements with ACTRIDS and/or can provide the participants service provider with the signed application form for ACTRIDS submission of plan for approval.
- Some providers may be able to provide Service Provider with training for attending employees to best support participant with the implemented restrictive practice.

#### **RESOURCES**

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018- <https://www.legislation.gov.au/Details/F2018L00633>

NDIS Regulated Restrictive Practices Guide- <https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/regulated-restrictive-practice-guide-rrp-20200.pdf>

NDIS Quality and Safeguards Commission- <https://www.ndiscommission.gov.au/regulated-restrictive-practices>

Office of Senior Practitioner – via ACT Restrictive Intervention Data System

#### **Unauthorised Restrictive Practices**

When is the use of a regulated restrictive practice a reportable incident?

Unauthorised use of a restrictive practice is when a person is secluded, chemically restrained, mechanically restrained, environmentally restrained without consent and/or without the approval of a Positive Behavioural Support Plan implemented by a Behavioural Specialist Practitioner and registered with both the NDIS Commission and the Office of the Senior Practitioner.

As such, **all** unauthorised restrictive practices are mandatory reportable incidents under the NDIS Commission and the Office of Senior Practitioner.

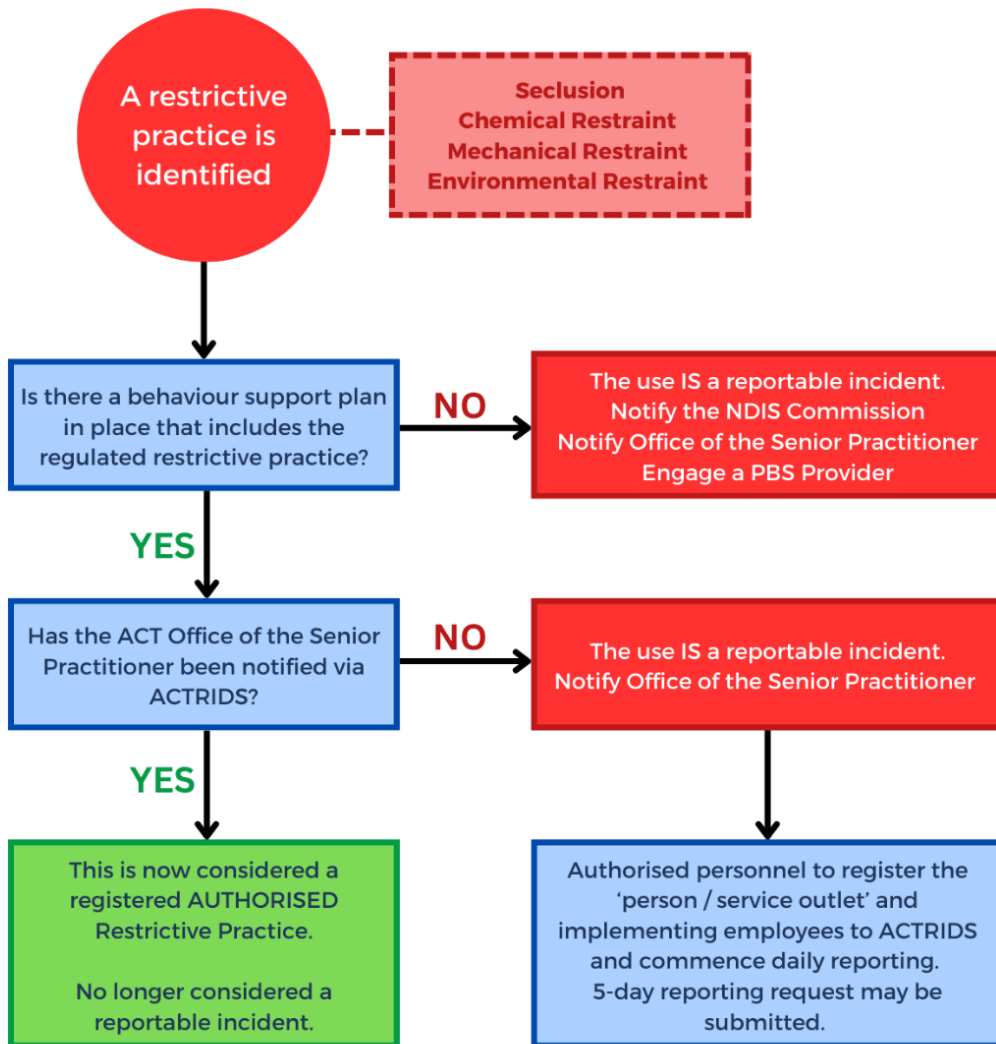


Restrictive Practices can only be used:

- in response to a behaviour of concern (situations of serious harm to self or harm to others);
- to avoid harm to the person or others;
- as a last resort;
- for the shortest possible time;
- in the least restrictive way;
- in accordance with a registered positive behaviour support plan, or;
- in an emergency situation/critical incident requiring an immediate response due to imminent serious harm to the person or others. For clarity, harm can include physical harm to the person; or a serious risk of physical harm to the person; or damage to property involving a serious risk of physical harm to the person.



Below outlines when the use of a restrictive practice is a reportable incident:





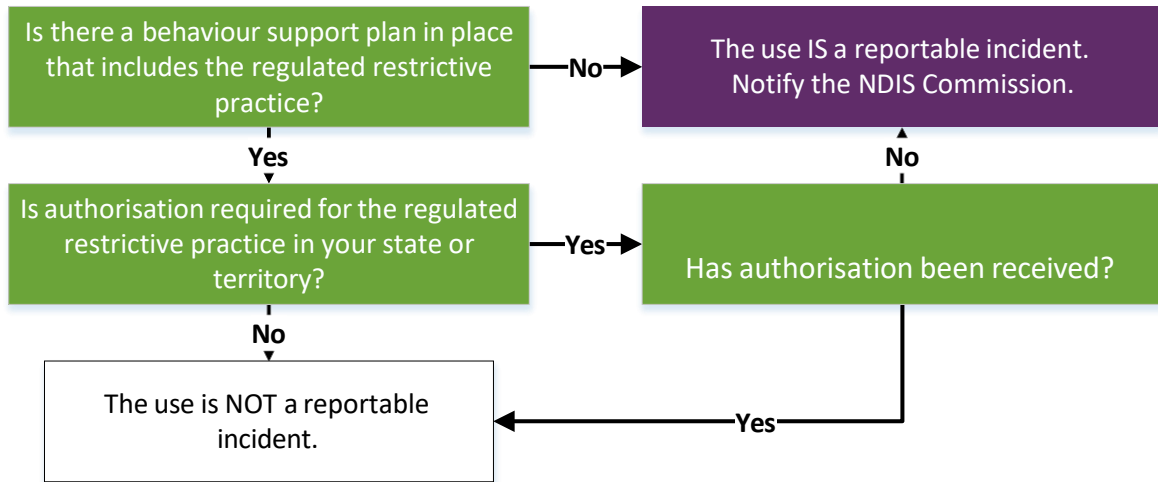
### *Reporting a New Restrictive Practice – Unauthorised*

- Upon identifying a restrictive practice is being used and/or identifies that the participants safety could benefit from a restrictive practice, the attending employee must report to NCC Operational Intake immediately.
- If the restrictive practice is being used unauthorised, the attending employee must call NCC Operational Intake immediately and complete an incident report.
- Operational Intake to double check the participants records to see if there is a Behavioural Support Plan that may be in place. If there is, this would be considered an AUTHORISED practice and no further action required.
- Operational Intake must seek why the restrictive practice is in place and is there a way to minimise and/or mitigate the practice.
- Operational Intake to notify GM of an unauthorised restrictive practice for mandatory reporting obligations.
- Authorised personnel (Leads and executive management) to undertake Mandatory Reporting with NDIS Commission via PRODA access
- Authorised personnel (Leads and executive management) to undertake Mandatory Reporting with the Office of the Senior Practitioner via ACTRIDS access
- Leads / GM to engage the participant and their support coordinator to arrange a Behavioural Specialist Assessment to have a plan established.
- GM and Leads to review the practice and review the participants Risk profile to implement a interim plan around the unauthorised restrictive practice until such time the PBS Plan can be implemented by a Behavioural Support Practitioner.
- The interim plan is to be reflected in the participants care plan, and agreed to by the participant/NOK/EPOA
- Daily reporting to the Office of the Senior Practitioner and weekly NDIS Commission reporting requirements must be upheld.



**Reportable Incidents Requirements**

NDIS Commission



The Reportable Incidents Rules require that NDIS providers implementing restrictive practices notify the NDIS Commission of each use of an unauthorised restrictive practice within **5 business days** of becoming aware of the use.

Where the regulated restrictive practice is a routine chemical, environmental or mechanical restraint, National Community Care will be required to then undertake **weekly reporting**, rather than notifying of each individual use separately.

Reporting can be completed by authorised personnel with PRODA access. For clarity, this is inclusive of all NCC Lead Roles, and NCC executive management.

*Office of Senior Practitioner*

The functions and powers of the Senior Practitioner will be supported by the collection and reporting of key data on the use of restrictive practices over time. Under the Act, service providers must report all uses of a restrictive practice to the Senior Practitioner, whether there is a positive behaviour support plan in place for the person or not.

National Community Care authorised personnel are required to report the use of the restrictive practice to the Senior Practitioner. This can be done via ACTRIDS portal.

For step by step processes of navigating ACTRIDS, the user guide can be found here: [User Guide for ACTRIDS.pdf](#)





### 1. Check Safety

- Make sure that everyone is safe and seek medical help if needed.

### 2. Report the Restrictive Practice

- Report the use of the restrictive practice to the Senior Practitioner; and
- to the NDIS if the person is an NDIS

### 3. Review and Debrief

- Talk about what happened and see if you need to do anything different to prevent is happening again.
- Make sure you involve the person who was restrained to get their view.
- Consider if the restrictive practice was a 'once off' or if you think you might need to use it again in future.

### 4. Assess and Plan for the future

- Develop a positive behaviour support plan if you plan to use a restriction again.
- Get the plan approved at Panel and Registered
- Implement the plan

### 5. Monitor and Evaluate

- Is it helping to decrease the behaviours of concern that the person uses?
- Is the person learning new ways to get their needs met that don't hurt themselves or other people?
- Is the restrictive practice still needed?



OFFICE OF THE SENIOR PRACTITIONER

## POSITION STATEMENT

### EMERGENCY REPORTING OF RESTRICTIVE PRACTICES

The Senior Practitioner Act 2018 (the Act) provides a legislative framework for the reduction and elimination of restrictive practices. The Act also establishes the role and functions of the Senior Practitioner and provides guiding principles for providers when considering the use of restrictive practices to support people with behaviours that cause harm to themselves or others.

There has been some confusion regarding the reporting requirements when the use of restrictive practices is other than under a registered positive behaviour support plan. These are called 'emergency' or 'unauthorised' restrictive practices.

#### What is an emergency or unauthorised use of restrictive practices?

These are restrictive practices used where the provider or relevant person believes on **reasonable grounds** it is necessary to use the restrictive practice to avoid **imminent harm** to the person or others, and the restrictive practice is the least restrictive of the person as is possible in the circumstances having regard to:

- the kinds of restrictive practices that may be used.
- how the restrictive practice is applied.
- how long the restrictive practice is applied.
- if practicable—the use of the restrictive practice is authorised by the person in charge of the provider.

When a provider uses a restrictive practice that is not part of a registered behaviour support plan, the provider **must report the restrictive practice within 5 days after the restrictive practice is used**. This legislative requirement is detailed at Section 10A (2) in the Act.

This means the provider has 5 **calendar days** to make the report, not business days.

If a provider uses a restrictive practice on Wednesday, this would be considered day 0, meaning the provider must report the restrictive practice to the Senior Practitioner before midnight on Monday.

If a provider uses a restrictive on Monday, this would be considered day 0, meaning the provider must report the restrictive practice to the Senior Practitioner before midnight on Saturday.

The Senior Practitioner conducts risk responsive compliance activities to ensure providers are complying with the legislative timeframes, and providers who do not comply with these timeframes may be subject to enforcement action such as investigation and or penalties.



## Authorised Restrictive Practices

An authorised Restrictive Practice is where there is a Positive Behaviour Support Plan in place and authorised for implementation. For clarity, if a participant does not have a PBS Plan, this is considered an UNAUTHORISED restrictive practice and is reportable until such time it is removed and/or a plan is safely implemented by a behaviour support practitioner.

How are restrictive practices authorised under the NDIS?

The NDIS Commission does not authorise the use of restrictive practices. Authorisation remains the responsibility of the state or territory in which the regulated restrictive practice is used. It is a requirement under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (Behaviour Support Rules) to use regulated restrictive practices in accordance with any state or territory authorisation process however described. Under the Behaviour Support Rules, the implementing provider is required to obtain authorisation and lodge evidence of that authorisation with the NDIS Commission.

Where a state or territory does not have an applicable authorisation process, the requirements under the NDIS Act and Behaviour Support Rules continue to apply. This means the regulated restrictive practice is required to be in a behaviour support plan, and the specialist behaviour support provider is required to lodge the behaviour support plan with the NDIS Commission, regardless of whether state or territory authorisation is required.

For clarity, in ACT, National Community Care are registered and reportable to the **Office of the Senior Practitioner** and the **NDIS Commission**.

### *Behaviour Support Plans*

What are the requirements for behaviour support plans?

The NDIS outline the requirements for the development and review of behaviour support plans. These include that a behaviour support plan must:

- be developed by an NDIS behaviour support practitioner engaged by a specialist behaviour support provider, or by the provider if they are an NDIS behaviour support practitioner
- clearly identify the use of any restrictive practices in detail and include plans for reducing and eliminating the practice as well as monitoring and reviewing the plan
- be developed within 1 month for an interim plan or 6 months for a comprehensive plan, from the time the behaviour support practitioner is engaged
- be developed in consultation with the participant, their family, carers, implementing provider and any guardian or other relevant persons such as support persons



- be based on a behaviour support assessment, including a functional behaviour assessment (if it is a comprehensive plan)
- contain evidence-based, person-centred and proactive strategies that address the person's needs and the functions of the behaviour
- be lodged with the NDIS Commission if the plan contains regulated restrictive practices (this includes reviewed plans)

The use of restrictive practices contained in the behaviour support plan must:

- reduce the risk of harm to the person with disability or others
- be the least restrictive response possible in the circumstances to ensure the safety of the person with disability or others
- be used as a last resort in response to risk of harm to the person with disability or others, after the provider has explored and applied evidence-based, person-centred and proactive strategies
- be proportionate to the potential negative consequences or risk of harm
- be used for the shortest time possible to ensure the safety of the person with disability or others
- be clearly identified in a behaviour support plan
- Be authorised in accordance with any state or territory requirements (however described), and evidence of such authorisation lodged with the NDIS Commission

#### *Attending Employee Procedure – Authorised*

- Employees must only implement the authorised restrictive practice as specifically directed within the participants Behavioural Support Plan.
- Attending employee must document within participants notes the use of the practice and when it is implemented.
- No mandatory reporting requirements are needed UNLESS additional practices are being implemented that would be considered UNAUTHORISED.



# SIL Properties

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	3/2020	Natashia Telfer	Employsure	New service, new framework
1.1	8/2021	Tahla Small	CEO	Review of schedule 8 process
1.2	5/2023	N.Telfer	CEO	Sepratation of policies and added link to SIL Emergency management

## In conjunction with:

All National Policies and Frameworks



## NCC Induction to SIL Property

All employees commencing in a SIL property are required to go through a House Induction checklist prior to being authorised to work independently within the property.

Check list can be found here:

[https://nationalhealthcareservices.sharepoint.com/:w:/g/EdgaNs\\_UODxQuEI-rC6eIM8BisS6CkDqa2ERlaOrxOFiCQ?e=qRFORG](https://nationalhealthcareservices.sharepoint.com/:w:/g/EdgaNs_UODxQuEI-rC6eIM8BisS6CkDqa2ERlaOrxOFiCQ?e=qRFORG)

## SIL Property Rules

Any SIL property an employee attends are required to implement “House Rules”. All persons entering the SIL property, under the NDIS are required to conduct themselves accordingly in line with the “House Rules”. Failure to do so, or breach of the rules can result in your shift being terminated early and disciplinary action may follow. Property House Rules may include, but are not limited to:

- Expectation and responsibilities of each party
- Guest visiting hours
- Provision of food
- Provision of laundry services
- Cooking / Cleaning responsibilities
- Shopping / Menu Planning
- TV / computer allocation time frames
- Storage of personal effects
- Other details as decided by the client/participants and the SIL Provider

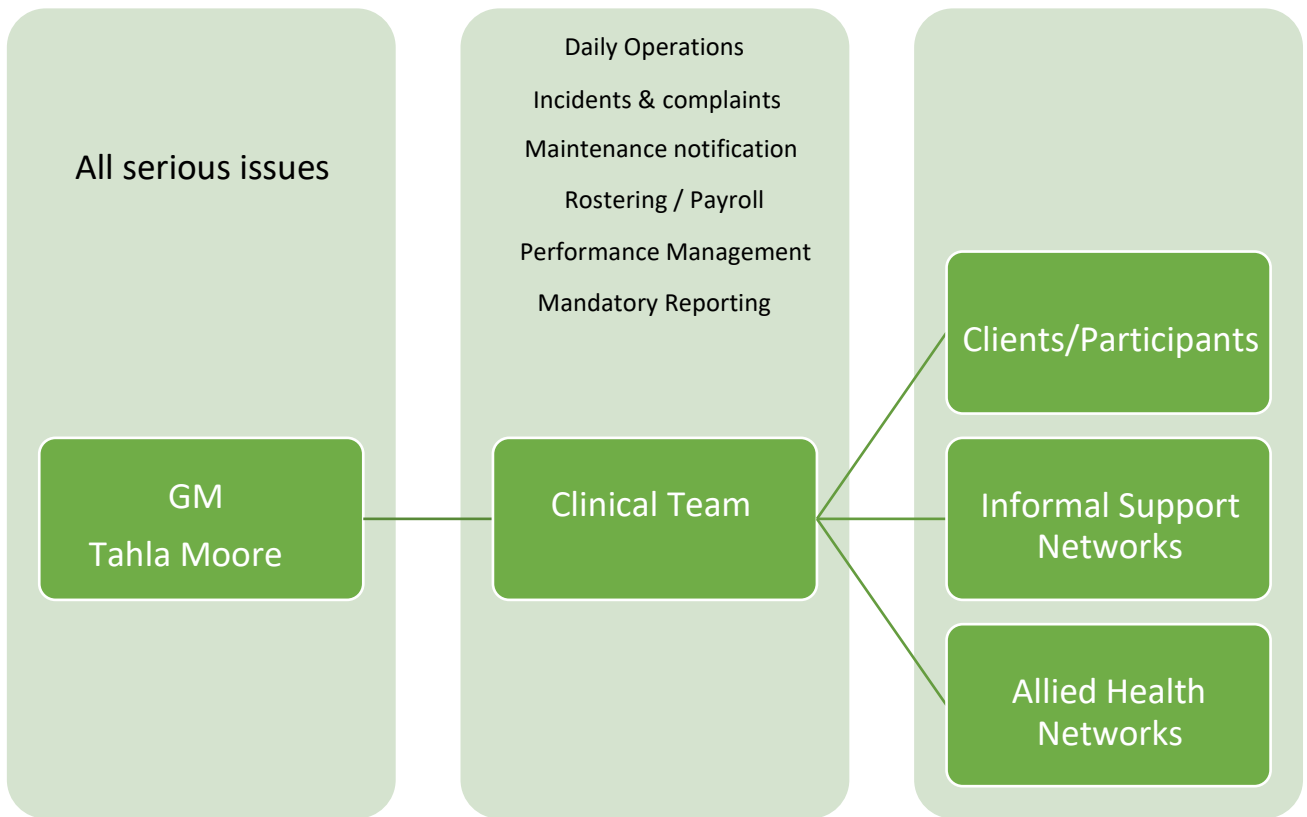
“Alex House Rules” -  [Alex House Rules DRAFT v.4.docx](#)

It is the responsibility of National Community Care as a registered NDIS provider and identified SIL Provider to liaise with the client/participants to compile a *House Rules Book* and provide these to all entering persons and the SDA provider under our Heads of Agreement. This clause is provided for the purpose of alerting the client/participant to their right to be involved in the creation of the rules pertaining to the day-to-day running of the house and the process must be completed within three (3) months of the client/participant’s initial entry into the house. Amendments can be made as required and will be reviewed 6 monthly with client/participants and families.

*SDA Rights and Responsibilities* -  [DHS Client Rights and Responsibilities Policy ACT.pdf](#)



## NCC SIL Participants and Family Lines of Reporting



### *NCC SIL Property Roster*

Rosters will be made available within the Property before each Monday of the new weekly roster.

### *Late to Shift*

Please note, if you are running late to a shift at a SIL property, you are required to notify NCC as soon as possible. The previous employee will be required to stay until your arrival and timesheets should be reflective of this and managed by the RN on shift, approved by the Clinical Coordinator.

**Do NOT send a text message, this will be considered a formal warning.**

### *Request to swap assigned shift*

Employees will be required to complete the request form available through your employee login under the documents tab. All shift swaps must be approved prior to the day of the shift. The swap must be likeness for likeness for example – if you are the designated driver for your original shift, you must ensure the person you are swapping with is able to drive to fulfill the required duties. Other examples could include PEG, trachy, or other specialised training requirements as well as client preference. In the event your shift can not be approved to be swapped, you will have the option to fulfill your rostered obligations OR reject the shift and National will look to replace the shift with a suitable employee or engage our sister company NNA for coverage.



### *SIL Handover Requirements*

A handover is the transfer of responsibility and accountability for some or all aspects of care for a person or group of people, on a temporary or permanent basis. It entails appropriately transferring information to help deliver safe care. The information transferred depends on the clinical circumstances, and outstanding tasks which may include the:

- clinical condition
- status of investigations and treatments
- likely clinical course
- possible problems and consideration of strategies should problems arise
- responsibility for ongoing care
- outstanding tasks that require attention

Handover generally occurs toward the end of a shift with the purpose of relaying vital and/or outstanding information/tasks pertaining to client care needs. Carers are often required to provide their handover to the team leader who will relay this to the oncoming shift team leader. This process allows oncoming shift to prioritise outstanding tasks to ensure client needs can be met.

Handover may also include handing over of physical items such as locker keys, facility keys, facility phones and pagers etc. All items are to be returned prior to leaving the shift. In the event, an employee removes property from the location, the employee will be required to return it immediately and unpaid.

### *SIL Property Handover Procedure*

- RNs to utilise the daily task check list each shift to record all relevant information.
- Handover to occur within the 15-minute shift cross over and an RN drug check to be completed between the 2 RNs exchanging shifts.
- Handover should include client/participant handover, RN House Keys and House Phone.
- Handover should be comprehensive, factual and sequential in outstanding tasks for the on-coming shift to continue with.
- RN to ensure ANs have completed reflective entries for each of their designated client/participants.
- At handover period: a minimum of one carer from the current shift is required to stay on the floor to maintain airway monitoring. This is to rotate at the discretion of the CC and/or RN on shift and allows all on-coming staff to be present for handover.
- Sight check of all client/participants and security check of premises. Night shift to ensure all windows and doors are locked. (with exception of client/participant windows at their discretion)
- Sunday Night RN to scan in all completed charts/documentation into client/participant files accordingly.





*SIL Property: RN SCHEDULE 8 Drug Check Procedure*

- To occur with registered nursing staff only. Carers must not engage in checks and/or administration of Scheduled 8 drugs.
- THREE daily S8 checks will occur at the handover period between RN handing over and RN coming on. (0700-0715 / 1445-1500 / 2230-2245hrs)
- All S8 Drugs are to be counted by both RNs and co-signed in the count book.
- S8 Drug book will be kept in the office.
- When 2 are RNs are present at any of the scheduled drug check time frames, this is best practice to proceed with.
- Any PRN S8 drugs required to be administered while on shift, the RN is to contact NCC to arrange an external RN to attend. In the event the drug is time sensitive, the Service Relations Manager can authorise face time drug check to ensure a timely outcome for the client/participant. The Service Relations Manager will be required to attend to co-sign the administration
- All S8 medications will be stored separately in a locked container behind a locked cabinet.
- All medication counts/checks to be documented correctly in RED pen.



***SIL Property: AN Documentation***

- Employee must document daily reflections for their assigned client/participant. This is to include a brief overview of the client/participants day, and general wellbeing and any social/emotional engagement that took place within the shift.
- Completing any formal documentation as required by the RN or CC. This may include but is not limited to bowel charts, food and fluid intake charts, observations, incident/accident reports
- Carers should NOT under any circumstances relay or handover any concerns to guests within the home. All concerns/feedback or questions should be directed to the RN on shift or CC if on site.
- All information to also be verbally handed over to the RN on shift prior to conclusion of shift.

***SIL Property: RN / CC Documentation***

- Documentation in the individual clinical record is dated, signed (with designation), shows the time of each intervention and is legible.
- Documentation is a comprehensive, factual and sequential record of the client/participant's clinical care and overall wellbeing.
- Utilise relevant service platform system for individual clinical records as required.
- Files to be audited regularly to ensure AN documentation is satisfactory.
- Request GP or other service providers document accordingly in client/participants notes section of care plans.
- Action concerns appropriately.
- Individual care plans to be kept up to date and in a tidy manner
- Upline accordingly RN > Clinical Coordinator: Caitlin Halliday > National Community Care: Natasha Telfer
- Maintain All Risk Register
- Understand and implement compulsory reporting as required.

[SIL WHS - Emergency Management - SIL Properties Framework.docx](#)



## Bunbury Street Scanning Procedure

### SCOPE

Relevant to all Registered Nurses of NCC

### PURPOSE

Ensure appropriate, sequential scanning and uploading of all participant documentation from hard copy to electronic copy.

### PROCEDURE

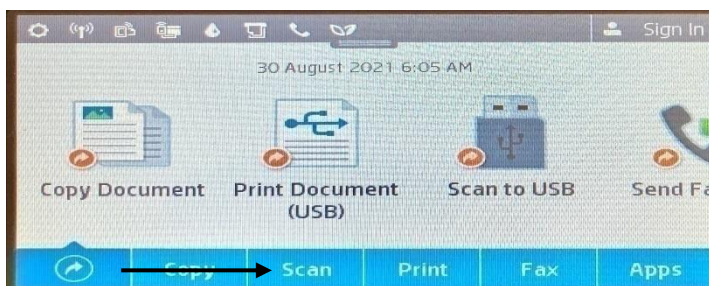
All participant non scanned documentation is filed in the office, within a locked filing cabinet in individual white folders. Scanning and uploading of participant documentation is to be completed every Sunday on night shift.

#### *Process to scan documents to computer*

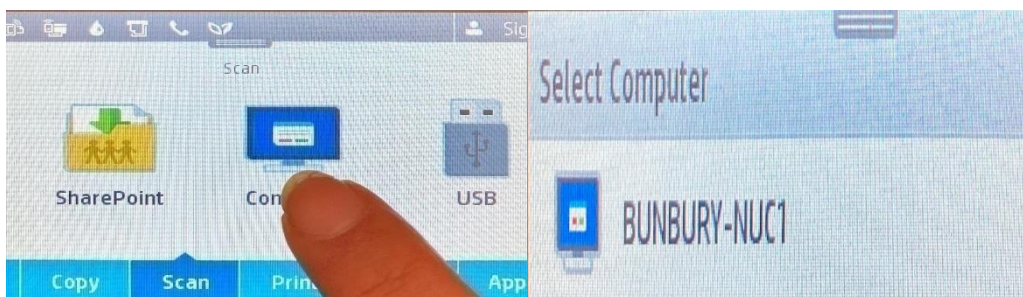
**Step 1** - Load documents for scanning into top tray of printer.

**Step 2** - Login to computer profile 'Bunbury' using password.

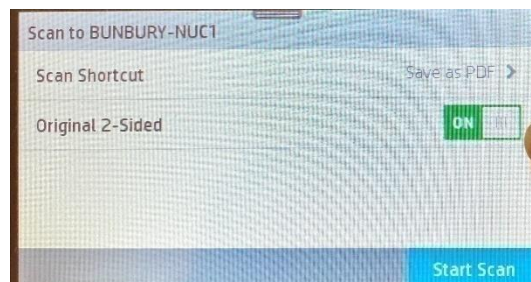
**Step 3** – Go to printer home screen and click on the scan tab.



**Step 4** – Click computer and select BUNBURY-NUC1



**Step 5** – Select single- or double-sided scan. The scanned documents can be found in file explorer under recent files.

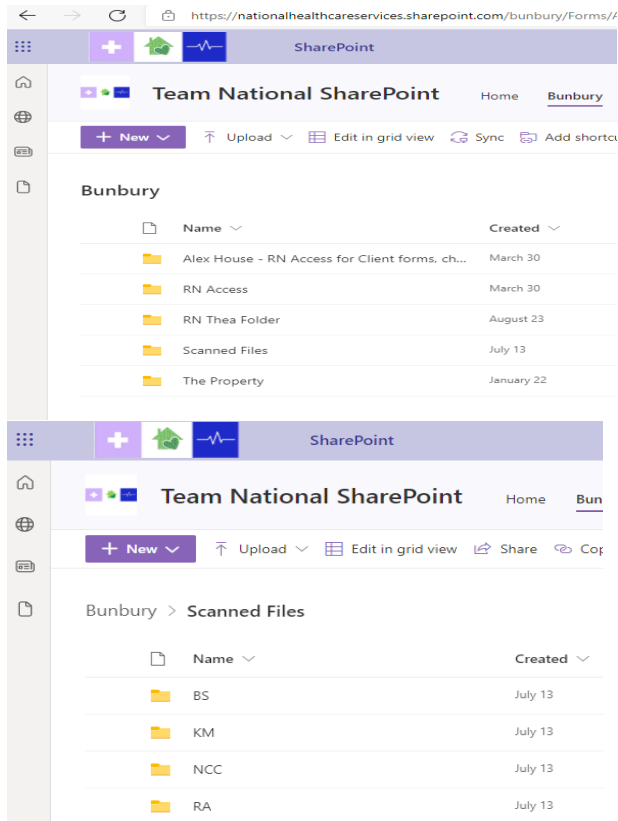


**Step 6** - Once the documents have loaded, ensure to check that they have scanned correctly. Then you need to type in the file



name. NCC use the following: yyyy-mm-dd and File name (Progress Notes, Suction, PEG, Fluid balance, EN regime, Incident forms, Historical care plan etc.)

**Step 7** - Once you have added the yyyy-mm-dd /file name/ participant initials RA/BS/KM etc, check that the file type is saved as PDF. You will then open up sharepoint – Bunbury and select the participant which the documents are related too.





## NCC SIL Participant Finances Policy

### **POLICY STATEMENT**

National Community Care is committed to safeguarding participant money and property, ensuring that it is managed in a manner that protects the security of their money & property while facilitating each participant to use as they wish.

### **SCOPE**

All National employees and associates.

### **POLICY**

In circumstances where the participant or legal nominated representative has provided National Community Care with consent to access participants money or property, it is to be secured and handled in a clear and open manner.

#### *SIL Properties*

All cash, debt cards, gift cards, cheque books that are solely managed by National are to be secured either within the lockable cash tin on site, with the participants/ representative consent and authorization for such practice. Participant/representative will have access to their personal property. Within a SIL property cash, debt cards, gift cards and cheque books are secured onsite in a locked box within a filing cabinet, each shift the RNs conduct a check on all the items within the box, during handover, only the Registered Nurse, participant and Clinical Team have access to this lock box. All participant cash managed by National is documented within a cash receipt book for recording keeping purposes within the property, any withdrawal or transaction is recorded within this book and receipts kept for proof of purchase. National Community Care has a responsibility to mandatory reporting requirements if it is alleged or proven true of financial abuse or if locking of participant belongs becomes a restrictive practice.

#### *NCC Covered Expenses within SIL Property*

- National will provide the property with grocery gift cards.
- The value will be recorded by the RN in the expenditures logbook and issued by the RN to the attending carer who will access Woolworths at Cooleman Court to purchase any shared expenses. This may be inclusive of cleaning products, toilet paper, staff milk, perishable items for the participants etc.
- All items must be returned to the property with the card and receipt of purchase.
- Quarterly, all dockets will be collected for invoicing all participant related expenses onto the participants. The Clinical Team and/or community Team Leader are responsible for this process and all invoice templates are saved within the Bunbury SharePoint drive.
- These items are often shared between 2 and up to 5 parties. The invoice includes the item and date of purchase, the percentage the participant is responsible for and the total of that item.
- The invoice is then issued to the participants and/or their guardians/EPOA for payment.
- All copies of receipts are available for participants and families for view at any time upon request. (See **Consumable Expenditures**)



## SIL Property Expenditures and Invoicing Policy

### **PURPOSE**

Provide Community employees with an understanding of the process of purchasing items on behalf of a participant, and the documentation/reporting requirements.

### **SCOPE**

Senior registered nurses & Clinical Team– who gain consent to purchase items on behalf of client/participant.

### **PROCEDURE**

National or its employees are unable to provide participants or their representatives with any form of financial advice or information other than that which would reasonably be required under the participants NDIS plan.

- National can support participants to access and spend their own money as they determine.
- National will support the participant with everyday purchases where they have elected National to manage their money.
- Consent from the participant / representative must be given to the Clinical Team and or the senior registered nurse who will be purchasing an item on behalf of the participant.
- Clear documentation by both RNs is required within the clinical progress notes. A receipt is to be obtained after the transaction is completed, RN is to photocopy the receipt for National records and provide original to participant and or representative as proof of purchase.
- Where possible National would prefer the method of purchase was cashless due to the inherent risks associated, however National understand that this is not always possible, if cash is used it is to be documented within the cash handling record book.
- National Community Care also offer an alternative to cash, debt cards and gift cards. The RN can be requested to purchase consumables on behalf of the client/participant, and they will be invoiced by National at the end of the quarter payable via direct debt.
- All receipts of consumables purchased are retained by National and copied for each participant are placed within the participants financial record folder YTD.
- Quarterly, all dockets will be collected for invoicing all participant related expenses onto the participants. The Clinical Team and/or community Team Leader are responsible for this process and all invoice templates are saved within the Bunbury SharePoint drive.
- These items are often shared between 2 and up to 5 parties. The invoice includes the item and date of purchase, the percentage the participant is responsible for and the total of that item.
- The invoice is then issued to the participants and/or their guardians/EPOA for payment.
- All copies of receipts are available for participants and families for view at any time upon request.
- National Community Care have a mandatory regulatory obligation to report all alleged and confirmed incidents involving theft, abuse of client/participant property or finances to ACT Policing and relevant agencies – Refer to mandatory reporting policy.

### **REFERENCES**



<https://www.ndiscommission.gov.au/providers/incident-management-and-reportable-incidents>

### *SIL Property Individual Participant Expenditure & Consumable Procedure*

#### **PURPOSE**

Provide Community employees with an understanding of the process of purchasing items on behalf of a participant, and the documentation/reporting requirements.

#### **SCOPE**

Senior registered nurses & clinical coordinator – who gain consent to purchase items on behalf of client/participant.

#### **PROCEDURE**

National or its employees are unable to provide participants or their representatives with any form of financial advice or information other than that which would reasonably be required under the participants NDIS plan.

#### **SDA Expenditures**

SDA invoice NCC directly through the online platform ‘property me’ individual link - <https://my.propertyme.com/portfolio?code=DISHOKGM>

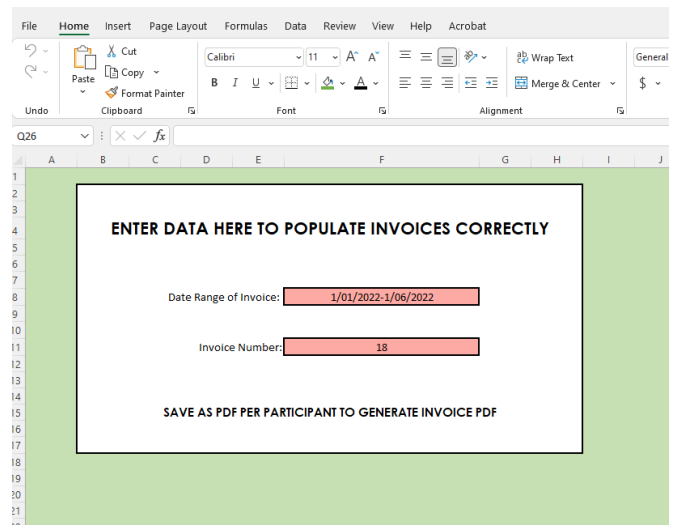
Internet, electricity, and water are invoiced through this portal to NCC to divide by all participants and NCC evenly (by 5 parties = 20%).

#### **Consumable Expenditures**

All private consumable expenditures are invoiced quarterly, which is recorded on our online register.

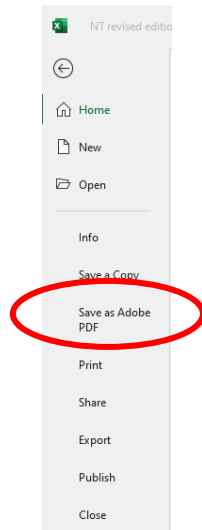
**Shared point – Bunbury > House Manager – Alex House > Consumable invoicing > Participant invoices**

- All copies of receipts and hard copy invoices can be accessible upon request by the participant and representative at any time.
- In the template the first tab is the DATA tab:
  - Enter the date range of the invoice and the following chronological invoice number. This data will populate across all the participant invoices.
- The following tabs in the excel belong to each of the participants.





- Here you add in the purchase details: item, date of purchase, gross total, contribution percentage and the owing amount per item.
- Once the invoice period items are uploaded, go to File, Save as Adobe PDF. Select the single participant tab you wish to generate and follow the prompts to save the document. Save all invoices to SharePoint with title: *YYYY-MM-DD INVOICENUMBER*



Item	Date of purchase	Gross Total	Contribution Percentage	Owing Total
Dishwashing tablets 48 pack	01/01/2022	30.00	33%	\$ 9.90
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

- Once the invoice has been generated select the invoice and email to the NOK or participant responsible for financial management.
- The PDF invoice should also be saved in the consumables invoicing under the Bunbury Drive in SharePoint for historical referencing.





## SIL Property Emergency Management

### **POLICY STATEMENT**

National is committed to taking every employees and client/participants needs into consideration when implementing Work Health and Safety (WHS) procedures include provisions for emergency preparedness and risk identification.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

As an employer, National holds responsibility to make sure all employees are aware of the emergency preparedness in the workplace including but not limited to:

- Within SIL properties there is appropriate signage, identified exits, fire plans, emergency evacuation bags.
- How to best assist client/participants with disabilities within their home. Always keep in mind, the nature of each person's disability is unique and the best way to prepare is to discuss and develop evacuation procedures with the individuals.
- Local emergency personnel will be aware the residence is for complex needs and of high priority.
- Continuation of critical supports before, during and after an emergency situation to ensure continuity of supports including consumable supplies.

### **MAINTAINING CRITICAL SUPPORTS DURING EMERGENCY SETTING**

This can include but is not limited to, natural disaster, house fire, life threatening equipment malfunction, outbreak, pandemic etc.

National are committed to continuing all critical services for participants where safe and possible to do so. Any adjustments to services that are required to accommodate the circumstances will be made in consultation of the client/participant to ensure continuation of services can be as seamless as possible. This may include change of venue, additional personnel and supports or equipment to be utilised.

Critical services are inclusive of airway management, enteral feeding, medication administration, pressure area care, personal care, wound care, ensuring participant supplies such as enteral feed, air way equipment etc are ordered.

### **SIL PROPERTY EVACUATION OF PARTICIPANTS IN EMERGENCY SETTING**

- House Fire Warden will be the most senior person on shift: Clinical Team or RN.
- The employee designated to provide support for a client/participant will assist said client/participant to evacuate the building, or to move to a safe area to await assistance from members of the emergency response group or emergency services personnel. 2 employees may be required to assist client/participants in pairs.



- A carer designated to provide support for the client/participant should remain with that person once until the all clear is given or they are relieved of those duties.
- The fire warden will assign a floor warden, or request an emergency response warden, to check that assistance is being provided to client/participants as required, or assist with evacuation of other client/participants if this practical and appropriate.
- The fire warden will ensure that the emergency control point, emergency operations centre and emergency response personnel are aware of the situation and location of employees and client/participants.
- The fire warden is responsible for ensuring (if relevant) solar powered units connected to SIL properties are turned off in the correct method in event of a fire, electrical disaster or maintenance. Instructions for correct procedure to turn unit off is located on the front of the unit.
- The fire warden will also ensure that emergency services personnel are notified as soon as possible if their assistance is required and/or if it is a false alarm.
- Fire Warden to notify National management and arrange proceedings thereafter.
- Fire Warden is to notify client/participants and their nominated representatives if the property must be evacuated, as soon as safe to do.

#### CONTACTS

<b>Emergency Services</b>	000
<b>National Community Care</b>	6242 4978 / 0401 49 798
<b>Canberra Grief Centre</b>	0409 966 515 / 0401 344 577
<b>Beyond Blue</b>	6287 8066
<b>Lifeline</b>	131 114

#### Relevant Legislation and References:

Health Records (Privacy and Access) Act 1997	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012
Disability Services Regulation 2014	Working with Vulnerable People Act 2011

#### EMERGENCY RESOURCES FOR THE ACT

[Be Emergency Ready | ACT Emergency Services Agency](#)

[Fire Safety | ACT Emergency Services Agency](#)

[Floods | ACT Emergency Services Agency](#)

[COVID-19 | ACT Health Agency](#)



## Bunbury Street Emergency Procedures and Processes

*All medical emergency procedures can be found in Clinical Care: Medical Emergency*

In the event of an emergency, each SIL property holds an Emergency Action Plan. The plan is inclusive of participant emergency contacts, Plan of Action, Emergency Exits, Evacuation Process, Meeting Point, Individualised Plans, Persons of Responsibility.

### *Solar Panel Procedure: Bunbury Street*

#### **PURPOSE**

The purpose of the solar panel is to ensure backup power is available within the complex care property in the event of a blackout/power shortage. The system is maintained remotely and is programmed to utilise 20% battery power over night. 80% is stored for emergency backup however this is dependent on available sun absorption. The 80% is expected to provide 2hours of backup power. In the event, power is still out after 2hours, Clinical Coordinator will decide on how to safely proceed. Emergency services will be notified, and patient transport may be required to ensure airway management can be safely maintained.

SDA responsible for providing backup generator as required. This can include arrangements with electricity company upon maintenance.

**NOTE:** Evo Energy may conduct critical maintenance on the electricity network. When this occurs, Alex's House is usually notified in writing by the SDA provider. Email is sent to [cc@nationalcommunitycare.com.au](mailto:cc@nationalcommunitycare.com.au). In consultation with the SDA provider and Evo energy the management team (CC, RNs and NCC) will liaise with all parties to ensure the least disruptive service to the participants of Alex's House.

Evo Energy do have 51 Bunbury Street listed as a life support house which ensures priority in the return of power. The staff within the House on the day of the planned outage will need to be prepared and liaise with the participants to negotiate if getting up earlier is a possibility, ensuring that coffee is in before power is off, boiling the kettles in the house to ensure there is some access to hot water, rescheduling to evening showers for the day etc. There is no set plan on how the day will occur as each day is different, however it is to always be in consultation with the participants and Clinical coordinator.

#### **DETAILS**

Solar panel is located on the back wall of the garage. It has 2 yellow bollards in front of the box and ground markings to identify a safe distance zone. No equipment is to be placed past the markings.



***Fire Emergency Solar Shut Down Procedure: Bunbury Street***

In the event of a fire emergency, the solar system is required to be shut down. The system has clear instructions outlined at the panel system and this is also explained through the induction process of employees.

1. Call emergency services on 000 notify the operator that there is a fire involving lithium ion batteries.
2. Turn off the solar system
  - a) Shut off - battery backup Isolator
  - b) Shut off – Inverter A.C Isolator
  - c) Shut off – PV Array D.C Isolator ARRAY 1
  - d) Shut off – PV Array D.C Isolator ARRAY 2
  - e) Shut off – Battery D.C Isolator

**WARNING: DO NOT OPEN PLUG AND SOCKET CONNECTORS OR PV STRING ISOLATOR UNDER LOAD.**

3. Evacuate the area
4. DO not attempt to extinguish the fire yourself.



***Maintenance, Electrical and Solar Shut Down Procedure: Bunbury Street***

In the event of any electrical work, or work within the roof space, requires the solar system to be shut down.

5. Turn off the solar system
  - a) Shut off - battery backup Isolator
  - b) Shut off – Inverter A.C Isolator
  - c) Shut off – PV Array D.C Isolator ARRAY 1
  - d) Shut off – PV Array D.C Isolator ARRAY 2
  - e) Shut off – Battery D.C Isolator

**WARNING: DO NOT OPEN PLUG AND SOCKET CONNECTORS OR PV STRING ISOLATOR UNDER LOAD.**

***Return Solar Power ON Procedure: Bunbury Street***

- a) Turn on – Battery D.C Isolator
- b) Turn on – PV Array D.C Isolator ARRAY 2
- c) Turn on – PV Array D.C Isolator ARRAY 1
- d) Turn on – Inverter A.C Isolator
- e) Turn on - battery backup Isolator

**TRAINING REQUIREMENTS**

All service delivery employees within the SIL property will undergo induction to the property prior to commencing shifts including Solar Power shutdown and evacuation by the team leader or RN induction on shift.

**EMERGENCY RESOURCES FOR THE ACT**

[Be Emergency Ready | ACT Emergency Services Agency](#)

[Fire Safety | ACT Emergency Services Agency](#)

[Floods | ACT Emergency Services Agency](#)

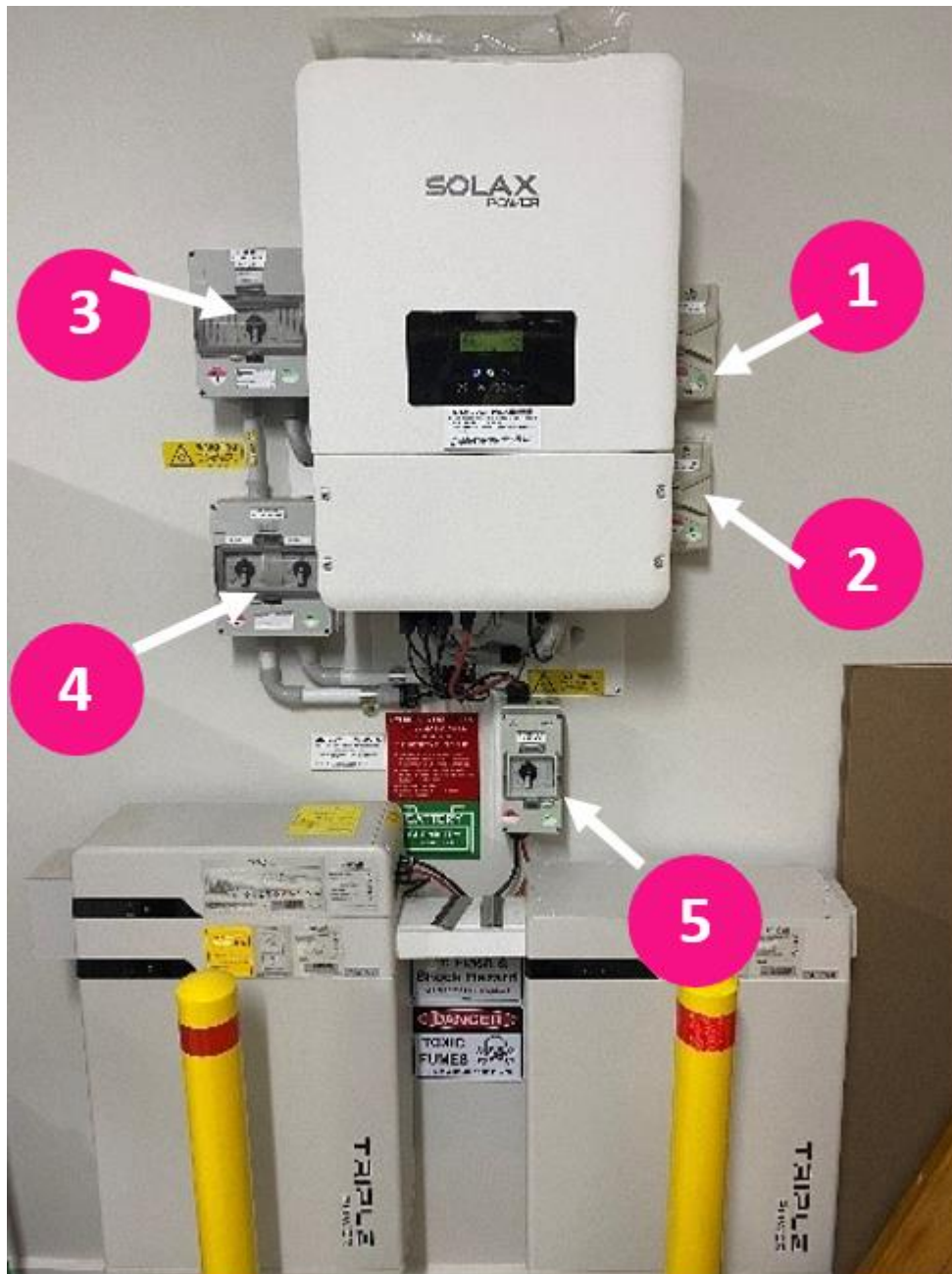
[COVID-19 | ACT Health Agency](#)





## TURN OFF THE BUNBURY STREET SOLAR SYSTEM

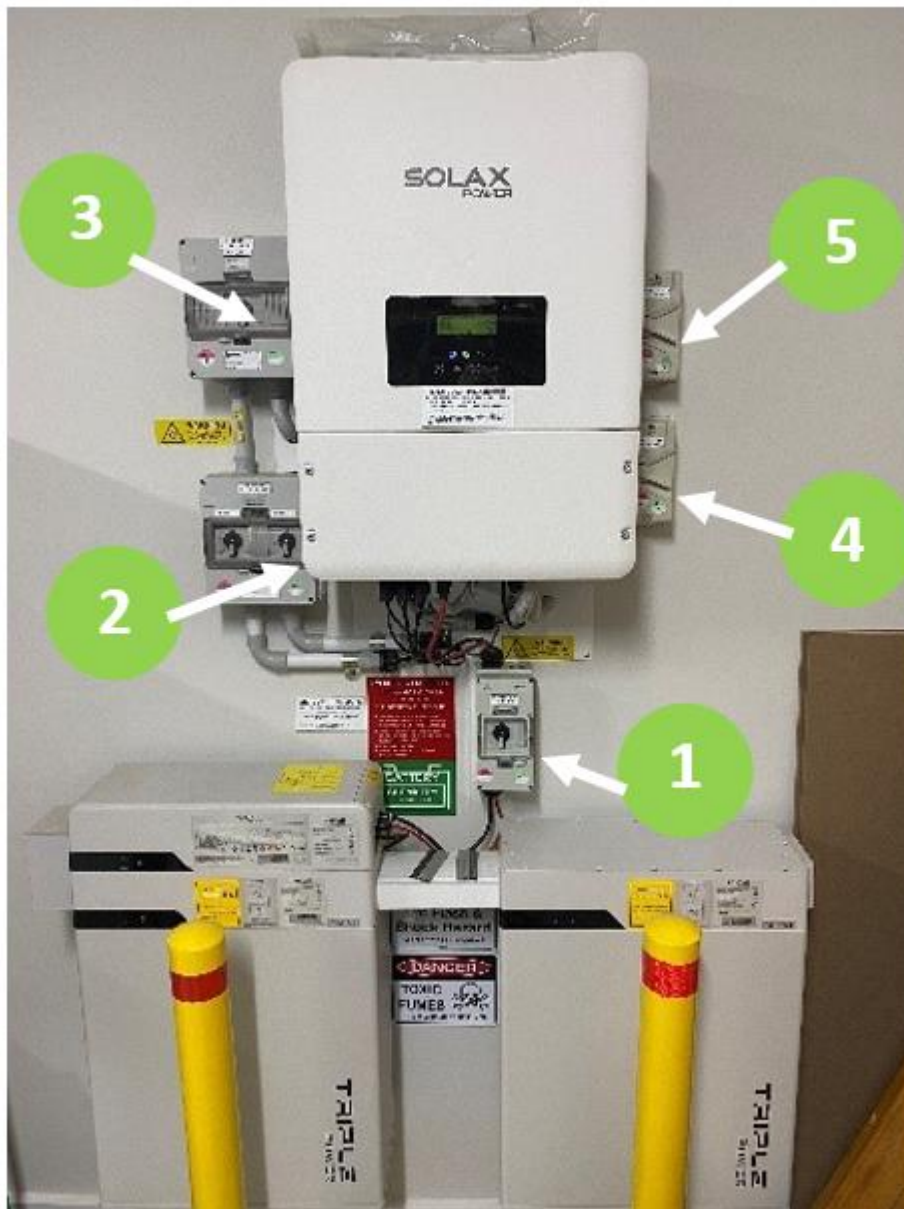
1. Shut off - battery backup Isolator
2. Shut off – Inverter A.C Isolator
3. Shut off – PV Array D.C Isolator ARRAY 1
4. Shut off – PV Array D.C Isolator ARRAY 2
5. Shut off – Battery D.C Isolator





## TURN ON THE BUNBURY STREET SOLAR SYSTEM

1. Turn On – Battery D.C Isolator
2. Turn On – PV Array D.C Isolator ARRAY 2
3. Turn On – PV Array D.C Isolator ARRAY 1
4. Turn On – Inverter A.C Isolator
5. Turn On - battery backup Isolator





***Energy Provider Procedure: Bunbury Street***

- EVO Energy: Aware that certain properties host participants with medical air way management equipment
- In the event there are scheduled power restrictions and/or shortages, EVO Energy liaise with the SDA provider: Disability Housing Solutions and National Community Care to arrange alternative supports including a generator for the period of the scheduled outages. In the event this is brought to NCC's attention, the RN is to notify the House Manager for immediate actioning
- When the scheduled power outage occurs, the petrol generator is implemented, the Solar needs to be shut down, see Solar Panel Shut Down Procedure

***Generator Procedure: Bunbury Street***

- In the event of a power outage in which the solar power does not supply electricity to the critical clinical equipment, the Registered Nurse on duty is required to set up the petrol generator.
- All employees will be required to undertake annual mandatory generator training in various forms including theory, online video and practical simulation training.
- The RN will be responsible to activating the generator and ensuring all critical equipment is connected. In the event the RN is unable to activate the generator they are to elect the next competent employee.
- All issues with the generator are to be escalated to NCC and SDA immediately for actioning.

***Fire Emergency Procedure: Bunbury Street***

- Employees are required to undertake the mandatory annual fire safety training through Altura learning and participate in one theory-based scenario held at the quarterly team meetings. This training is in line with appropriate manual handling practices.
- Given the nature of the complex needs. In the event the property is evacuated, ACTES would be notified and patient transfer to Canberra Hospital would occur to ensure appropriate equipment and care can be delivered to the participants.
- In the event of a fire, if possible and safe to do so, employee is to close off the door to distance the fire from participants and employees.
- All employees are to listen to the directive of the RN on shift who is the designated fire warden.
- RN will direct an employee to call emergency services and report fire and need for both fire and ambulance assistance.
- Evacuating the property will be directed by the RN and the evacuation procedure will be implemented

***Evacuation Procedure: Bunbury Street***

- Given the nature of the complex needs. In the event the property is evacuated, ACTES would be notified and patient transfer to Canberra Hospital would occur to ensure appropriate equipment and care can be delivered to the participants.





- Upon, evacuation, within the complex care SIL Properties, emergency GO-BAGS are checked and equipped with relevant tracheostomy care needs to ensure airways are effectively maintained.
- If time and safety permits, in the event of an emergency, RN on shift is to direct a carer to access the property kitchen and pack participant PEG/PEJ tubes and 2 days' worth of dietary supplement per participant.
- BUNBURY STREET: Participant RA – 2 bags, Participant KM – 12 bottles
- Mobile Participants will be evacuated first, followed by least mobile to ensure all exit passages remain accessible to all persons on site.
- Evacuation point is on the front road of the property.

**CONTACTS:**

National Contacts  
NCC 0401 439 798

EVO Energy  
13 23 86

Work Safe ACT  
6207 3000

ACT Police  
6256 7777  
Emergency Services  
000

NDIS Commission  
1800 035 544

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

**NDIS Commission -**

National is required to record and manage all incidents that happen in the delivery of NDIS supports and services in their internal incident management systems, and notify the NDIS Commission of reportable incidents. See Compulsory Reporting – NDIS Policy.

**ACT Care & Protection Services**

The ACT Care & protection Service is to be notified of any serious incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

Centralised Intake Service: 6207 6956

Mandated Reporters: 1300 556 728 / [childprotection@act.gov.au](mailto:childprotection@act.gov.au)

General Public after Hours: 1300 556 729

Crisis Service: 1300 556 729

**(DSS) Aged Care Complaints Scheme**

To be notified within 24hours (after police) of any serious suspicion or allegation of abuse, incident reporting such as the death of, or serious injury to a aged care participant, significant damage to property or serious injury to another person by participant.

1800 550 552 / [Agedcarecomplaints.govspace.gov.au](http://Agedcarecomplaints.govspace.gov.au)

**Canberra Grief Centre**

0409 966 515 / 0401 344 577



**Beyond Blue  
Lifeline**

6287 8066  
131 114

**Relevant Legislation and References:**

Health Records (Privacy and Access) Act 1997  
Human Rights Act 2004  
Human Rights Commission Act 2005  
National Disability Insurance Scheme Act 2013  
Disability Services Act 1991  
Disability Services Regulation 2014

Work Health & Safety Act 2011  
Health Professionals Act 2004  
Territory Records Act 2002  
Information Privacy Act 2014  
Official Visitor Act 2012  
Working with Vulnerable People Act 2011

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-qualityassurance/national-standards-for-disability-services>

[www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)



## In-Home Supports Personal Emergency Evacuation Plan Template

The PEEP is an individualised emergency evacuation plan for each occupant in our accommodation.  
A copy of the PEEP will be kept on the participant's file and an additional copy will be kept in a location accessible to the relevant safety warden or support worker

Participant Details	
Participant Name	
Participant Contact No.	
Address	
Floor/ Room Number	
People participant lives with	
Emergency Contact Person and Number	Name: Number:
Other Providers that also support Participant	Provider: Contact Person and Number:
Assistance Animal	<input type="radio"/> No <input type="radio"/> Yes – if yes, type and name of animal:
Participant aware of emergency response procedures	<input type="radio"/> No <input type="radio"/> Yes
Number of Exits	
Assistance required in an evacuation	<input type="radio"/> No <input type="radio"/> Yes
Who will assist the participant in the event of an emergency evacuation?	<input type="radio"/> participants live-in informal supports <input type="radio"/> participants 24/7 service provider: _____ <input type="radio"/> participant provider if on shift: _____ <input type="radio"/> other:
List all evacuation equipment needed	
Does participant require essential items to maintain supports that should be taken on evacuation?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
Evacuation procedure (Include step by step instructions)	<ol style="list-style-type: none"> <li>1. <b>Call 000 and state nature of personal emergency.</b></li> <li>2. <b>Follow directions of emergency operator</b> and responding service/s if able to do so.</li> <li>3. <b>If required, Apply First AID</b> as first responder.</li> <li>4. <b>Notify NCC.</b> if instructed, notify emergency contacts of event</li> </ol>
	<ol style="list-style-type: none"> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>





<b>SIL Supports</b>	
Designated SIL workers	National Community Care
Have SIL workers been trained in emergency response for occupant?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b> Call 000, Apply First Aid, Wait for emergency responders
Have SIL workers been trained in use of evac equipment?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
Do SIL workers know where the marshalling area is for property	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b> Front of property, on driveway/street
Is there items required to maintain essential supports for participant and should be taken on evacuation?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
<b>Approval &amp; Review</b>	
Participant provided a copy of plan	<input type="radio"/> No – if no, why not? <input type="radio"/> Yes
PEEP available in care plan folder	<input type="radio"/> No – if no, why not? <input type="radio"/> Yes
PEEP to be reviewed:	<input type="radio"/> in line with care plan review <input type="radio"/> annually <input checked="" type="checkbox"/> in the event participant moves properties <input checked="" type="checkbox"/> in the event participant needs change
Review Due:	
PEEP Created by:	
Date:	
<b>Reviews</b>	
Date	
Signature / Designation	
Date	
Signature / Designation	



### PERSONAL EMERGENCY EVACUATION PLANS (PEEPs)

Upon commencement of services with NCC, in addition to the IN-HOME PEEP, any participant residing within a SIL property or Apartment style living must have the additional PEEP overview completed and signed off by participant.

Training in the identified processes must be delivered to the participant and the supporting team.

A copy of the signed off PEEP must be provided to PEEP owner (participant), ONSITE office, NCC management, ONSITE GOBAG folder, SDA Provider.



Personal Emergency Evacuation Plan (PEEP) Overview Template

PEEP Details			
NAME			
PHONE		EMAIL	
ASSISTANCE ANIMAL			
LOCATION			
BUILDING ADDRESS			
FLOOR NUMBER		ROOM NUMBER	
HAS THIS PERSON BEEN TRAINING IN:			
PEEP RESPONSE		EVACUATION PROCEDURE	
EMERGENCY PLAN		EVACUATION ROUTES	
EMERGENCY ALERT			
PREFERENCE:	SMS   MOBILE   PHONE CALL   OTHER:		
EMERGENCY CONTACT:	*number for any family you wish to be notified		
ASSISTANCE REQUIRED			
TYPE OF ASSISTANCE			
EVACUATION EQUIPMENT			
EGRESS PROCEDURE	*evac key points – example: when exiting, take any lifesaving equipment		
	*evac key points – example: take assistance pet		
ONSITE SUPPORT NAME	National Community Care	ONSITE SUPPORT NUMBER	
ONSITE SUPPORT EMAIL	dusk@nationalcommunitycare.com.au		
IS THE ONSITE SUPPORT TRAINED IN			
PEEP RESPONSE	YES – ANNUALLY	EVACUATION PROCEDURE	YES – ANNUALLY
EMERGENCY PLAN	YES – ANNUALLY	EVACUATION ROUTES	YES – ANNUALLY
CONTINUES OVER PAGE			



PEEP CHECKLIST			
PEEP ISSUE DATE:		PEEP REVIEW:	
OCCUPANT APPROVED		DATE	
ASSIST / WARDEN	ON-SITE SUPPORT	DATE	
CHIEF WARDEN	ON-SITE SUPPORT	DATE	
COPIES OF PEEP MUST BE HELD BY			
PEEP OWNER:	WARDEN: ONSITE / TL	MANAGEMENT: NCC	GO-BAG: ONSITE
INSERT OR ATTACH COPY OF EVACUATION DIAGRAM			





### SIL Property Evacuation of Participants in Emergency Setting Procedure

- House Fire Warden will be the most senior person on shift: Clinical Team or RN.
- The employee designated to provide support for a participant will assist said participant to evacuate the building, or to move to a safe area to await assistance from members of the emergency response group or emergency services personnel. 2 employees may be required to assist participants in pairs.
- A carer designated to provide support for the participant should remain with that person until all clear is given or they are relieved of those duties.
- The fire warden will assign a floor warden, or request an emergency response warden, to check that assistance is being provided to participants as required, or assist with evacuation of other participants if this practical and appropriate.
- The fire warden will ensure that the emergency control point, emergency operations centre and emergency response personnel are aware of the situation and location of employees and participants.
- The fire warden is responsible for ensuring (if relevant) solar powered units connected to SIL properties are turned off in the correct method in event of a fire, electrical disaster or maintenance. Instructions for correct procedure to turn unit off is located on the front of the unit.
- The fire warden will also ensure that emergency services personnel are notified as soon as possible if their assistance is required and/or if it is a false alarm.
- Fire Warden to notify National management and arrange proceedings thereafter.
- Fire Warden is to notify participants and their nominated representatives if the property must be evacuated, as soon as safe to do.



	ACTIONS	CONSIDERATIONS
1	STOP and assess the situation	Never put your own safety in danger, remain calm and professional
	REMOVE FROM HARM: remove participant from harm, close any doors to fire where possible.	If possible, close any doors to fire. Assist participant out of home to a point of safety (drive way, or across the road)
2	CHECK with team leader/warden on situation and next steps	Team Lead may direct you to investigate, or call 000 or commence evacuation.
3	EVACUATE: ensure any life saving equipment is taken with you, this includes GO-BAGS, tracheostomy airway management suction units.	Only if time and safety permit. This is only for items that would not be easily accessible to be replaced
4	CONTACT with NCC	Stay in contact. Team leader and NCC to coordinate contacting NOKs
6	DOCUMENTATION	Every employee on deck during the incident will be required to complete an incident report when safe to do so.
<b>NCC MANAGEMENT OBLIGATIONS</b>		
Debrief with employees after		
Incident report / Workers Compensation Notification within 24hours		
Follow up - Welfare Check with participants/NOKs/employees following incident		

Rescue	Rescue: Remove people from immediate danger.
Alarm	Alarm: Alert the fire brigade 000, Notify Team leader
Contain	Contain: Close doors and windows if safe to do so
Extinguish	Extinguish fire if safe to do so, prepare to evacuate.

**R.A.C.E**

**EMERGENCY RESOURCES FOR THE ACT**

- [Be Emergency Ready | ACT Emergency Services Agency](#)
- [Fire Safety | ACT Emergency Services Agency](#)
- [Floods | ACT Emergency Services Agency](#)
- [COVID-19 | ACT Health Agency](#)

**EMERGENCY RESOURCES FOR THE ACT**

- [Be Emergency Ready | ACT Emergency Services Agency](#)
- [Fire Safety | ACT Emergency Services Agency](#)
- [Floods | ACT Emergency Services Agency](#)
- [COVID-19 | ACT Health Agency](#)



## ACT Fire Safety Recommendations

**IN CASE OF FIRE**

**R**EMOVE PEOPLE from immediate danger

**A**LERT THE FIRE SERVICE  
• break manual call point  
• call 000

**C**ONFINE FIRE & SMOKE  
close doors and windows (if safe to do so)

**E**VACUATE to the ASSEMBLY AREA

Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

**000 EMERGENCY**  
In an emergency dial 000

EXIT	EXIT
ASSEMBLY AREA	AA
PATH OF EXIT	→
ALTERNATE PATH	.....
FIRE HOSE REEL	
EXTINGUISHER	
FIRE BLANKET	
SOLAR BATTERY PANEL	

**EVACUATION SIGN and DIAGRAM**  
51 BUNBURY STREET, STIRLING ACT 2611

**SOLAR BATTERY PANEL**  
Fire Warden is responsible for turning off SOLAR BATTERY  
STEP 1: Turn off A/C switches ① & ② located on right side.  
STEP 2: Turn off D/C switches ③, ④, ⑤ located on left side.  
STEP 3: Inform firefighters property has solar battery located in garage of property

**CONTACTS**  
Clinical Coordinator: 0429 599 548  
National Community Care: 0401 439 786

### RESPOND TO A FIRE OR EMERGENCY

If there is a fire in your apartment building:

	<b>Respond immediately when alerted to fire</b> and evacuate to your safe meeting place		Do not wall and see. Do not spend time collecting items or to go investigate what is happening. <b>EVERY SECOND COUNTS</b>
	<b>Stay calm</b> and get everyone out as quickly as possible		<b>Get down low</b> and stay out of the smoke
	If safe to do so, <b>close all doors behind you as you leave</b>		If the fire is small and close to your location <b>consider trying to extinguish with the firefighting equipment provided</b> , but only if you feel confident and safe to do so
	<b>Call out to other people to alert them</b> that there is a fire		<b>Do not use lifts during a fire unless they are specifically labelled for evacuation.</b> Use emergency exits or fire stairs
	<b>Get out and stay out.</b> Never re-enter the building until advised by the fire fighters		<b>Call 000 (triple zero)</b> from a mobile phone or a neighbour's phone. <b>Ask for FIRE</b>

### MAINTAIN ESCAPE ROUTES AND FIREFIGHTING EQUIPMENT

	<b>Keep all firefighting equipment, such as extinguishers and fire hoses clear of obstructions.</b> Never store items in fire equipment cupboards
	<b>Never prop or wedge open fire or smoke doors</b> because these are designed to stop the spread of smoke and fire
	<b>Do not store items in corridors or staircases</b> as this can block escape routes and obstruct firefighters from doing their job.

In a life threatening emergency dial Triple Zero (000)





## GO-Bag

### PURPOSE

National community Care implement GO-Bags as a safety precaution for any high-risk participant and/or SIL site in which NCC holds carriage of.

### SCOPE

For clarity, a SIL site would have x1 go-bag and x1 GO-Bag per supported airway participant.

It is the responsibility of the on-coming team leader each shift to ensure the GO-Bags are stocked correctly. In doing this, it ensures you are prepared for any emergency and/or evacuation that may arise.

### GO-Bag Content Requirements

- Hi-Visibility Vest
- Small First Aid Kit (unopened, in date)
- X2 copies of PEEPs Folder
- X1 box of medium gloves
- X10 individual face masks
- X1 notebook and Pen

Things to add to GO-Bag in the event of an emergency:

- On-site phone (for SIL / shared accommodation setting)
- If a participant requires enteral feeding, feed and peg tubing should be put in the bag ***(if time and safety permit)***

If the participant has life saving equipment that is required, spare equipment is generally in stock in the individualised GO-Bags and should be checked each shift. This is particularly crucial for airway management participants. For example, a tracheostomy GO-Bag would contain a spare tracheostomy + a spare size smaller than the participant requires, inner cannulas, sterile water, etc

## Disaster Plan Framework

See ***Emergency Management***



# DUSK On-Site Supports: Daily Operations

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   CL   CEO   COO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	6/2023	Natashia Telfer	Natashia Telfer	New policy
1.1	2/2024	Natashia Telfer	Natashia Telfer	REVIEW



## On-Site Support Services

NCC has been appointed the provider of choice to the participants residing in DUSK Apartments, Belconnen. In line with NDIS guidelines, 'on-site supports' is defined as the following:

*This support item assists SDA-eligible participants living in an SDA-enrolled dwelling where onsite shared support arrangements are in place.*

*This support item provides access to 24/7 assistance for unplanned supports that are not part of a participant's routine daily activities. It includes **ad hoc assistance** to a participant where **incidental or unplanned assistance** is required within the SDA dwelling. As a guide, the support provided should not exceed an average of 2.5 hours of direct person-to-person support per day. A participant must be able to wait up to 1 hour for unplanned assistance. **IF DEEMED NON-URGENT***

For clarity this can include but is not limited to the following supports to a participant:

- unexpected incontinence
- collection of parcel deliveries
- allowing supports into participant apartments
- providing 2<sup>nd</sup> person assistance where applicable
- assisting to pick up dropped items
- falls / incidents / accidents / injuries
- Also see **DUSK Daily Tasks Lists**



## On-Site Non-Response Procedure

All National Community Care personnel are to understand each Apartment is owned by the participant. As such, access to Apartments should be utilised respectfully and only with participant authorisation.

### *Participant Visitor Access*

As per participant care plans, on-site personnel may be required to assist the participants guests into the building and escort the visitor to the participants' floor.

Unless individualised plans state differently, On-site and/or the visitor should proceed to the participants front door and knock and await entry.

### *General On-site Entry to Apartments*

In the event an on-site employee establishes they need to enter the participants Apartment and **authority has NOT been given by the participant**, the on-site person is required to call NCC on 0401 439 798 **prior** to entering to ensure safety and insurance purposes for you, the on-site person, and the safety of the participant.

### *Non-Urgent + Priority Duress Calls*

In the event a participant calls / buzzes for assistance and the on-site person has established triage as a non-urgent and/or a Priority call (See **Triage of Supports**) The on-site person should notify the participant you will attend shortly and will knock on arrival.

Upon attend apartment, knock on arrival and await participant to allow on-site access.

### *Emergency Duress Calls*

In the event a participant calls / buzzes for assistance and the on-site person has established triage as an emergency (See **Triage of Supports**) **The on-site person should attend immediately, knock on the apartment door and enter with the remote button.**

Please note – any duress calls from a designated wet area are deemed emergency also.

### *Non-Response SMS to a Welfare Check*

- In the event a participant is non-responsive to the welfare check SMS, allow 20 minutes.
- If non-responsive, then call the participant.
- If still non-responsive, attend the Apartment, knock and await entry.
- If still non-responsive, activate participants individual preferences identified in care plan and the *DUSK Participant Critical Information Excel*

### *Non-Response call or visit Welfare Check*

- In the event a participant is non-responsive to the welfare check – call or face to face visit the on-site person should attend immediately.
- Upon arrival of Apartment, knock on door and call the participant.
- If still non-responsive, activate participants individual preferences identified in care plan and the *DUSK Participant Critical Information Excel*



## DUSK Triage of Supports

The on-site person will be required to appropriately triage the needs of participants upon receiving duress calls. Below is the base rule of thumb:

### **EMERGENCY**

**respond and attend immediately.**

Life threatening: medical emergency / falls / injuries / at risk

OR buzzer identified from a 'wet area'

### **PRIORITY**

**respond when safe to do so, attend within 30 minutes or less with a first call first supported approach.**

Incidentals: continence / care related tasks / building entry access

### **NON-URGENT**

**respond when safe to do so, attend within 60 minutes or less with a first call first supported approach.**

Non-care related requests: pick up parcels, dropped items, social chats, general requests.





### DUSK On-Site Orientation Checklist

*The inducting on-site person has a duty of care to ensure the oncoming new employee has been shown and can demonstrate understanding of emergency procedures, how to use equipment and duress technology. It is only upon the new employee identifying they understand and inducting below, the inducting employee may hand over duty of care to the new employee coming on shift.*

New Employee:		Date of Orientation:	
Location Site:	DUSK Apartments	Inductor Name:	

Induction	Employee	Inductor	Notes
Entry: Parking Access			
Entry: Building Entry Access for Staff			
Building Layout: Entry /Letterbox/ Locker			
Building Layout: Lift Access / Fire stairs			
Building Layout: Basement / carparks			
Building Layout: Recycling/Rubbish shoot			
Building Layout: Common Spaces			
Apartment 505: Accessibility			
Emergency: Emergency Folder			
Emergency: Emergency Go-Bag			
Emergency: First Aid			
Emergency: Fire Equipment			
Emergency: Evacuation Process			
Emergency: Hazard reduction: exhaust fans			
Apartment 505: Keys and Fobs			
Apartment 505: Operations Folder			
Apartment 505: Apps logins			
Apartment 505: Duress SED EGIS			
Apartment 505: Intercom / Visitor access			
Apartment 505: Phone			
Apartment 505: Tablet			



Induction	Employee	Inductor	Notes
Operations: MadiMack			
Operations: VIMAR Door App			
Operations: NuCaMS App			
Operations: power station UPS			
Operations: Maintenance Requests			
Operations: NCC Computer logins			
Operations: Internet Access / WIFI			
Operations: NCC Documentation			
Operations: SharePoint Navigation			
Operations: Critical info excel			
Operations: Tasks Lists			
Operations: Monthly Duress Checks			
Operations: Duress fault/battery changes			



DUSK Daily Tasks Lists

	<b>Welfare Checks</b>	<b>Other Duties</b>
<b>0700</b>		CM: Entry CORE team/escort to room
<b>0800</b>		
<b>0900</b>	SMS IC	FS: Entry CORE team/escort to room
		FS: attend and support x2 person assist
<b>1000</b>	SMS SR	FS: attend and support x2 person assist
		CM: attend and support pressure area
<b>1100</b>		
	Visit FS	
<b>1200</b>		
<b>1300</b>		
		FS: Entry CORE team/escort to room
<b>1400</b>		FS: attend and support x2 person assist
<b>1500</b>		X2 Onsite support / Handover
		FS: Entry CORE team/escort to room
<b>1600</b>		FS: attend and support x2 person assist / Wednesdays: Physio assist
		CM: attend and support pressure area
<b>1700</b>	SMS SR	
<b>1800</b>		
<b>1900</b>		CM: turn down: blinds SMS
		FS: attend and support x2 person assist
<b>2000</b>		FS: attend and support x2 person assist
<b>2100</b>		
<b>2200</b>	Visit FS	X2 Onsite support / Handover
<b>2300</b>	SMS MH	
<b>0000</b>		
<b>0100</b>		
<b>0200</b>		
<b>0300</b>		
<b>0400</b>		
<b>0500</b>		



<b>0600</b>		



## DUSK Points of Contact

### On-site Mobile Phone – 0447 128 022

- ***This android device should be provided to participants and their supports only.*** It is not to be provided to personal friends and family of employees and is not to be utilised for personal use.
- No apps other than the already authorised apps should be downloaded to the device.

### On-Site Email

[care@nationalcommunitycare.com.au](mailto:care@nationalcommunitycare.com.au)

### NCC Head Office / Operational Intake– 0401 439 798

Utilise this contact for the following:

- Running late to your rostered shift on-site **no SMS notifications!**
- Calling in sick **no SMS notifications!**
- On-shift person requires assistance or advice during the shift **no SMS notifications!**
- Notification of incident / accident / emergency and/or evacuation **no SMS notifications!**



## NCC Emails

Emails are for all NON-urgent issues only.

- General: roster, reimbursements, payroll - [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au)
- All Brevity App trouble shooting - [guy@nationalcommunitycare.com.au](mailto:guy@nationalcommunitycare.com.au)
- All HR and training related communications - [info@nationalcommunitycare.com.au](mailto:info@nationalcommunitycare.com.au)
- All uniform supplies & equipment requests - [daphne@nationalcommunitycare.com.au](mailto:daphne@nationalcommunitycare.com.au)
- Clinical follow-ups if directed by Caitlin - [caitlin@nationalcommunitycare.com.au](mailto:caitlin@nationalcommunitycare.com.au)

## Employee Access to Building

The On-site Apartment 505 has 1 available car space for the on-shift person to park, however there will need to be some manoeuvring with staff cars and access passes to have this work safely.

### OPTION 1

Employee chooses to pay for their own parking at their own expense in the Wilson car parks available. These can be claimed back at tax time.

### OPTION 2

On arrival to shift, employee parks in free parking areas, proceeds to DUSK entry and buzz for building access. Upon completion of handover and the previous worker has departed the allocated car park, you may move your vehicle to the allocated car park 505.

**Upon returning to Apartment 505, ensure comms are reconnected and any missed duress calls are promptly addressed and actioned.**



## Employee On-Site Equipment & Technology

Within each Summer Housing Apartment of DUSK, the on-site person will have access to the following devices and comms:

- Participant Fobs and Master Keys –**  
 Fobs and master keys must not be labelled by Apartment numbers OR participant FULL names as a safety measure.

ROOM		COLOUR IDENTIFIER
101		Dark Green
103		White
104	PB	Orange
403	CM	Purple
404	SR	Blue
603	IC	Lime Green
604		Yellow
M01	FS	Pink
M03		Black
M04		Red

- On-Site Cross Body Bag –** carry on persons when exiting 505  
 On-site bag to contact mini first aid kit, gloves, on-site phone, Fobs and keys.  
 Must be handed over to oncoming shift prior to departure.
- SED EGIS (4G) Personal Duress Device –** carry on persons  
 This device must be worn for all awake shifts on the on-site persons belt, pants. It may be removed for sleep over shifts and placed on charge when within the Apartment.  
 (See **SED EGIS (4G) Personal Duress Device Procedure**)
- NCC Android Phone –** carry on persons  
 The phone may also be used to contact participants and head office etc.  
 The NCC phone will host applications required to support participants while on-site. These are only to be utilised on the on-site phone and under no circumstance are to be added to personal devices. Apps include:



- a duress comms app called **NuCaMS** which will be synced to the Summer Housing Android tablet as a mobile duress for participant in coming calls. It is recognised that the duress comms calls will be out of range in the lift travelling between floors and floors beyond the approved participant floors.  
The phone will refresh once connectivity is within range.  
(See **NuCaMS Procedure**)
  
- Intercom/ main building door entry can also be accessed via the **VIMAR Video Door App**. (See **VIMAR Video Door App Procedure**)
  
- **Summer Housing Android Tablet** (stationed in 505 only)  
The tablet remains stationed in Apartment 505 to ensure it remains active in its connectivity at all times. The tablet hosts a duress comms app called **NuCaMS** which will be synced to the NCC android phone. This acts as a 'fail-safe' in the event the NCC on-site phone misses a duress call during a period where it may have been out of range/ connectivity.  
(See **NuCaMS Procedure**)
  
- **Ohmie - Home Automation Controls Application** (stationed in participant apartments)  
[MADIMACK System guide - Geocon.pdf](#)
  
- **NCC Desktop computer** (stationed in 505 only)
  
- **Personal Mobile device** (in line with mobile phone policy)

All NCC and Apartment devices and technology must remain on-site and handed over to the on-coming shift. Should an employee take any device and/or equipment home, you will be required to immediately return it as a matter of safety.

## MADIMACK Systems Guide

### *Madimack Systems Guide Procedure*

To maintain all duress technology in the SDA apartments.

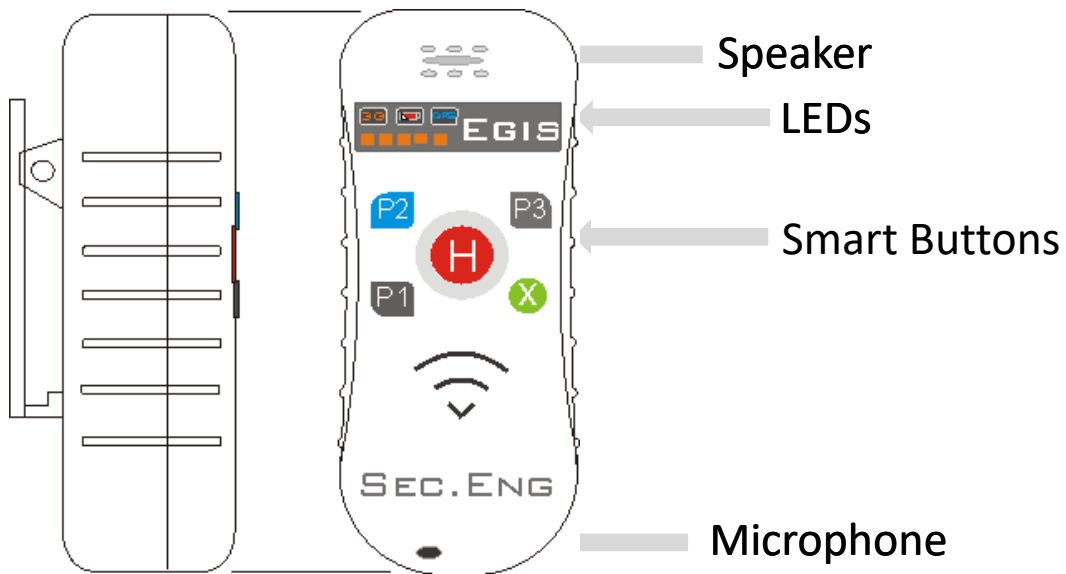
**Under no circumstances are employees permitted to put the SDA Madimack wifi on personal devices. All attached devices will be monitored by Madimack personnel. Disciplinary action will be taken with any persons found in breach of NCC Technology policy.**

[MADIMACK System guide - Geocon.pdf](#)



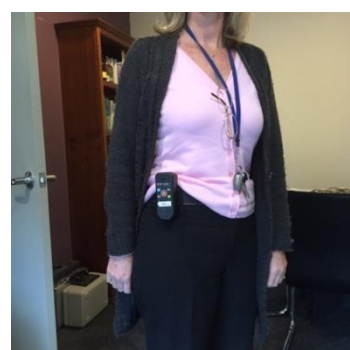
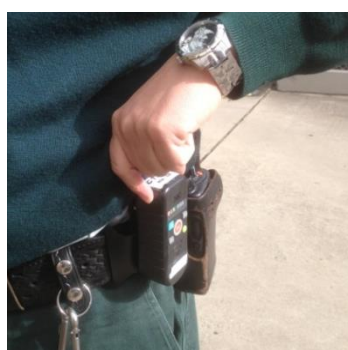


SED EGIS (4G) Personal Duress Device  
*SED EGIS (4G) Personal Duress Device Procedure*



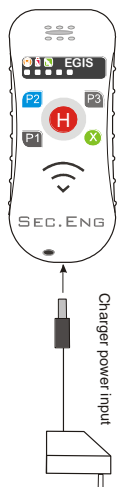
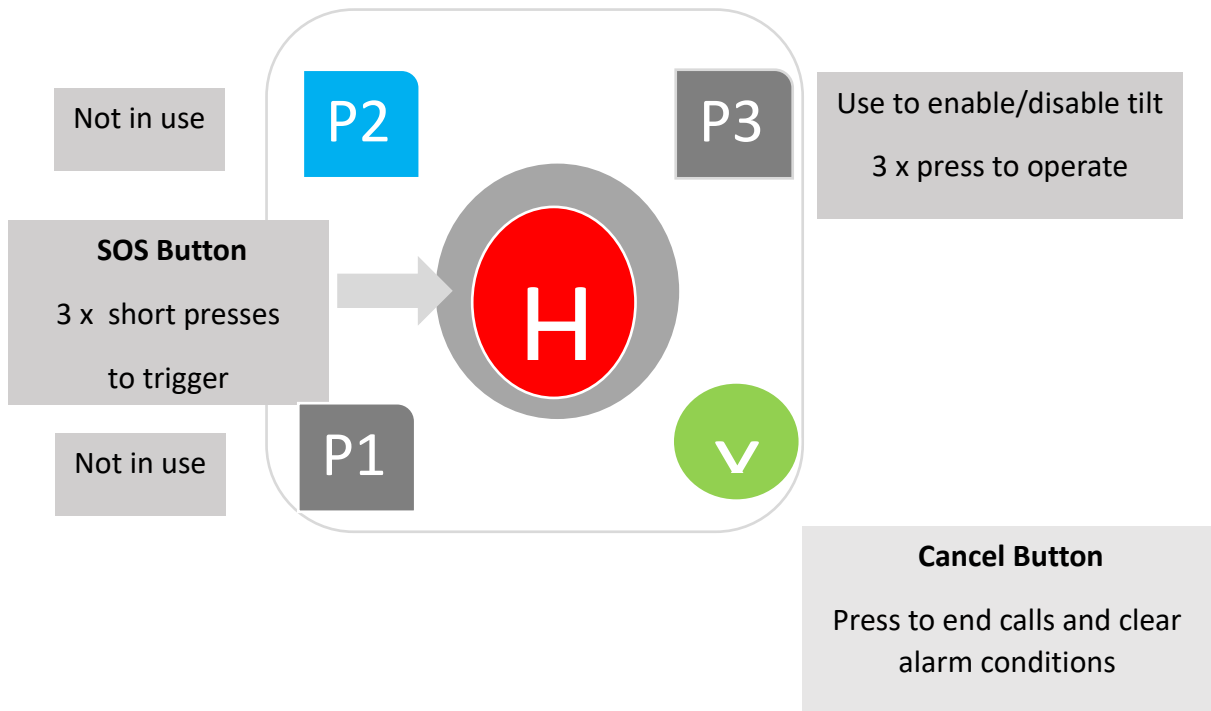
**WEARING THE EGIS**

The EGIS unit should be worn at all times as it is for your own protection. The belt is the best location or around the waist.

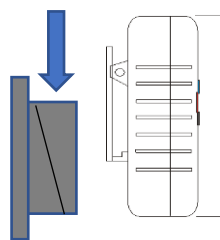




**SMART BUTTONS OVERVIEW**



Charger power input



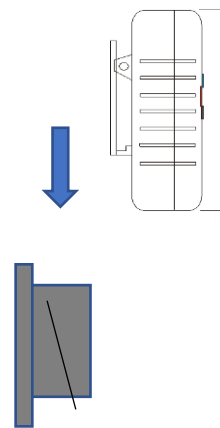
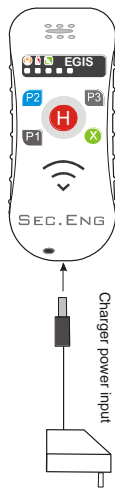
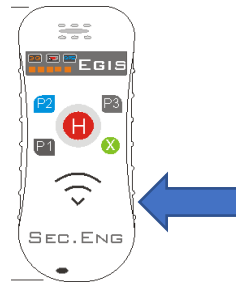


**Turning The Device On**

Press and hold the Cancel button (X) for 10 seconds until the LEDs stream on.

OR

Place EGIS on charge and it will auto power on.



**Turning The Device Off (for travel purposes)**

1. Take the EGIS off charge
2. Place the EGIS directly upside down and hold **P2** for 10 seconds.
3. Once the EGIS generates a long continuous tone release **P2**.





4. The EGIS will then beep for about 20 seconds while it's shutting down and stop beeping once it has powered off.

To check the EGIS is off, press Cancel button once or twice and no beeps or LEDs shall show or sound.

### **Instructional Resources**

[SED EGIS | Sec-Eng Systems \(seceng.com.au\)](https://www.seceng.com.au)



## DUSK Device – NuCaMS Procedure

### *NuCaMS App Login Credentials*

User name: [care@nationalcommunitycare.com.au](mailto:care@nationalcommunitycare.com.au)

Tablet Password: staff1

Phone Password: staff2

Each oncoming shift should log out and log back into the NuCaMS App as this has been identified as best practice by the departing on-site team.

### *NuCaMS App Notifications*

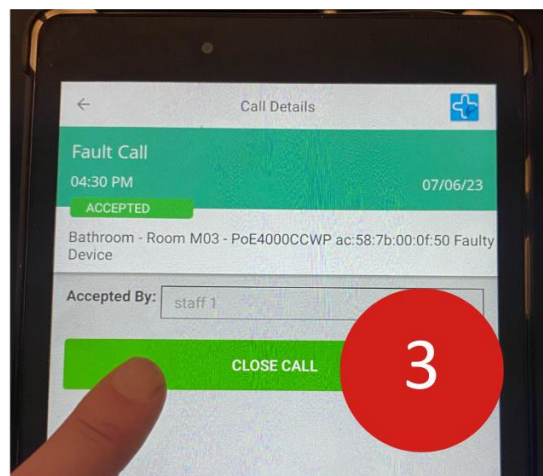
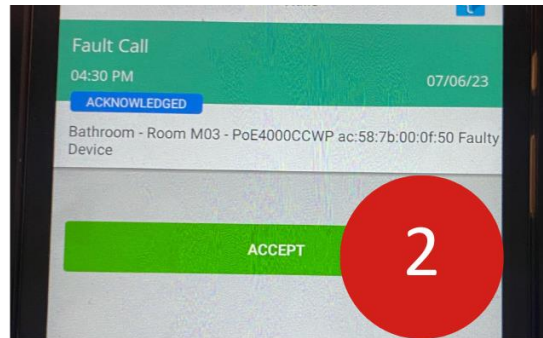
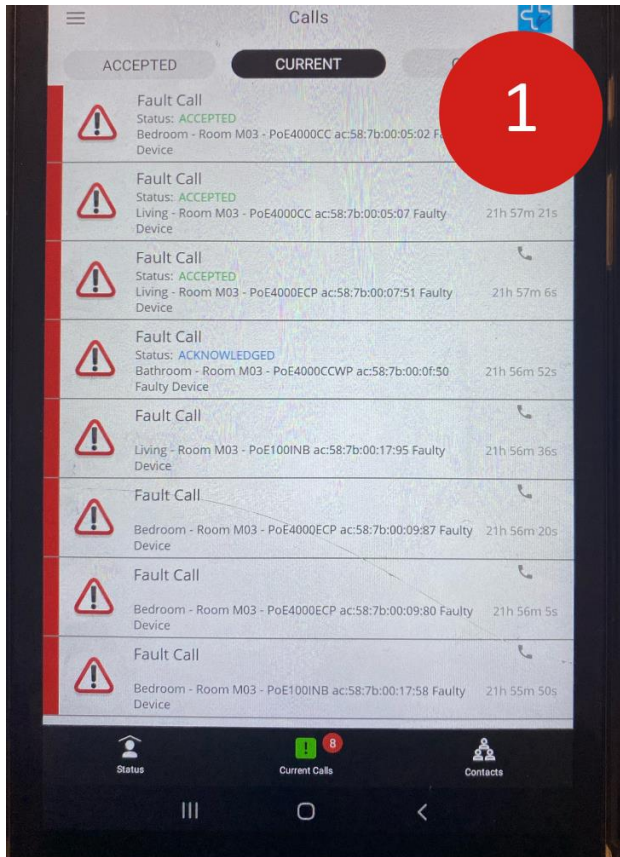
All duress notifications will alarm through the NuCaMS application on both the phone and tablet.

**Both devices MUST always remain with sound ON.**

All notifications must be responded to within a prompt and timely manner and triaged as per ***triage protocol***.



*NuCaMS App Missed Call*



**1** Open the NuCaMS App on the tablet and/or android phone. View the missed call duress location. If the call is from a WET area, proceed with welfare check protocol. If the call is from a DRY area, press the missed call notification and proceed with steps:

**2** The next screen you can accept the notification which will then provide you with two options:



Select **Call Back** and check with participant if they require assistance and proceed accordingly. After conversation is complete proceed to 3

**3** Close call - to exit the notification, all a moment for it to confirm.

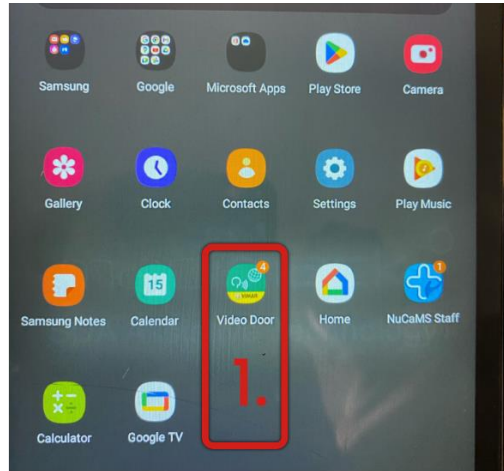


VIMAR Video Door App Procedure

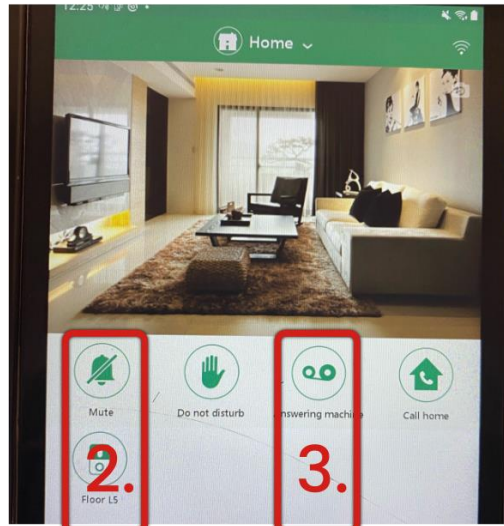


App Video Door

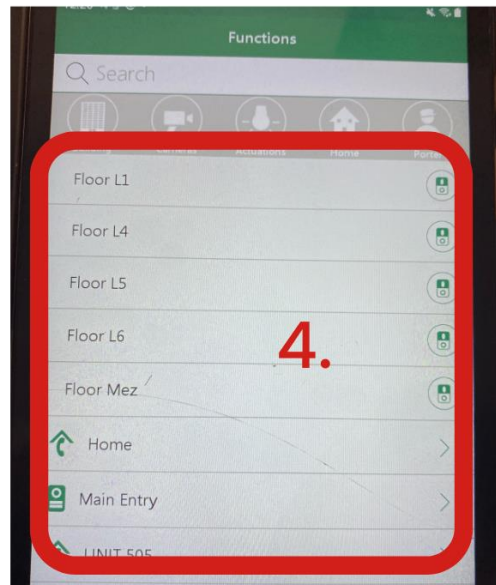
1. when door bell rings an app notification will sound. Open the tablet or phone app VIMAR Video Door App.



2. Once you have identified the visitor, select the **Actuations toggle button**. FIVE level options will become available for you to select.
3. Select the appropriate level the visitor is seeking access to and instruct the visitor to enter and go to the elevator and press the **Floor Level**.



4. Press the **Hang Up button** and on-site person will be required to go to the floor to meet the visitor to provide access into the participants room as per accessibility permissions.





DUSK Technology – VIMAR Video Link Building Access  
*Doorbell Entry via Apartment 505*

1. when door bell rings in 505, press the **Mute button** to talk.

2. Once you have identified the visitor, select the **Actuations toggle button**. FIVE level options will become available for you to select.

3. Select the appropriate level the visitor is seeking access to and instruct the visitor to enter and go to the elevator and press the **Floor Level**.

4. Press the **Hang Up button** and on-site person will be required to go to the floor to meet the visitor to provide access into the participants room as per accessibility permissions.







## DUSK Accessibility Permissions

On-site Support Personnel must maintain the safety to all participants and residents living within the DUSK Apartments. As such, access to the building must be limited to authorised personnel only.

### Access includes:

- Scheduled CORE Supports to DUSK Participants
- Australia Post and/or Couriers / Deliveries to those participants
- Scheduled trade services NCC has knowledge of attending.
- On-coming NCC on-site personnel

### For clarity, this does not include:

- Personal friends and/or family members
- Residents or guests of residents of the DUSK Apartment Building
- Unknown visitors to DUSK Participants (enact welfare check to seek permission)

All other visitors seeking to reach DUSK participants or other residents within the building must be instructed to ring the Apartments directly via the DUSK doorbell panel and/or the Participant panel at the building main entry.

In the event the visitor claims there is a non-response from the participant, On-site person is to request the visitor stand by while you check and come down to allow them entry.

On-site person is to call/text the participant to seek approval to allow building access to the visitor. (as per participant communication preferences)

If the participant is nonresponsive, activate the ***non-response protocol*** and act accordingly.

Should the participant be safe and gives authority to allow the visitor into the building, the on-site person must attend the ground level to allow entry to the visitor and escort the visitor to the participants Apartment, knock and await approval to enter if the participant does not open the door.



## DUSK Participant Duress Communication Technology

### *Participant Apartment Duress Tech Available*

Within each Summer Housing Apartment of DUSK, all 10 Apartments are fitted with duress comms that sync back to Apartment 505 devices. See care plans to identify which participants access which equipment. These comms include:

- 'Call for Help' button on the participants Apartment **tablet**
- Voice activated 'call for help' **via tablet**
- **Pendants** (push buttons which may be worn as a pendant or wrist watch)
- Wall **Call Buttons** (living room / bedroom / bathroom / toilet)
- **RED Call Buttons**
- Bathroom toilets **pull cord**.

### *Monthly Duress Checks*

In line with NCC / SDA contractual obligations with Summer Housing and participant service agreements, NCC is required to undertake participant duress technology checks **every month**. These are scheduled to be undertaken the first week of each month.

- The onsite person on the 1<sup>st</sup> day of each month is required to contact all participants via their preferred method of communication and seek which day and time frame is suitable to come back undertake the monthly duress tech checks.
- Any participant who is non-compliant, the on-site person is required to notify NCC immediately.
- On-site person is required to take the Monthly Duress Check form to each participants room at arranged time frame to test the participants call buttons and ensure it connects through to the on-site phone.
- Should any device not connect, ensure power is connected properly and/or change button batteries.
- In addition to duress tech checks, 6 monthly battery changes will be scheduled in the same week in February and July.

See **DUSK Tasks List**

See [Monthly Duress Checks DUSK v2.docx](#)



## On-Site Supports Non-Response Procedure

All National Community Care personnel are to understand each Apartment is owned by the participant. As such, access to Apartments should be utilised respectfully and only with participant authorisation.

### *Participant Visitor Access*

As per participant care plans, on-site personnel may be required to assist the participants guests into the building and escort the visitor to the participants' floor.

Unless individualised plans state differently, On-site and/or the visitor should proceed to the participants front door and knock and await entry.

### *General On-site Entry to Apartments*

In the event an on-site employee establishes they need to enter the participants Apartment and **authority has NOT been given by the participant**, the on-site person is required to call NCC on 0401 439 798 **prior** to entering to ensure safety and insurance purposes for you, the on-site person, and the safety of the participant.

### *Non-Urgent + Priority Duress Calls*

In the event a participant calls / buzzes for assistance and the on-site person has established triage as a non-urgent and/or a Priority call (See **Triage of Supports**) The on-site person should notify the participant you will attend shortly and will knock on arrival.

Upon attending apartment, knock on arrival and await participant to allow on-site access.

### *Emergency Duress Calls*

In the event a participant calls / buzzes for assistance and the on-site person has established triage as an emergency (See **Triage of Supports**) **The on-site person should attend immediately, knock on the apartment door and enter with the remote button.**

**Please note – any duress calls from a designated wet area are deemed emergency also.**

### *Non-Response SMS to a Welfare Check*

- In the event a participant is non-responsive to the welfare check SMS, allow 20 minutes.
- If non-responsive, then call the participant.
- If still non-responsive, attend the Apartment, knock and await entry.
- If still non-responsive, activate participants individual preferences identified in care plan and the *DUSK Participant Critical Information Excel*



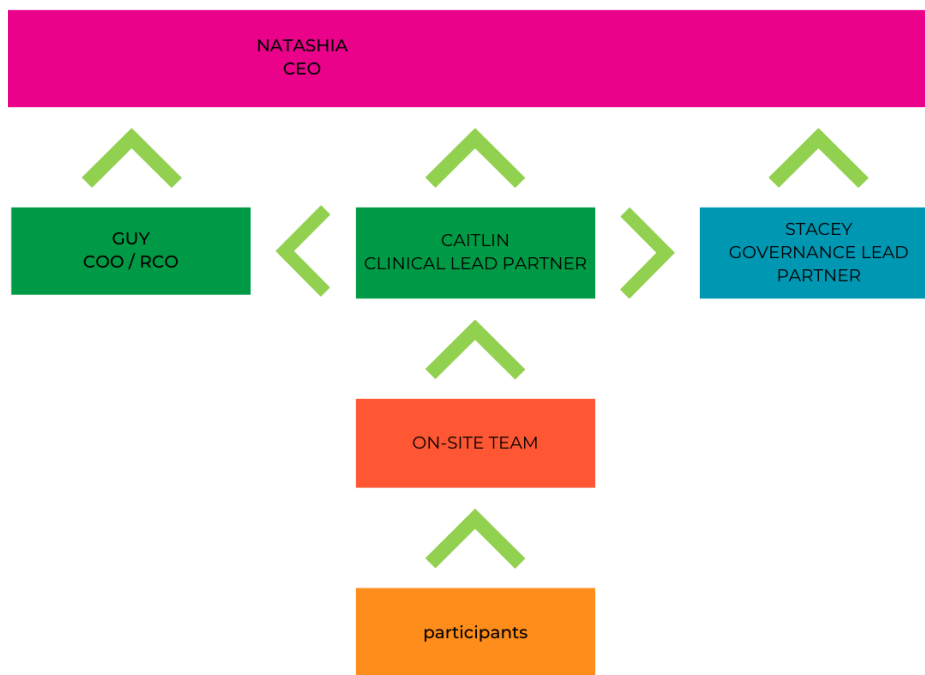
### Non-Response call or visit Welfare Check

- In the event a participant is non-responsive to the welfare check – call or face to face visit the on-site person should attend immediately.
- Upon arrival of Apartment, knock on door and call the participant.
- If still non-responsive, activate participants individual preferences identified in care plan and the *DUSK Participant Critical Information Excel*

### Participant raises a Complaint / Feedback / Concern

Should a participant wish to raise a concern to the on-site employee, the employee must complete an incident report at time concern is raised. This can be done through your employee Brevity App as per Complaints Policy, Incident / Accident Policy and Brevity App policy.

### DUSK Participant Lines of Reporting





DUSK Maintenance

**BACKGROUND:**

Building Strata Management	SDA Provider	Property Manager	On-site Provider
<p><b>Vantage Strata</b></p> <p>Paras Sharma 0467 770 007</p> <p><b>After Hours</b> 0457 425 481</p> <p><b>Email</b> <a href="mailto:Paras.sharma@vantagestrata.com.au">Paras.sharma@vantagestrata.com.au</a></p>	<p><b>Summer Housing</b></p> <p>Jennifer Merriman 0456 110 160</p> <p><b>Email</b> <a href="mailto:Jennifer.merriman@summerhousing.org.au">Jennifer.merriman@summerhousing.org.au</a></p>	<p><b>Havelock Housing</b></p> <p><b>David R &amp; Jorge G</b> 6257 2277</p> <p><b>Email</b> <a href="mailto:davidr@havelock.org.au">davidr@havelock.org.au</a> <a href="mailto:jorgeg@havelock.org.au">jorgeg@havelock.org.au</a></p>	<p><b>NCC</b></p> <p>On-Call 0401 439 798</p> <p><b>Email</b> <a href="mailto:caitlin@nationalcommunitycare.com.au">caitlin@nationalcommunitycare.com.au</a></p>
<p>For all building maintenance EXTERNAL to participant apartments</p>	<p>Owner of 11 SDA Apartments – can upline outstanding maintenance requests accordingly and work with tenanting any vacant apartments</p>	<p>SDA Property Manager for all participant apartment related maintenance</p>	<p>Provider of all on-site supports to 10 SDA Apartments</p>



### ***Registering Building Maintenance Requests***

For all common areas / general building maintenance. This can include the lifts, the bins, fire stairs, letter boxes, entry, hallways, level 13, basement etc.

1. Maintenance request identified, notify NCC.
2. NCC will assist you in determining who the request must be up lined to.
3. Email the appropriate provider - Vantage Strata for all building common areas. CC in Summer Housing Jennifer Merriman, and NCC.
4. Enter all maintenance request details in the Maintenance Overview log here > [DUSK - Maintenance Records.xlsx](#)

### ***Registering Participant Apartment Maintenance Requests***

All participant apartment maintenance requests must be first approved by participant for you to upline for maintenance. Some participants may wish to manage this independently, others may request NCC On-site assistance in raising the request.

1. Maintenance request identified, notify NCC.
2. NCC will assist you in determining who the request must be up lined to.
3. Email the appropriate provider - Havelock Housing for Participant Apartments CC in the participant, Summer Housing Jennifer Merriman, and NCC.
4. Enter all maintenance request details in the Maintenance Overview log here > [DUSK - Maintenance Records.xlsx](#)

### ***Registering On-site Apartment 505 Maintenance Requests***

1. Maintenance request identified, notify NCC.
2. NCC will arrange maintenance for the property and notify on-site team when this will take place to ensure it is added to the on-site diary/calendar.
3. NCC to notify Jennifer Merriman of any maintenance undertaken.
4. Enter all maintenance request details in the Maintenance Overview log here > [DUSK - Maintenance Records.xlsx](#)



## DUSK On-Site Emergency Management

### **POLICY STATEMENT**

National is committed to taking every employees and client/participants needs into consideration when implementing Work Health and Safety (WHS) procedures include provisions for emergency preparedness and risk identification.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

As an employer, National holds responsibility to make sure all employees are aware of the emergency preparedness in the workplace including but not limited to:

- Within workspace there is appropriate signage, identified exits, fire plans, emergency evacuation bags.
- Identify any maintenance requirements and upline accordingly for prompt actioning by external parties.
- How to best assist client/participants with disabilities within their home. Always keep in mind, the nature of each person's disability is unique and the best way to prepare is to discuss and develop evacuation procedures with the individuals.
- Local emergency personnel will be aware the residence is for complex needs and of high priority.
- Continuation of critical supports before, during and after an emergency situation to ensure continuity of supports including consumable supplies.

### **MINIMISE RISKS**

To reduce the risk of emergency situations within the DUSK Building, all maintenance needs should be reported within the shift of identification. See ***DUSK On-Site Maintenance***

The DUSK Apartments are known to have reoccurring alarms. All NCC employees are asked to do their part in minimising this risk. The following steps should be taken as applicable:

- ALWAYS use the kitchen exhaust fan when cooking / toasting / baking / grilling in the kitchen. This includes participant apartments AND the On-site Apartment.
- Regular cleaning of oven, microwave, baking dishes and trays to minimise smoke setting alarms off.
- Refrain from utilising the Level 13 kitchen.

### **FALSE ALARM CONSEQUENCES**

Should an employee be responsible for a false emergency service call out, may be fined by ACT Government up to \$1500.00. The employee who incurred the fine will be responsible for payment of the fine.



## MAINTAINING CRITICAL SUPPORTS DURING EMERGENCY SETTING

This can include but is not limited to, natural disaster, house fire, life threatening equipment malfunction, outbreak, pandemic etc.

National are committed to continuing all critical services for participants where safe and possible to do so. Any adjustments to services that are required to accommodate the circumstances will be made in consultation of the client/participant to ensure continuation of services can be as seamless as possible. This may include change of venue, additional personnel and supports or equipment to be utilised.

Critical services are inclusive of airway management, enteral feeding, medication administration, pressure area care, personal care, wound care, ensuring participant supplies such as enteral feed, air way equipment etc are ordered. See ***DUSK Participant Power Outage***

## TRAINING REQUIREMENTS

All service delivery employees within the on-site building will undergo induction to the property prior to commencing shifts including evacuation by the team leader on the exiting shift.

## EMERGENCY RESOURCES FOR THE ACT

[Be Emergency Ready | ACT Emergency Services Agency](#)

[Fire Safety | ACT Emergency Services Agency](#)

[Floods | ACT Emergency Services Agency](#)

[COVID-19 | ACT Health Agency](#)

## CONTACTS:

National Contacts  
NCC 0401 439 798

Origin Energy  
13 24 61

Work Safe ACT  
6207 3000

ACT Police  
6256 7777  
Emergency Services  
000

NDIS Commission  
1800 035 544

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

## NDIS Commission -

National is required to record and manage all incidents that happen in the delivery of NDIS supports and services in their internal incident management systems, and notify the NDIS Commission of reportable incidents. See Compulsory Reporting – NDIS Policy.

## Relevant Legislation and References:

Health Records (Privacy and Access) Act 1997  
Human Rights Act 2004  
Human Rights Commission Act 2005  
National Disability Insurance Scheme Act 2013  
Disability Services Act 1991  
Disability Services Regulation 2014

Work Health & Safety Act 2011  
Health Professionals Act 2004  
Territory Records Act 2002  
Information Privacy Act 2014  
Official Visitor Act 2012  
Working with Vulnerable People Act 2011

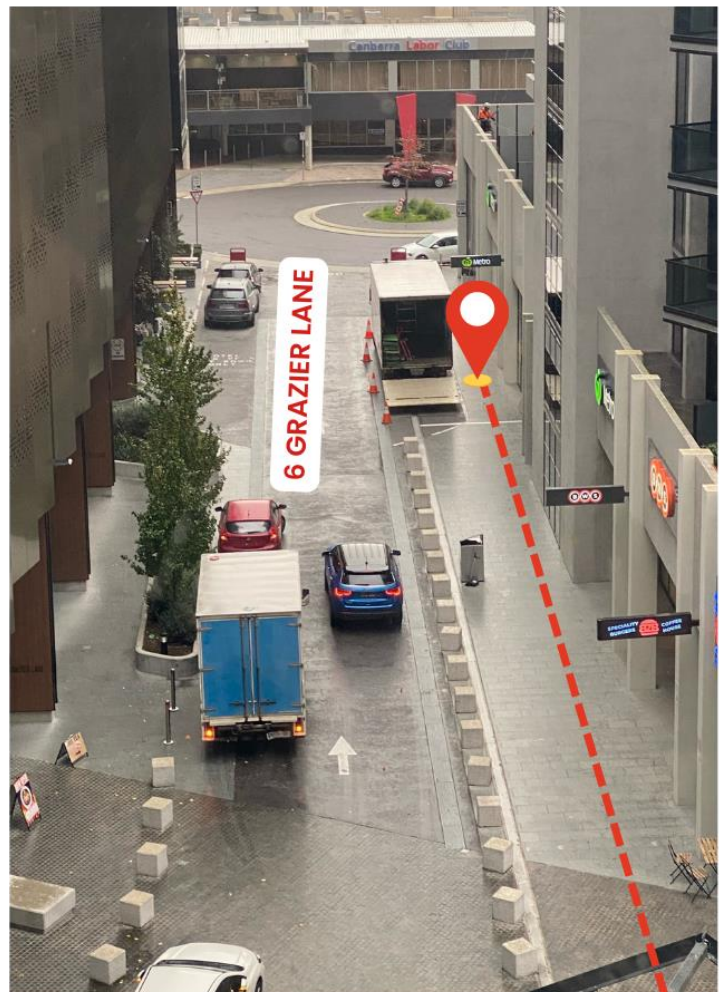
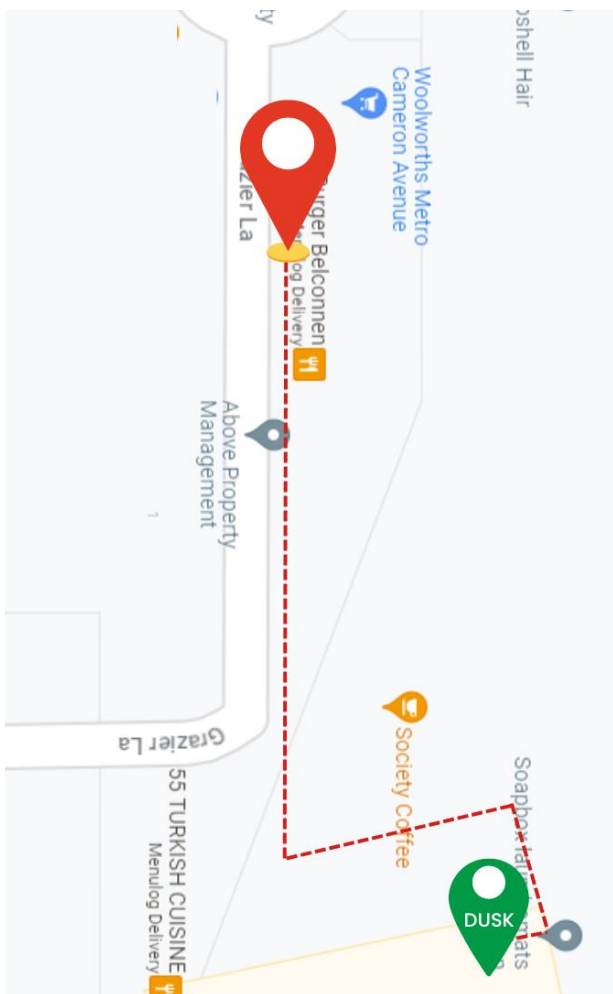




<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-qualityassurance/national-standards-for-disability-services>  
[www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)

## DUSK On-Site Evacuation Point / Marshalling Area

- Fire Warden by default is the on-site employee rostered to the shift at the time of evacuation.
- The fire warden must get the evacuation vest and Go-Bag and exit the building. The fire warden must present to the emergency meet point as pictured below under the Woolworths signage.



- ACT Fire and Rescue will attend to access the situation and next steps.
- In the event the building is at threat and must be evacuated, PEEPs must be provided to the attending fire fighters to undertake evacuation of participants.
- Fire Warden to notify National management and arrange proceedings thereafter.
- Fire Warden is to notify client/participants and their nominated representatives if the property must be evacuated, as soon as safe to do.



DUSK Evacuation

*On-Site Employee being alerted to an emergency (fire present and/or the siren sounds)*

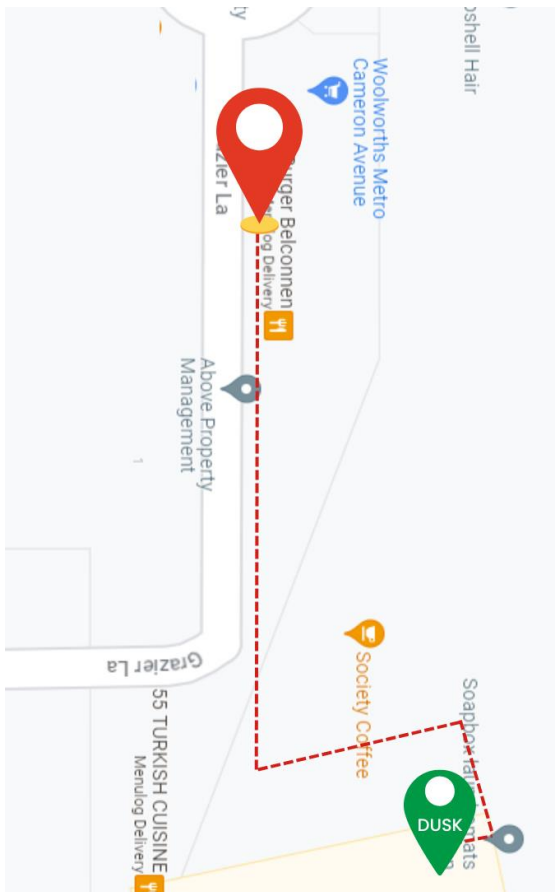
	<b>ACTIONS</b>	<b>CONSIDERATIONS</b>
1	<b>STOP</b> and assess the situation	Never put your own safety in danger
2	<b>EVACUATE</b>	Take the Go-Bag (includes the PEEPs and vest) and the on-site phone and keys
3	IF YOU IDENTIFY THE FIRE – <b>CALL 000</b> ACT Fire & Rescue	Alert call taker of vulnerable residents unable to evacuate. Will require assistance
4	Proceed to the <b>FIRE CONTROL ROOM</b> Street access point	Wait for ACT Fire & Rescue at 6 Graizer Lane entry (red flashing light) Hand over PEEPs folder
5	<b>COMMUNICATE</b> with all participants	Contact PEEPs you are responsible for – inform them of situation
6	<b>NOTIFY</b> NCC – 0401 439 798	NCC will be able to contact any NCC employees onsite providing CORE supports
7	<b>WAIT</b> for all clear	Provide welfare checks to each participant after all clear.



CORE Supports with Participant

**OPTION 1: If you are inside a participant unit when fire alarm sounds and the client is mobile.**

	ACTIONS	CONSIDERATIONS
1a	CORE Support: EVACUATE the building <b>with the participant</b>	Wait at the assembly area.
2	<b>SUPPORT</b> the participant	Stay with participant.
3	WAIT for all clear	Return with the participant to their unit.





CORE Supports + On-Site Team with Participant

**OPTION 2: If you are inside participant’s unit when the first alarm sounds and you are unable to safely evacuate the participant.**

	<b>ACTIONS</b>	<b>CONSIDERATIONS</b>
1	<b>STOP</b> and assess the situation	Never put your own safety in danger
2	<b>CHECK</b> for smoke or fire	Look around the unit and into the hallway
3a	<b>SMOKE OR FIRE INSIDE PARTICIPANT UNIT</b>	Assist participant out of unit / to a point of safety. CALL 000
3b	<b>SMOKE OR FIRE IN HALLWAY/LOBBY</b>	Stay in unit with participant. Close doors and windows. Place towels around doors. CALL 000
3c	<b>NO SMOKE OR FIRE</b>	Stay inside unit with participant. Close doors and windows. Reassure participant.
4	<b>CONTACT with on-site</b>	On-site personnel will call participant when available and safe to do so.
5	<b>NOTIFY NCC – 0401 439 798</b>	NCC will be able to contact any NCC employees onsite providing CORE supports
6	<b>WAIT</b> for all clear	Provide welfare checks to each participant after all clear.

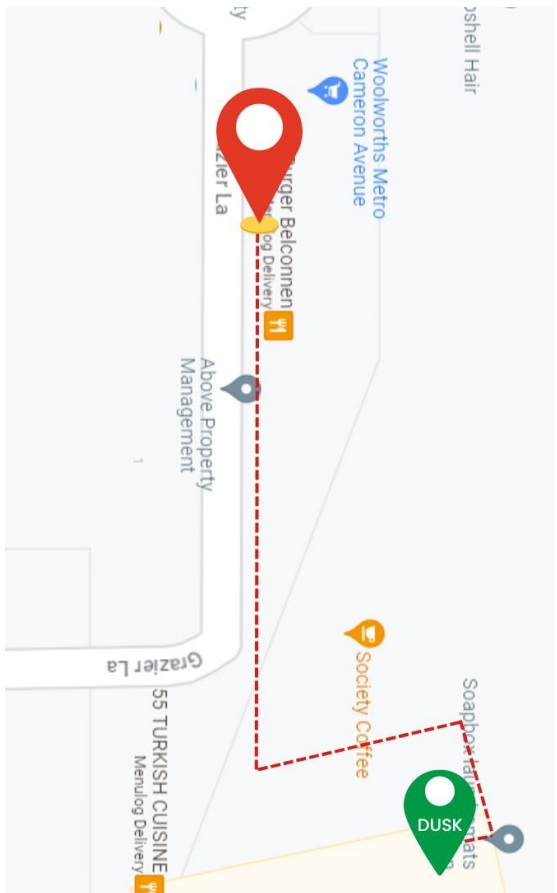


DUSK Participant Instructions

**OPTION 1: If you hear the fire alarm sounding and there is *NO SIGN OF FIRE OR SMOKE INSIDE YOUR UNIT:***

	ACTIONS	CONSIDERATIONS
1a	<b>EVACUATE</b>	If you are physically able to do so.
1b	<b>REMAIN INSIDE</b> (if unable to evacuate)	Keep door closed. You will be safe here until help arrives.
2	<b>CALL</b> on-site personnel if you require support	On-site team know you are there and will advise ACT Fire & Rescue.

Marshalling Area





DUSK Participant Instructions

**OPTION 2: If you discover *FIRE OR SMOKE INSIDE YOUR UNIT:***

	<b>ACTIONS</b>	<b>CONSIDERATIONS</b>
<b>1</b>	Activate your <b>ALARM</b> pendant or RED wall button.	This will alert the on-site personnel to take action.
<b>2</b>	<b>EVACUATE</b> your Apartment. (Go to step 4 if unable to evacuate)	If you are physically able to do so.
<b>3</b>	<b>WAIT</b> adjacent to stairwell	If unable to descend stairs
<b>4</b>	<b>CLOSE</b> doors and windows	To stop fire / smoke spread
<b>5</b>	<b>PROTECT</b> yourself	Move into shower or cover yourself with blankets. Call 000
<b>6</b>	<b>HELP IS ON THE WAY</b>	On-site personnel know you are there, they will advise ACT Fire & Rescue.



## Personal Emergency Evacuation Plan (PEEP)

- In line with SDA / NDIS requirements, the participants of the DUSK Apartments and group homes require individualised PEEPs.
- PEEPs are to be devised with participant input and signed off by participant and/or NOK.
- PEEPs must be reviewed annually and/or as participant needs change.
- PEEPs are to be provided to participants, Summer Housing, stored in x3 emergency folders on-site and x2 in the Emergency go-bag.
- In the event of an ACT Fire & Rescue evacuation, PEEPs folder and keys from the Emergency Go-bag need to be provided to ACT Fire & Rescue personnel. (See DUSK Evacuation Protocol)

ROOM	PARTICIPANT	COLOUR IDENTIFIER
101	M, 42yo, W/W + W/C + companion dogs x2	Dark Green
103		White
104		Orange
403	F, 33yo, W/C	Purple
404	M, 54yo, W/W + W/C	Blue
603	F, 45yo, W/W + W/C + companion dog	Lime Green
604		Yellow
M01	F, 35yo, W/C, x2 Person assist	Pink
M03		Black
M04		Red



## In-Home Supports Personal Emergency Evacuation Plan Template

The PEEP is an individualised emergency evacuation plan for each occupant in our accommodation.  
A copy of the PEEP will be kept on the participant's file and an additional copy will be kept in a location accessible to the relevant safety warden or support worker

Participant Details	
Participant Name	
Participant Contact No.	
Address	
Floor/ Room Number	
People participant lives with	
Emergency Contact Person and Number	Name: Number:
Other Providers that may support Participant	Provider: Contact Person and Number:
Assistance Animal	<input type="radio"/> No <input type="radio"/> Yes – if yes, type and name of animal:
Participant aware of emergency response procedures	<input type="radio"/> No <input type="radio"/> Yes
Number of Exits	
Assistance required in an evacuation	<input type="radio"/> No <input type="radio"/> Yes
Who will assist the participant in the event of an emergency evacuation?	<input type="radio"/> participants live-in informal supports <input type="radio"/> participants 24/7 service provider: _____ <input type="radio"/> participant provider if on shift: _____ <input type="radio"/> other:
List all evacuation equipment needed	
Does participant require essential items to maintain supports that should be taken on evacuation?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
Evacuation procedure (Include step by step instructions)	<b>9. Call 000 and state nature of personal emergency.</b> <b>10. Follow directions of emergency operator</b> and responding service/s if able to do so. <b>11. If required, Apply First AID</b> as first responder. <b>12. Notify NCC.</b> if instructed, notify emergency contacts of event





	<p>13.</p> <p>14.</p> <p>15.</p> <p>16.</p> <p>17.</p> <p>18.</p>
--	---

## Personal Emergency Evacuation Plan (PEEP) Overview Template

Upon commencement of services with NCC, in addition to the IN-HOME PEEP, any participant residing within a SIL property or Apartment style living must have the additional PEEP overview completed and signed off my participant.

Training in the identified processes must be delivered to the participant and the supporting team.

A copy of the signed off PEEP must be provided to PEEP owner (participant), ONSITE office, NCC management, ONSITE GOBAG folder, SDA Provider.



<b>SIL/On-Site Supports</b>	
Designated SIL workers	National Community Care
Have SIL workers been trained in emergency response for occupant?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b> Call 000, Apply First Aid, Wait for emergency responders
Have SIL workers been trained in use of evac equipment?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
Do SIL workers know where the marshalling area is for property	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b> Front of property, on driveway/street
Is there items required to maintain essential supports for participant and should be taken on evacuation?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
<b>Approval &amp; Review</b>	
Participant provided a copy of plan	<input type="radio"/> No – if no, why not? <input type="radio"/> Yes
PEEP available in care plan folder	<input type="radio"/> No – if no, why not? <input type="radio"/> Yes
PEEP to be reviewed:	<input type="radio"/> in line with care plan review <input type="radio"/> annually <input type="checkbox"/> in the event participant moves properties <input type="checkbox"/> in the event participant needs change
Review Due:	
PEEP Created by:	
Date:	
<b>Reviews</b>	
Date	
Signature / Designation	
Date	
Signature / Designation	



PEEP Details			
NAME			
PHONE		EMAIL	
ASSISTANCE ANIMAL			
LOCATION			
BUILDING ADDRESS			
FLOOR NUMBER		ROOM NUMBER	
HAS THIS PERSON BEEN TRAINING IN:			
PEEP RESPPONSE		EVACUATION PROCEDURE	
EMERGENCY PLAN		EVACUATION ROUTES	
EMERGENCY ALERT			
PREFERENCE:	SMS   MOBILE   PHONE CALL   OTHER:		
EMERGENCY CONTACT:	*number for any family you wish to be notified		
ASSISTANCE REQUIRED			
TYPE OF ASSISTANCE			
EVACUATION EQUIPMENT			
EGRESS PROCEDURE	*evac key points – example: when exiting, take any lifesaving equipment		
	*evac key points – example: take assistance pet		
ONSITE SUPPORT NAME	National Community Care	ONSITE SUPPORT NUMBER	
ONSITE SUPPORT EMAIL	dusk@nationalcommunitycare.com.au		
IS THE ONSITE SUPPORT TRAINED IN			
PEEP RESPPONSE	YES – ANNUALLY	EVACUATION PROCEDURE	YES – ANNUALLY
EMERGENCY PLAN	YES – ANNUALLY	EVACUATION ROUTES	YES – ANNUALLY
CONTINUES OVER PAGE			
PEEP CHECKLIST			



PEEP ISSUE DATE:		PEEP REVIEW:	
OCCUPANT APPROVED		DATE	
ASSIST / WARDEN	ON-SITE SUPPORT	DATE	
CHIEF WARDEN	ON-SITE SUPPORT	DATE	
COPIES OF PEEP MUST BE HELD BY			
PEEP OWNER:	WARDEN: ONSITE / TL	MANAGEMENT: NCC	GO-BAG: ONSITE
<b>INSERT OR ATTACH COPY OF EVACUATION DIAGRAM</b>			



## Emergency Resources

### Emergency Resources For The ACT

[Be Emergency Ready | ACT Emergency Services Agency](#)

[Fire Safety | ACT Emergency Services Agency](#)

[Floods | ACT Emergency Services Agency](#)

[COVID-19 | ACT Health Agency](#)

## ACT Fire Safety Recommendations

# FIRE SAFETY IN APARTMENTS

There are a number of easy steps you can undertake to keep safe in your apartment:

### PLAN FOR A FIRE OR EMERGENCY

Your home escape plans will be a little different to the average single storey house. Think of the following tips before you have a fire in your apartment building.

**Familiarise yourself with your building's fire escape plan.** If you cannot find one speak to your owner's corporation

**Know where the fire exits, fire stairs and firefighting equipment are located.** Only use firefighting equipment if you feel confident and safe in doing so

---

**Make an escape plan with your family and other occupants.** Include a back-up option in case your initial plan of escape is blocked. Also include an arranged safe meeting place outside the building

**Inform any visitors of the escape plan**

---

**Test smoke alarms in your apartment monthly and clean regularly** with a duster or vacuum cleaner

**Smoke alarms provide a vital early warning** and can allow extra time to escape if there is a fire in your apartment

### RESPOND TO A FIRE OR EMERGENCY

If there is a fire in your apartment building:

- |  |  |
|--|--|
| <p><b>Respond immediately when alerted to fire</b> and evacuate to your safe meeting place</p>     | <p>Do not wait and see. Do not spend time collecting items or to go investigate what is happening. <b>EVERY SECOND COUNTS</b></p>  |
| <p><b>Stay calm</b> and get everyone out as quickly as possible</p>                                | <p><b>Get down low</b> and stay out of the smoke</p>   |
| <p>If safe to do so, <b>close all doors behind you as you leave</b></p>                            | <p>If the fire is small and close to your location <b>consider trying to extinguish with the firefighting equipment provided</b>, but only if you feel confident and safe to do so</p> |
| <p><b>Call out to other people to alert them</b> that there is a fire</p>                          | <p><b>Do not use lifts during a fire unless they are specifically labelled for evacuation.</b> Use emergency exits or fire stairs</p>  |
| <p><b>Get out and stay out.</b> Never re-enter the building until advised by the fire fighters</p> | <p><b>Call 000 (triple zero)</b> from a mobile phone or a neighbour's phone. <b>Ask for FIRE</b></p>   |

### MAINTAIN ESCAPE ROUTES AND FIREFIGHTING EQUIPMENT

- |  |  |   |
|--|--|---|
| <p><b>Keep all firefighting equipment, such as extinguishers and fire hoses clear of obstructions.</b> Never store items in fire equipment cupboards</p> | <p><b>Never prop or wedge open fire or smoke doors</b> because these are designed to stop the spread of smoke and fire</p> | <p><b>Do not store items in corridors or staircases</b> as this can block escape routes and obstruct firefighters from doing their job.</p> |
|--|--|---|

In a life threatening emergency dial Triple Zero (000)



In a life threatening emergency dial Triple Zero (000)





## DUSK On-Site Evacuation GO-Bag

### PURPOSE

National community Care implement GO-Bags as a safety precaution for any high-risk participant and/or SIL / On-site Support in which NCC holds carriage of.

### SCOPE

For clarity, an on-site or SIL property would have x1 go-bag and x1 GO-Bag per supported airway participant.

It is the responsibility of the on-coming team leader each shift to ensure the GO-Bags are stocked correctly. In doing this, it ensures you are prepared for any emergency and/or evacuation that may arise.

### GO-Bag Content Requirements

- Hi-Visibility Vest
- Small First Aid Kit (unopened, in date)
- X2 copies of PEEPs Folder
- X1 box of medium gloves
- X10 individual face masks
- Noise cancellation headphones
- X1 notebook and Pen

Things to add to GO-Bag in the event of an emergency:

- On-site phone (for SIL / onsite setting)
- If a participant requires enteral feeding, feed and peg tubing should be put in the bag ***(if time and safety permit)***

### Individual GO-Bags (not applicable at DUSK)

If the participant has life saving equipment that is required, spare equipment is generally in stock in the individualised GO-Bags and should be checked each shift. This is particularly crucial for airway management participants. For example, a tracheostomy GO-Bag would contain a spare tracheostomy + a spare size smaller than the participant requires, inner cannulas, sterile water, etc



## DUSK Participant Apartment Power Outage

To safeguard lifesaving equipment and participant security, all 11 SDA apartments are fitted with UPS - An uninterruptible power supply (UPS) is a type of power supply system that contains a battery to maintain power to provide power to electronics in the event of a power surge or outage.

The UPS systems are in each of the Apartment wardrobes and should not be tampered with by any National Community Care personnel.

The purpose of the UPS is to provide a 2-hour window to evacuate a participant in the event of a power outage. During this period of battery power, the apartment fob will remain active, allowing the participant to exit independently if required.

Should any concerns arise, or alerts sound from the UPS, on-site is to promptly follow ***maintenance procedure.***



# Support Coordination

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   SCL	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2021	Natashia Telfer	CEO / SCL	New Policy to support new service

## In conjunction with:

- All NATIONAL Policies





## NCC Support Coordination Policy

### **Purpose**

This policy establishes the need for National Community Care to provide the delivery of support coordination and the establishment of cohesion with health and wellbeing.

National Community Care seeks to ensure National Disability Insurance Scheme (NDIS) participants exercise their rights and lead lives that are valued and dignified to which their goals in life are achievable.

### **Scope**

National Community Care provides a model of support coordination which is most suited to participants who require their funded plan and services are delivered with consistency and that choice is respected. That they are always involved in decision making, especially around plan goals and service choice.

National Community Care will deliver a service, consistent with their vision and values to give back to the community by empowering people to access personalized support of their choice, because National Community Care believe everyone has the right to live their own life their own way.

### **Policy Statement**

NCC endeavours to provide support coordination a little bit differently. NCC aim is to provide the participant with a transparent and wholistic approach to ensuring their needs can be best met and closing the gap between service providers to ensure a person-centred approach in all aspects of the participants daily living. This includes advocating for the participant to ensure they can be adequately supported and assisting participant to navigate the NDIS system and make informed decisions and choices in the best interests of the participant.

Participants (and families) seeking support coordination will be supported to build the participant's (or family's) capacity to manage relationships, manage service delivery tasks, live more independently and be included in their community. Support coordinators will support participants and families to understand and implement funded supports in a participant's plan and link a participant to community, mainstream and other services. Support coordinators focus on building the skills of participants and families as well as connecting them to providers.

### **Definitions**

**Support Coordination:** Under NDIS there are three levels of support coordination which may be included in a participant's plan:



1. Support Connection – build a participant’s ability to connect with informal, community and funded supports enabling the participant to get the most out of their plan and achieve their goals.
2. Support Coordination – assists participants to build the skills they need to understand, implement, and use their plan. In this regard, a support coordinator’s role is to work with the participant to ensure a mix of supports are used to increase a participant’s capacity to manage relationships, manage service delivery tasks, live more independently and be included in their community. Early Start Australia provides Support Coordination from some of its clinics.
3. Specialist Support Coordination – is a higher level of support coordination. It is for people whose situations are more complex and who need specialist support. A specialist support coordinator will assist a participant to manage challenges in their support environment and ensure consistent delivery of service.

### **Principles**

Conflict of Interest: NCC provides support coordination as well as other supports to participants. Participants are informed of other services available to provide necessary supports, along with the NCC supports, enabling participants and families to exercise their informed choice and control in the supports received. Participants and families are also informed of any relevant conflicts with other providers who may have a relationship with NCC, in the event this becomes relevant.



## Support Coordination Framework

### PURPOSE

The purpose of this framework is to provide support coordination a little bit differently across National Community Care than the current level of supports available within our community. NCC aim is to provide the participant with a transparent and wholistic approach to ensuring their needs can be best met and closing the gap between service providers to ensure a person-centred approach in all aspects of the participants daily living. This includes advocating for the participant to ensure they can be adequately supported and assisting participant to navigate the NDIS system and make informed decisions and choices in the best interests of the participant. As such, the following document references extracts from Department of Social Services *National Disability Advocacy Framework* and are in line with *NDIS Quality and Safeguards Framework* and *NDIA Code of Conduct*.

### INTRODUCTION

1. People with disability often face barriers and attitudes that impede their ability to participate in society resulting in poorer life outcomes. Disability advocacy provides people with disability the opportunity to participate in decisions that impact their lives to ensure their rights are promoted and protected.
2. The implementation of the National Disability Advocacy Framework will be guided by the principles and priorities of Commonwealth, State and Territory Disability Services legislation, the *United Nations Convention on the Rights of Persons with Disabilities* and the *National Disability Strategy*. The Framework complements these mechanisms by providing a structure that governments will work within to enable and support people with disability to safeguard their rights and overcome barriers.
3. The target group of the framework are people with disability. The framework is underpinned by a person-centred approach whereby policies and programs are designed to respond to individual needs and aspirations. Consideration of the role of families and carers will be taken into account. However, the needs and aspirations of the person with a disability are paramount.
4. The Framework recognises and acknowledges that people with disability can experience additional disadvantage including, but not limited to gender, age, education, sexuality, geographic location, ethnicity and cultural background. Recognition of the diversity of experiences and the need to improve outcomes for individuals with a disability experiencing multiple disadvantage underpins the Framework.

### DEFINITIONS

5. The following definitions provide a description of the advocacy services provided under this Framework:
  - (a) Disability advocacy enables people with disability to participate in the decision-making processes that safeguard and advance their human rights.



- (b) Individual advocacy supports people with disability to exercise their rights, through either one-to-one support, or by supporting people to advocate for themselves individually, through a third party or on a group basis.
- (c) Systemic advocacy seeks to introduce and influence longer term changes to ensure the rights of people with disability are attained and upheld to positively affect the quality of their lives.

## PRINCIPLES

6. The parties to this Framework accept and adopt the following National Disability Advocacy Principles as guiding the provision of advocacy for people with disability in Australia:
  - (a) Disability advocacy operates under relevant Commonwealth, State and Territory legislation and the principles of the United Nations Convention on the Rights of Persons with Disabilities and other relevant United Nations Rights Treaties, to protect and promote the legal and human rights of people with disability;
  - (b) Disability advocacy promotes the interests and wellbeing of people with disability and promotes their full and valued inclusion as contributing and participating members of the community;
  - (c) Disability advocacy seeks to influence positive systemic changes in legislation, policy and service practice and works towards promoting inclusive communities and awareness of disability issues;
  - (d) Disability advocacy promotes leadership and capacity building by people with disability;
  - (e) Disability advocacy ensures that views represented meet the individual preferences, goals and needs of people with disability;
  - (f) Disability advocacy strengthens the capacity of people with disability to speak for themselves by actively supporting and encouraging self-advocacy;
  - (g) Disability advocacy recognises and respects the diversity of people with disability;
  - (h) Disability advocacy ensures that the rights of people with disability to privacy, dignity and confidentiality are recognised and upheld;
  - (i) Disability advocacy will foster effective strategic alliances to develop capacity to identify and respond to the needs of people with disability.

## OBJECTIVES

7. Through this Framework, the Parties commit to the following objective as the long-term goal that governs how National Community Care should strive for in the provision of advocacy within general approach to Support Coordination.

*People with disability have access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights enabling full community participation.*



## OUTCOMES

8. Advocacy provided under this Framework will contribute to the following outcomes:
- (a) people with disability are accorded the rights and freedoms described in the United Nations Convention on the Rights of People with Disabilities and other relevant United Nations Rights Treaties;
  - (b) people with disability achieve economic participation and social inclusion;
  - (c) people with disability enjoy choice, wellbeing and are supported to pursue their life goals;
  - (d) people with disability are able to make decisions that affect their lives, or where necessary are supported in making those decisions;
  - (e) people with disability receive independent advocacy support that is free from conflict of interest;
  - (f) people with disability experiencing multiple disadvantage have their needs met;
  - (g) people with disability are actively involved in all aspects of the development, delivery and evaluation of disability and broader government policies, programs and services that impact them.

## OUTPUTS

9. The Framework will contribute to the following outputs in support of the agreed outcomes:
- (a) Individual advocacy that is tailored to meet the individual needs of people with disability including a focus on the needs of people with disability experiencing multiple disadvantage;
  - (b) Disability advocacy that is informed by an evidence base and is provided in an accountable and transparent manner;
  - (c) Disability advocacy that is planned and delivered in a coordinated manner and supports communication between disability advocacy support, disability services, mainstream services and governments;
  - (d) Disability advocacy that promotes community education and awareness of disability issues and rights;
  - (e) Systemic advocacy that positively contributes to legislation, policy and practice that will support the agreed outcomes.

## GLOSSARY

**Individual Advocacy:** supports people with disability to exercise their rights, through either one-to-one support, or by supporting people to advocate for themselves individually, through a third party or on a group basis. The types of advocacy that are provided under



individual advocacy include but are not limited to: self, family, parent, group, citizen, peer and legal.

**Self-Advocacy:** Supports people with disability to advocate on their own behalf, to the extent possible, or on a one-to-one or group basis.

**Family Advocacy:** Works with parents and family members to enable them to act as advocates with and on behalf of a family member with disability. Family advocates work with parents and family members on either a short-term or an issue-specific basis. Family advocates work within the fundamental principle that the rights and interests of the person with disability are upheld at all times.

**Group Advocacy:** Advocacy that represents the rights and interests of a whole group with similar concerns and issues.

**Citizen Advocacy:** Seeks to support people with a disability (also called protégés) by matching them with volunteers. Some of the matches made may last for life.

**Legal Advocacy:** Seeks to uphold the rights and interests of people with all types of disabilities by addressing legal aspects of instances of discrimination, abuse and neglect.

**Parent Advocacy:** Works with parents to enable them to act as advocates with and on behalf of a family member with disability. Parent advocates work on the basis that the rights and interests of the person with disability are upheld at all times.

**Peer Advocacy:** Support from advocates who have shared or similar experiences with a person they are supporting.

**Mainstream services:** General services available to all people in society.

**Person-centred/self-directed approach:** *to service delivery is designed to enable people with a disability to be at the centre of decision-making about their lives and to be the focus of the services they receive. Services and supports provided to each person are based on their unique wishes, interests, contributions, talents, goals and needs.*

*Person centred service delivery, means that people with a disability and their families drive service planning, have control over important decisions which affect their lives and are able to access responsive, flexible service options that capitalise on their strengths and respond to their changing needs.*

Self directed service delivery is a funding model of service delivery where the person with a disability, with support if needed, has full control over the purchasing of services and supports that they require. In some self directed models, the funding is provided directly to the person with a disability.

**Social Inclusion:** A socially inclusive society is one in which all members of society, feel valued, their differences are respected and they have the opportunity to participate fully in society.

**Systemic Advocacy:** Systemic advocacy seeks to introduce and influence longer term changes to ensure the rights of people with disability are attained and upheld to positively affect the



quality of their lives. Strategies may include: advocating for changes in legislation, policy and practices of service delivery; advocacy development; community education; community and advocacy sector development and lobbying.



### *Support Coordination Procedures*

National Community Care will provide support coordination using the same principles, values and strategies that represent their duty of care.

The role of the National Community Care support coordinator is to engage with the NDIS participant, to support in building capacity, decision making, setting all achievable goals in the NDIS plan. Plans will be reviewed throughout the dated period, ensuring the best practice in support and service is provided.

An intake process will take place for persons wishing the have National Community Care provide support coordination. This will be done in accordance with the Support Coordination Procedure. National Community Care will not seek to provide support coordination to a person:

- without ensuring that they are making an informed decision and supported to do so.
- who is currently receiving support coordination from another provider and are happy with that provider (see *NCC Conflict of Interest Policy*):
- unless they are aware of the choice of providers available, then seek this service.
- have previously been dismissed from all NCC services.

### *Responding to Requests for Support Coordination*

Requests for support coordination will be forwarded directly to the Manager, Support Coordination.

The Support Coordination Team will talk to the person enquiring and:

- Collect relevant information about supports required
- Communicate what we can provide within the NCC and NDIS frameworks including the service agreement process and provider bookings
- Ensure the individual knows that they have a right to choose a support coordination service that is most appropriate to them
- Check that the person has specific funding for support coordination in their NDIS plan and note specified funding information
- Note the enquiry to file and all details

### *Support Coordination Intake*

When a person (participant) decides after the initial conversation that they would like to go ahead with NCC for support coordination, the team will discuss the request and allocate a coordinator to begin working with the person to consider the following:

- degree of complexity of the participants NDIS plan
- goals listed in the plan
- level of support needs the participant requires
- expertise of our staff
- referral pathway, recognising this may be helpful informing us of participant circumstances
- ensure there is no conflict of interest

The Support Coordinator will record the discussion and note items of need when preparing the service agreement.





## *Support Coordination Process*

### **1 Record Keeping**

NCC support coordinators will keep accurate records of support they have provided, including recording time on and time off (ensure the record of time is accurate).

All records and handling of client data and documents will be consistent with the *NCC Privacy policy*.

Records of time spent on support coordination will be included to data base to ensure that accurate and up to date invoicing can be made.

### **2 Initial Client/Participant meeting**

The support coordinator will set up the meeting with the client, letting them know that they are entitled to have someone accompany them when they meet with NCC staff. The client will be asked to provide NCC a copy of their NDIS plan and other relevant documents prior to the meeting or at the meeting if they prefer.

At the meeting the Support Coordinator will:

- introduction and explain the role.
- outline the process of support coordination.
- find out any reasonable adjustments to the process including communication assistance, client needs, allowing NCC to be able to meet the client need.
- offer the documents as part of the service agreement pack (*including information about NCC and key policy*).
- discuss NCC's privacy and complaints policy.
- explain the client's choice and control over the process including to change their mind or seek more information.
- explain the Client Consent form and have it signed (or by their legal guardian).
- NDIS Plan: go through the client's plan ensuring that the client and their family/support, understand the plan, what is in it, what each section represents, the goals and how the funds can be used.
- Service Agreement: After the initial meeting the Service Agreement will be populated to reflect the payment arrangements, current rates and fees specified in the NDIS plan.
- Go through the Service Agreement with the client, ensuring they understand the content and agrees to the terms of the content.
- If the client does not agree with some of the content, negotiation with the Managing Director to amend the content where appropriate may be required.
- NCC coordinators will ensure that all parties (including family, guardian, and support) understand the terms of the Service Agreement including the billing process and have the agreement signed either at the meeting or shortly afterwards.

### **3 Provision of Support Coordination**

The Support Coordinator will ensure that copies of the signed Service Agreement, Consent and other relevant documents are placed on the client's file and offered to the client for their record, either in person or they can be sent.

The Support Coordinator will work within the NCC and NDIS frameworks to communicate and put in to action the client/participant NDIS goals as agreed upon, using client/participant input.



The Support Coordinator will check in with the client/participant regularly to review:

- Any changes in circumstance which may require a review of their NDIS plan or current support
- the progress to achieve stated goals in the NDIS plan
- satisfaction of service provided by the support coordinator
- the level of satisfaction with service provision and support
- any changes or preferences in relation to goals or the way of achieving them

#### 4 Annual Plan Review

The Support Coordinator will contact the client prior to the Scheduled Review and arrange a meeting with client/participant (family/friend/guardian if requested) to:

- review what has been achieved through the NDIS plan, what is working, what needs change
- identify progress, especially around goals
- identify new goals, new support and new service provision
- ensure all supporting reports are in date and/or arrange reviews as per NDIS requirements to ensure funding levels at a minimum will stay at current level if required.
- prepare a summary of achievement as a Support Coordination, Plan Review Report
- identify unmet needs (as per Report)
- gather provider reports as evidence that support is worthwhile and working, or not
- liaise where possible with the NDIA to secure appointment times for review and that are timely for the participant
- ensure the client/participant is heard throughout this process

#### 5 Review of Decision

The Support Coordinator will assist the client/participant submit a request to have the plan reviewed, this can include:

- Review of Decision – the client has 3 months from the date on the plan to submit a decision to be reviewed. This can include some or the whole plan. It can include not enough funding or that services have been omitted. It is also called an **Internal Review**.
- Change of Circumstance – changes to a client's disability needs. Significant changes in care or support provided by family or friends. Changes to living arrangements, where a person may live, who they live with, move overseas or into residential care. Changes to a job or in fact looking for a job. If they receive a compensation claim related to their disability.
- Unscheduled Review – usually outside the 3 month window and requesting a significant change from the NDIA.
- Review of a Reviewable Decision or **External Review** – usually referred to external service funded to support through the Administrative Appeals Tribunal (AAT) process.

This process can take time to get a response, it is important to support the NDIS participant through this process.

#### 6 Review the Service Agreement

If the client/participant continues to require support coordination for the next plan, NCC will make sure that all relevant documents are in place to continue the service (including NCC Continuation of Service, Support Coordination). Ensure they are supported to make that decision and sign relevant forms. NCC will ensure the client/participant understands and agrees with any changes prior to



signing. Now is a time to seek feedback for services provide thus far, does NCC meet client needs and expectations.

### **7 Accessing Equipment**

In 2023, the NDIA reviewed and amended the cap on equipment funding processes. Moving all equipment funding \$15,000.00 and less to now be approve **without** OT assessment and recommendation.

NCC recognize the risk associated with potential fraudulent claims, as such to minimise risk to NCC support coordinators being asked to facilitate excessing purchases, will be required to seek OT recommendation letter to support their actions for any item exceeding \$2,500.00 unless in emergency situations where Support Coordinator Lead may revise and approve to ensure participant needs are appropriately supported and item is deemed reasonable and necessary.

### **8 Ending the Service Agreement**

The client/participant has the right to discontinue the service of support coordination as they see fit to do so. As set out in the service agreement, NCC will require 28 days' notice of the intention to end the agreement. If there is a transfer to a new provider NCC will seek to facilitate a smooth transition, including time for handover if appropriate and in line with the clients wish. NCC will offer the client to provide feedback. Time spent arranging a closure and referral will be billed to NCC from the clients NDIS plan.

Should either party wish to end this Service Agreement they must give 28 days' notice. If either party seriously breaches this Service Agreement the requirement of notice will be waived.

The client/participant may be asked to provide feedback or to make a complaint about the provision of supports can request to talk to the Managing Director.

If the issue is not resolved or the client does not want to talk to the Managing Director contact the National Disability Insurance Agency.

### **REFERENCES**

Participant Intake Form – Support Coordination  
NCC Service Agreement  
Choice and Control Policy  
Conflict of Interest Policy  
NDIS Website



## NCC Support Coordination – Child Safety Policy

### **Purpose**

National Community Care is committed to safeguarding the wellbeing and rights of all children within our scope of Support Coordination services to reach their full potential, by adopting strategies and acting to put the interests of Children first to keep them safe from harm. We will achieve this by embedding the positive practices and resources into our organisational leadership, culture, and practice. National Community Care seeks to ensure National Disability Insurance Scheme (NDIS) participants exercise their rights and lead lives that are valued and dignified to which their goals in life are achievable.

### **Scope**

National Community Care provides a model of support coordination within the Australian Capital Territory which is most suited to participants who require their funded plan and services are delivered with consistency and that choice is respected. That they are always involved in decision making, especially around plan goals and service choice.

National Community Care will deliver a service, consistent with their vision and values to give back to the community by empowering people to access personalized support of their choice, because National Community Care believe everyone has the right to live their own life their own way

### **Policy Statement**

NCC caters for the needs of Children by providing Support Coordination services in line with the NDIS guidelines.

#### **Our commitment to Child safety and wellbeing**

NCC is committed to safeguarding all children's sense of wellbeing and rights to reach their full potential and to keeping children safe from harm and abuse.

We work to empower children to find their own voices and understand that children play an important role in creating vibrant, positive communities, and are our communities of the future.

We recognise that disrespect, harm and abuse can have long-lasting effects on healthy development, and that these can lead to serious lifelong consequences. NCC has zero tolerance of child abuse in our organisation. At NCC:

- We want Children to be safe, resilient, happy and empowered.
- We want Children to be connected to each other, community and culture.
- We respect and uphold Children's right to privacy.
- We support and respect children of all ages, cultures, religions, education levels, Children of diverse sexualities and genders and disabilities.
- We are committed to the cultural safety of Aboriginal and Torres Strait Islander Children, the cultural safety of Children from culturally and/or linguistically diverse backgrounds,



and to providing a safe environment for children with disability.

- All allegations and safety concerns are treated very seriously and consistently with our robust policies and procedures.
- We have legal obligations to contact authorities when we are worried about a Child's safety, or where there is an allegation against one of our employees, which we follow rigorously.
- We are committed to preventing Child abuse by identifying risks early and removing and reducing these risks.
- We have robust human resources and recruitment practices to reduce the risk of Child abuse by new and existing employees and volunteers.
- We work closely with our Contracted Service Providers to ensure the services they are delivering to the child are considered appropriate and Child safe.
- We are committed to regular training on Mandatory Reporting Obligations including Child abuse risks and obligations to prevent abuse and respond appropriately.

### ***Our Child safe culture***

NCC's Statement of Commitment to Child Safety and the Child Safe Code of Conduct are the foundation of our Child safe culture. All employees are responsible for championing these core values that inform the NCC's approach to Child safety and wellbeing.

### ***Child Safe Code of Conduct***

The Code of Conduct – Employees establishes a clear set of rules and expectations for behaviour that is in line with the NCC's Child safe culture and values. Having clear rules and expectations of how Employees are expected to interact with Children helps to prevent Child abuse and encourage reporting.

Any behaviour by Employees and/or witnessed or reported incidents brought to NCC attention must be considered a reportable incident and is a direct breach of Code of Conduct – Employees will not be tolerated and may lead to disciplinary action, up to and including termination of employment.

### ***Safety Measures***

NCC implement a number of processes to ensure the safety of those most vulnerable. This includes but is not limited to the following:

- Pre-employment Checks
- Working with Vulnerable People Checks
- Ongoing Professional Development



- Mandatory Training Requirements
- Networks including advocacy agencies to refer to
- Risk Profile Assessments
- Implementing identified Behavioural Support Plans where applicable
- Extensive Record Keeping
- Inclusion of child's identified support networks in all communications.
- Child focused within the NCC complaints management process

### ***Principles***

Conflict of Interest: NCC provides support coordination as well as other supports to participants. Participants are informed of other services available to provide necessary supports, along with the NCC supports, enabling participants and families to exercise their informed choice and control in the supports received. Participants and families are also informed of any relevant conflicts with other providers who may have a relationship with NCC, in the event this becomes relevant.

### ***Resources and Contacts***

[Report child abuse or neglect - ACT Government](#)

[Keeping children and young people safe: A shared community responsibility \(act.gov.au\)](#)

#### **Child and Youth protection Services ACT 13 22 81**

Canberra North Region (02) 62071069

Canberra South Region (02) 62071466

[cyf@act.gov.au](mailto:cyf@act.gov.au)

### **REFERENCES**

Child Protection (Working with Children) Act 2012  
Child Protection (Working with Children) Regulation 2013  
Children and Young Persons (Care and Protection) Act 1998  
Children's Guardian Act 2019  
Civil Liability Act 2002  
Crimes Act 1900  
Local Government Act 1993  
National Redress Scheme for Institutional Child Sexual Abuse Act 2018 (Cth).  
NSW Child Safe Standards  
NSW Children (Education and Care Services National Law Application) Act 2010  
Privacy and Personal Information Protection Act 1998  
State Records Act 1998  
United Nations Convention on the Rights of the Child (1990)



## Reporting Child Abuse

**Is the child in danger now?**

**Call the police on 000**

### Before you report abuse or neglect

1. Consider how your own culture or upbringing may lead you to make an assumption about the child.
2. Check [Keeping Children and Young People Safe \[PDF 2.6MB\]](#) to learn about:
  3. the signs of child abuse
  4. what to do if a child tells you they have been abused.
5. Talk to the child if you can. You could have a gentle conversation with them to let them know you are worried there may be something wrong.
6. Speak with the parents if you can. Depending on the situation, this may be the best first step. You may be able to help them yourself or connect them with [support services that specialise in working with parents and their children](#).
7. If you have talked to the parents and believe abuse or neglect may be happening, you should report it. Your conversations with the parents and the child can be included with the information you give to CYPS.

### Types of abuse and neglect

**physical abuse**, for example hitting, shaking, burning, excessive physical discipline, attempted suffocation, throwing against the wall or to the ground

**sexual abuse**, for example comments, physical contact of a sexual nature, exposure or involvement in adult sexual activity or pornography, grooming, inappropriate sexual comments

**emotional abuse**, for example constant yelling, belittling, ignoring, ridiculing, swearing, name calling, withholding affection

**family violence**, for example hearing or seeing violence, seeing injuries and property damage

**neglect**, for example when a parent or carer does not provide the child with basic needs causing significant harm to the child's wellbeing or development.

If you are unsure what you are seeing is abuse or neglect, contact CYPS to talk about your concerns.

### Report child abuse

If the abuse or neglect is by a child's family member or guardian:

[Report child abuse online](#)

You can also contact Child and Youth Protection Services:

call [1300 556 729](tel:1300556729)

email [childprotection@act.gov.au](mailto:childprotection@act.gov.au)



### If you're a mandated reporter

**Mandated reporters** can report online or contact Child and Youth Protection Services:

call 1300 556 728

email [childprotection@act.gov.au](mailto:childprotection@act.gov.au)

### If the abuse is by someone outside the family

Call ACT Policing on [131 444](tel:131444).

### What to include when you report (Also see Reportable Incidents)

You should include what you know about:

- the child's name, age, background, home address
- their family, including parents, brothers and sisters and other people living in the home
- the reason for your concern – including what happened and where, who's involved, what led to the incident, any visible injuries, the effect on the child, who you believe to be responsible
- relevant circumstances – such as drug or alcohol misuse, mental health, financial issues, past trauma, unemployment, court matters
- your details and connection to the child – so we can contact you if we need more information.

### What not to report

- You must not give false or misleading information on purpose. This is an offence and you can get a fine or go to prison.

Child and Youth Protection Services is unlikely to investigate:

- normal sexualised child play including teenagers engaging in sexual activity with each other
- a child who is self-harming when there are parents willing and able to protect them
- children who have been fighting in the playground
- children who are upset because their parents are getting divorced
- a child who is given the same lunch every day at school.





# Work Health Safety

## Current Version

<b>Service Area</b>	Disability, Mental health, Aged Care	<b>Version</b>	1.6
<b>Process Owner</b>	Governance Lead   Clinical Team	<b>Date of Issue</b>	1 Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	08/2015	N.Telfer	Employsure	Creation
1.1	10/2016	N.Telfer	Employsure	Review only
1.2	2/2019	N.Telfer	Employsure	COVID referencing: outbreaks
1.3	2/2020	N.Telfer	Employsure	New SIL Policies additions
1.4	4/2022	n.Telfer	Employsure	Amendments to COVID related references
1.5	2/2023	N.Telfer	Employsure	Mental Health Policy language change
1.6	2/2024	N.Telfer	CEO / GM	Review / NIL Change
1.7				

Further to additional Policy Guidelines:

- Documentation and Record Keeping
- Emergency Management
- Employment Roles and Responsibilities
- Incident Reporting
- Infection Control
- Lines of Reporting
- Risk Management
- Training Performance and Development
- Disciplinary and Termination



## Workplace Health and Safety Policy

### POLICY STATEMENT

National is committed to providing a safe workplace environment and ensuring the safety, health and wellbeing of all employees shall be a key underpinning factor supporting the provision of quality healthcare services.

### PURPOSE

**Ethical Obligations** - It is desirable for employees of National to work in an environment that is conducive to their safety and health at work.

**Legal Obligations** - The law imposes duties upon both National and its employees concerning Workplace Health and Safety

**Financial Obligations** - The cost of workplace injuries both in insured losses and uninsured losses makes it absolutely imperative that steps be taken by all levels of management and employees, whether they are from National or the facility where work is being undertaken, to achieve the aims of the Workplace Health and Safety Policy. If an employee has any concerns in relation to their safety or the safety of others in the workplace, the employee is required to report them to National and the relevant broker and/or client/participant, who will take all practicable steps to provide and maintain a safe work environment.

### SCOPE

This policy applies to all employees of National

### POLICY

National is responsible for all aspects of Workplace Health and Safety including:

- Compliance with appropriate legislation, codes of practice and *National* policy.
- Implementing National Workplace Health and Safety policy and procedures and insisting on safe and environmentally responsible work practices at all times.
- Providing and maintaining a safe work environment, including work conditions, practices and procedures for all employees
- Assisting in the identification and preparation of safe work procedures. a
- Ensuring employees are not exposed to risks to their health and safety.
- Monitoring and reviewing compliance with procedures and working conditions on a continuing basis.
- Preparing and participating in Workplace Health and Safety meetings and Workplace Health and Safety programs.
- Ensuring the Workplace Health and Safety of each of employee.
- Ensuring employees are competent to carry out the tasks requested of them.
- Providing and maintaining adequate safety equipment including liaising with equipment companies for required servicing and maintenance
- Assisting the investigation of near misses, hazards, accidents and injuries to ensure identification of hazards and correction of unsafe practices and methods.



- Reviewing and actioning Workplace Health and Safety reports and inspections and initiating rectification where necessary.
- Conducting the WHS Checklist on the client/participant property upon set up of services.
- Providing employees with access to an Employee Assistance Program.

**Employees are responsible for:**

- Working safely and observing all Workplace Health and Safety instructions from National, and relevant policies, procedures and directions from the Facility.
- Using safety devices, manual handling equipment and personal protective equipment as directed by National and complying with relevant policies, procedures and reporting any faults or concerns.
- Maintaining safety devices and personal protective equipment in an operational and hygienic condition at all times.
- Promptly reporting to National and the Facility any work accident, injury or Workplace Health and Safety concerns (See Incident Accident Policy)
- Reporting to National and the facility any situation the employee believes is a work hazard or an unsafe practice. (See Incident Accident Policy)
- Not wilfully or recklessly interfering with, or misusing anything provided for Workplace Health and Safety at the workplace.
- Not wilfully placing at risk the Workplace Health and Safety of either themselves or any other person, at the workplace.

If an employee has an accident, they are required to notify National as soon as practical and complete an *Accident Form*. (See Incident Accident Policy)

If an employee is injured at work, or travelling to or from work, the employee must notify National as soon as possible. If there are medical expenses involved due to the injury or time lost from work, these costs may be recovered by Work Cover upon lodging a claim form. A doctor's certificate is required when Workers' Compensation is claimed.

**Review and ensure the following detail have been obtained:**

- Name of the person(s) involved and contact details
- Clearly record the incident and any injury or potential injury sustained
- Complete all National and Insurance documentation
- Ensure all records are legible, signed, designated and dated
- Attend GP and other appointment as required
- Document all advice, both given and received
- Keep a copy of documents in a safe and secure place for the required period



## Manual Handling Policy

### POLICY STATEMENT

National is committed to providing a safe workplace environment for all employees and applying a safe system of work to all manual handling situations. The aim is to eliminate hazardous handling and reduce risk to employees from such activities to the lowest level, in so far as is reasonably practicable.

### SCOPE

This policy applies to all employees of National.

### POLICY

Manual handling of patients should be eliminated or minimised wherever possible.

National recognises that:

- *Hazardous manual tasks* are the single biggest cause of occupational injury to nursing and care staff.
- Injuries resulting from client/participant handling account for a significant proportion of all manual task related injuries to nurses.
- The insured and uninsured costs of manual task injuries add significantly to the cost of providing health and aged care services.
- Most manual task related injuries are preventable.
- Many back injuries to nurses and care staff result in long-term or permanent disability.
- Manual task related injuries contribute to the loss of nurses and other staff from the profession.
- The risk of injury to people increases when "objects" greater than 16-20 kg are lifted/handled. Specific weight limits depend on many factors, including the physical ability of the worker, the degree to which the "object" (e.g. client/participant or patient) can assist or co-operate with the lift / transfer, and the workspace in which the procedure occurs.
- Achieving a safe system of manual handling involves staff teamwork at all levels of the organisation.
- A *hazardous manual task* is defined in the *Work Health and Safety Regulation 2011* as a task that requires a person to lift, lower, push, pull, carry, or otherwise hold or restrain any person, animal or thing that involves one or more of the following:
  - Repetitive or sustained force
  - High or sudden forces
  - Repetitive movement
  - Sustained or awkward posture
  - Exposure to vibration

National is committed to a 'No Lifting' approach. A 'No Lifting' approach is one where employees are not asked to physically support the weight of those that they are assisting to transfer or move.

Mechanical hoists and other aids such as electric beds, pelican belts, slide boards and slide sheets, are to be used at all times.



If any employee requests another employee to manually lift any patient for any reason, the employee must decline and immediately report to the supervisor and contact National.

Employees are required to complete induction training and education in Manual Handling at the commencement of employment with National including:

- The principles of manual handling,
- How to identify risk factors for injury,
- How to assess client/participants/client/participants for their manual handling needs,
- How to select the safest options for carrying out nursing and other activities,
- How to use manual handling equipment, according to safe operating procedures,
- Preferred techniques for moving and transferring client/participants that involve minimal force and exertion,
- Techniques for emergency situations,
- The risk management process, and • How to report hazards and injuries.

**National is responsible for:**

- Complying with relevant Work Health and Safety legislation, codes of practice and National policy.
- Implementing National Manual Handling policy and procedures and insisting on safe and environmentally responsible work practices at all times.
- Ensuring all employees complete the mandatory relevant Manual Handling education and training on commencing employment and complete updated annual education and training as articulated in this policy.
- Ensuring clients/participants have sufficient, well-maintained Manual Handling equipment available for National staff to access and use prior to commencing.
- Understanding reporting obligations in event of a serious workplace injury: WorkSafe ACT

**The employee is responsible for:**

- Completing appropriate training and education as articulated in this policy.
- Taking reasonable care for their own health and safety and that of colleagues and clients • Assessing the risk of activities to be performed and implementing effective control measures (elimination, isolation, substitution, engineering controls, administrative controls, PPE).
- Working safely and observing all Workplace Health and Safety instructions from National, and relevant policies, procedures and directions from the Facility.
- Report potential hazards as soon as you become aware of them.
- Making full and proper use of equipment provided as directed by National and complying with relevant policies, procedures and directions from the Facility. Refer to unacceptable Work Practices for Patient Manual Handling (ACT Health Manual Handling Policy).

**Training Requirements**

All service delivery employees must undertake annual mandatory training in Manual Handling. National will provide this to all employees through various models to suit all learning styles practical workshops, face to face training and/or online eLearning platform – Altura.

**REFERENCES**



Work Health and Safety Act 2011 / Work Health and Safety Regulation 2011

ACT Health Manual Handling Policy accessed from

<https://www.health.act.gov.au/sites/default/files/Manual%20Handling%20Policy.pdf> 6/5/2018

National Code of Practice August 2007 For the Prevention of Musculo-skeletal Disorders from Performing Manual Handling Work Health and Safety, (2011), A Practical Guide to Implementing Work Health and Safety in Cliental Aged Care, AGPS, Canberra.

See Recruitment and Selection Criteria Policy, Mandatory Training Policy, Learning Pathway for additional supporting information.



## Client Violence and Aggression toward Employee

### **POLICY STATEMENT**

National have a vested interest in the health and wellbeing of all employees and clients. Safety is our utmost priority.

### **SCOPE**

This policy applies to all employees of National.

For reference violence / aggression may be from client and/or their support networks.

### **POLICY**

Under the model WHS laws, persons conducting a business or undertaking (PCBUs) are required to take active steps to manage health and safety risks associated with workplace violence and aggression.

National's service delivery employees play a vital role in caring for, supervising, and supporting complex and vulnerable clients/participants, both in the community setting within private residences and in residential care facilities. The needs of both older Australians and those living with disabilities are complex therefore the type of work required to support complex service delivery can inherently pose risks to the employees providing care and services.

Due to the care and physical requirements of the role, service delivery employees are exposed to potential risks of injury in carrying out their roles. When this risk isn't properly managed by employees and employers, workers can end up hurt.

### **Employee rights**

National Employees ought to enjoy the same basic health and safety rights as other Australian employees, whether they work casually on a contract, part-time or full-time.

National Management have key responsibilities, to keep their employees safe at work. This includes:

- Instructing and training staff on performing their role safely
- Providing appropriate equipment and ensuring staff know how to use it
- Consulting with employees on safety issues
- Ensuring client service agreements outline their duties to provide a safe working environment within the home setting.

### **Can a disability support worker refuse care with violent clients?**

Throughout their employment, disability support workers may encounter or care for clients who behave violently or abusively. If a client exhibits violent or abusive behaviours / acts towards National employee, employees should raise this immediately with National Management, either through their line manager or safety representative.



It's important that employees report any safety concerns they have with clients, even if they don't personally feel at risk caring for the client. This will prevent any other employees who may be unaware of the risk, from being harmed.

WorkSafe recommends refusing or modifying the services provided until the safety risks are eliminated (or at least minimised). Therefore National authorise their employees to refuse care if the employee feels their personal safety is at risk.

### **How to maintain employee safety**

There are a number of safety measures that can be implemented to prevent or minimise the risk of harm towards workers by violent clients. These include:

- Working with clients and their representatives to establish clear behavioural expectations and the consequences if these expectations are not met, this is currently supported by client service agreements.
- Requesting Behavioural Assessments to be undertaken via the participants support coordinator to safeguard the participant and attending employee.
- Undertake any training available specific to the participants Behavioural Support plan.
- As per Occupational Therapist reports and recommendations, set up the room/environment so that it is as safe as possible (e.g. removing potential weapons or installing a physical barrier or restraints).
- Ensure all relevant information is shared between the clients care team for transparency and clear process in working collectively to minimise risks, triggers etc
  - The procedures in place to deal with violent or abusive clients

### **Implementing a Behavioural Support Plan**

There are a number of measures that can be used to prevent or minimise the risk of harm towards workers by violent or aggressive clients. These measures are to be identified in the following documentation:

- Participant Risk Profile
- Incident Reports
- Behavioural Support Plans
- Behavioural Support Plan Training by the Behavioural Specialist.

Noting – Restrictive practices are not to be implemented without strict guidelines and documentation in place by the Behaviour Specialist and National participant care plans.

See Nationals Restrictive Practice Policy and Guidelines.

### **When minimisation tactics are unsuccessful**

In the event identified minimisation tactics prove unsuccessful, and the participant remains triggered and/or demonstrating aggression, threats and/or physical violence toward employee, the attending employee must (within their control) ensure the participant is safe in their current environment and remove themselves to a safe distance / location to facilitate contacting National Intake Line for further advice, support and directives.





In the event the participant is at risk of self-harm, or physical harm to employee, police can be contacted.

National will engage the Behaviour Support Specialist, and/or Support Coordinator to commence engagement with a BSS for further recommendations to identify a clear process in circumstances when all minimisation tactics proven unsuccessful and how in which the employee should proceed to ensure safety to self and participant.

### **Identified 'Trigger' Words and/or Themes**

In the event identified trigger words and/or themes are enacted, this must be up lined for actioning. This may require a complaints process follow up and/or mandatory reportable actions. Also see 'Comments, Complaints, Feedback Handling and Management Policy' and/or 'Incident Management Policy'.

Themes may include but are not limited to:

- Threats of harm to self or others
- Sexual Abuse
- Physical Abuse
- Domestic Violence
- Accusations of theft
- Accusations of mistreatment
- Accusations of discrimination
- Voiced opinions of not feeling safe



## Smoking, Gambling, Alcohol & Drugs Policy

### **POLICY STATEMENT**

National have a vested interest in the wellbeing of all employees and clients. Safety is our utmost priority.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

Whilst working or on meal breaks National expressly prohibits employees to be under the influence of, or in possession of illegal or non-prescription drugs of any kind.

If an employee is taking medication, either prescription or over the counter medication, that has the potential to adversely impact on safety, they must notify National. The employee is not required to reveal the nature of the condition being treated or the type of medication, only that they are taking medication that has the potential to adversely impact upon safety.

All ACT Healthcare settings prohibit smoking on premises and this is extended to employees on any client/participant premises and all SIL property 'house rules' will also reflect this rule.

The consumption of alcohol during work hours (including meal breaks and rest pauses) is not permitted. Breaching these provisions can result in dismissal or disciplinary action.

National does not support the use of alcohol or drugs outside working hours where the effects of these substances may result in impaired work performance. If an employee arrives at work under the influence of drugs or alcohol, they will be sent home for the day without pay. Repeated instances of arriving at work under the influence of drugs or alcohol may result in termination.

National prohibits employees to participate in gambling of any kind while working and/or on behalf of the client/participant unless previously approved and client/participant care plan clearly stipulates the parameters in which this would occur.

National further prohibits employees in purchasing tobacco and/or alcohol for participants unless strict guidelines and individualised procedures have been assessed, implemented and approved by Executive Management.



## Workplace Chemicals and Substances Policy

### **POLICY STATEMENT**

National is committed to safety of all employees and work place visitors and ensuring that all risks associated with the storage, use and disposal of chemicals within direct National workplaces are controlled and managed.

### **SCOPE**

This policy applies to all *National* employees.

### **POLICY**

National recognises that the WHS of all employees and workplace visitors including customers, agency staff and contractors is of paramount importance. All persons have an important role to play in creating and maintaining a safe and healthy workplace. Our managers and supervisors play an instrumental role in managing WHS risks associated with hazardous chemicals and substances including dangerous goods in their area of responsibility by identifying hazards, assessing risks and eliminating or controlling those risks in consultation with their employees.

#### **National's responsibilities:**

- Managing all risks associated with hazardous substances used in the workplace and involving employees in this process
- Eliminating risks or where not reasonably practicable, controlling risks associated with hazardous chemicals and substances
- Ensuring Material Safety Data Sheets (MSDS's) are kept for all hazardous chemicals and substances used at the workplace and that the register is readily accessible to all employees who may be exposed to hazardous chemicals and substances whilst at work for any commercial products purchased. ALL domestic products purchased within grocery stores are to maintain all original labels.
- Keeping and maintaining a register of hazardous chemicals and substances that is readily accessible to all relevant employees
- Ensuring that all legislative requirements are met with respect to record keeping and providing information including in relation to risk assessments and controls
- Ensuring that all hazardous chemicals and substances used in the workplace are appropriately labelled, used, stored transported and disposed of in accordance with legislative requirements and guidelines including providing employees with the appropriate Personal Protective Equipment (PPE)
- Providing training in hazardous chemicals and substances including induction training and hazard specific training as appropriate and as required in accordance with workplace needs
- Providing monitoring in high risk areas where required

#### **Employee's responsibilities:**

- Employees to read all labels and utilise as directed



- Ensuring that all hazardous chemicals and substances used in the SIL workplace are appropriately labelled, used, stored transported and disposed of in accordance with legislative requirements and guidelines including providing employees with the appropriate Personal Protective Equipment (PPE)
- Attending training
- To report any breach of policy.

### *Chemical & Substance Emergency procedures*

The Clinical Coordinator in consultation with the National and employees, must ensure that appropriate emergency management provisions are available for use in the event of a chemical emergency. The emergency management provisions may include:

- spill kits or containment equipment
- safe work procedures for spills or release of chemicals
- fire blankets/extinguishers
- first aid kits
- eye wash stations/eye wash kits/emergency showers
- emergency shutdown procedures for equipment
- appropriate numbers of trained emergency wardens and first aiders
- appropriately displayed emergency contact details
- PPE

### **Training Requirements**

All service delivery employees are required to undertake annual refresher infection control training and Fire Safety/Evacuation. This may be a face-to-face delivery workshop, an external service provider, and/or through National's online training platform – Altura.

### **REFERENCES**

Occupational Health and Safety Act 2004

Occupational Health and Safety Regulations 2007

Dangerous Goods Act 1985

Dangerous Goods (Storage and Handling) Regulations 2012

Code of practice for the storage and handling of dangerous goods 2013

Australian Dangerous Goods Code 7th Edition (ADG7 Code)

Australian Standard 1319:1994 Safety Signs for the Occupational Environment

Australian Standard 1345:1995 Identification of the Contents of Piping, Conduits and Ducts

Hazardous Substances Information System (HSIS): <http://hsis.safeworkaustralia.gov.au/>



## Food Handling & Preparation Policy

### **POLICY STATEMENT:**

High standards of hygiene and product protection will be maintained in relation to food handling throughout services of National in accordance with all relevant regulations, acts and standards.

### **SCOPE:**

All *National* Employees participating in meal preparations

### **POLICY:**

#### **Client/Participant Responsibilities**

- To provide employee with safe working area
- To ensure all electrical/gas top equipment is in good working condition
- To provide the correct ingredients for all meal preparations
- To provide a list of any food allergies

#### **Employee Responsibilities**

- That all employees working in areas where food is prepared or served will recognise and understand the important role of maintaining good personal hygiene and sanitation practices. (See Infectious Control Policy)
- Employees understand their responsibilities for undertaking Food Safety Training as defined by legislation
- Use provided equipment correctly and in a safe manner
- Items are labelled correctly and foods in date

#### **National's Responsibilities**

- Provide adequate training to employees
- Follow up any reported incidents promptly
- To provide employee with safe working area including PPE

#### **Training Requirements**

All service delivery employees have access to undertake annual refresher in Safe Food Handling training. This may be a face-to-face delivery workshop, and/or through National's online training platform – Altura.

#### **Food Handling Procedures**

- Where staff or volunteers observe any practice by any other person that they believe to be in conflict with general hygiene standards, this should be reported to the Care Coordinator and/or National immediately, in order to rectify the problem.
- Staff and volunteers are expected to report to work each day in clean clothing.



- Hair should be clean, tidy and hair should be tided back
- Clean gloves must be worn at all times while preparing food and should be changed regularly. Gloves should not be used when handling money
- Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate (e.g. taking foods from an oven tray)
- Smoking, eating & drinking is not allowed in areas where food is stored, prepared or served.
- Hands must be kept clean and must be washed regularly with soap and hot water, or approved hand sanitization gel, especially;
- When entering food handling area
- Before touching any cooked or prepared food and after handling raw food.
- After using the toilet
- After having a cigarette
- After handling garbage or cleaning equipment and chemicals
- After using a handkerchief or tissue or stifling a sneeze or cough
- After handling money and prior to food preparation
- Before resuming work after any break or change in work area
- After touching hair, face or other parts of the body

**Report to National:**

- Any stomach complaints or bowel conditions
- When you feel generally unwell (e.g. colds etc)
- Any changes in health which may affect your ability to perform duties
- All accidents, injuries, hazards and near misses as soon as practicable
- All cuts, scratches and wounds which may contaminate food must be dressed and bandaged immediately

It will then be the responsibility of the Case manager or Care Coordinator to reallocate services if necessary

In addition to the Policy employees shall be required to follow those guidelines described in the Australia New Zealand Food Standards Code and the guide accompanying this Act called 'Safe Food Australia'. Employees to undertake an annual training review of guidelines and this should be recorded in database.

Quality checks must be conducted as required per procedures. These include – time and temperature checks (if applicable) and sanitation and cleaning schedules. Corrective action should be taken immediately to eliminate or reduce any identified hazards.

**Relevant Legislation and References:**

Food Safety Standards 2014

Work Health & Safety Act 2011



## Community Clinical and Related Waste Management

Standard precautions apply, including use of personal protective equipment (PPE), as applicable while still maintaining a “home” environment for the participants. Clinical or related waste can include Human Tissue Waste/ Wound dressings, sharps, Pharmaceutical Waste etc. Such waste should be disposed of accordingly-

### **Human Tissue Waste (blood/tissue/wound care waste)**

Put into an individual waste bag where possible, dispose of in outside bin, using gloves and performing hand hygiene before and after.

### **Pharmaceutical Waste (Left of medications- liquids/tablets/patches)**

All left over medications to be returned to the pharmacy for appropriate disposal

### **Sharps**

To be disposed of in sharps containers. Once full, the client/participant is to have these replaced. Some clients may engage NCC to assist in this process, individual service guides would stipulate to drop off at any of the following sites:

### **Bulk Disposal**

Sharps containers used by diabetics and other medical syringe users can be dropped off at the following locations:

- Belconnen Health centre – Lathlain St, Belconnen
- [City Health Centre](#) - Cnr Alinga and Moore Streets, Canberra City
- Gungahlin Health centre – Ernst Cavanagh Street, Gungahlin
- [Phillip Health Centre](#) - Cnr Keltie and Corinna Streets, Woden
- Tuggeranong Health centre – Cnr Anketell and Pitman Street, Tuggeranong

### **Emergency Disposal (domestic only)**

Sharps containers used by diabetics and other medical syringe users can be dropped off at the following locations:

- Gungahlin Recycling Drop Off Centre – O’Brien Place, Gungahlin
- Tuggeranong Recycling Drop Off Centre – Scollay Street, Tuggeranong
- Mitchell recycling drop-off centre - Baillieu Court, Mitchell
- Belconnen recycling drop-off centre - Jolly Street, Belconnen
- Phillip recycling drop-off centre - Botany Court, Phillip
- Mugga Lane Resource Management Centre, Mugga Lane, Symonston
- Mitchell Resource Management Centre, Flemington Road, Mitchell

All incidents involving infectious material, body substances or hazardous substances are to be reported to the clinical coordinator, an incident form to be completed and submitted to the Director of National Community Care for investigation and review.

## **TRAINING REQUIREMENTS**



All service delivery employees are required to undertake annual refresher infection control training. This may be a face-to-face delivery workshop, an external service provider, and/or through National's online training platform – Altura.

### *Cleaning of Equipment*

Standard precautions apply, including use of personal protective equipment (PPE), as applicable. Equipment to be regularly cleaned to ensure infection control measures are met.

Items to be regularly maintained include but not limited to:

- Lifter - wiping down of lifter controls and head
- Shower chair/ shower bath/ equipment
- Wheelchairs / recliner shifts
- General domestic tasks – surfaces such as bench tops/ moping bathrooms/ toilets/ vacuuming floors etc

### *Spills Management*

Standard precautions apply, including use of personal protective equipment (PPE), as applicable. Spills of any sort should be cleared up immediately.





## Sustaining a Workplace Injury Policy

### **POLICY STATEMENT:**

In fostering a safe and harmonious work environment, National seeks to provide support to all employees across National workplaces.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

In the event of an accident or incident, where it is safe to do so, employees will take appropriate immediate action to minimise the risk of further injury or damage (for example, isolating the hazard, first aid, evacuation, containing spills). In a case of injury, depending on the severity of the injury and the injured worker's preference, appropriate first aid or medical attention should be sought immediately. At the time of the incident/accident Employees and Associates are required to notify Employer following the lines of reporting.

#### ***Employee Responsibilities:***

- Employee to verbally report any incident/accidents as soon as it is safe to do so.
- Employee to document incident/accident
- Employee to submit an National Incident and Accident Form same day. Template is accessible through employee logins under documentation.
- Employee to understand effective documentation:
  - Name of the person(s) involved and contact details
  - Clearly and factually record the incident and any injury or potential injury sustained
  - Ensure all records are legible, signed, designated and dated
- Employee to have all documentation to National within 24hours.

#### ***Management Responsibilities:***

- To ensure all employees are inducted and understand National incident and accident reporting processes and reporting requirements.
- To seek resolution if applicable
- To report subjectively to the appropriate authorities if required
- Workers Compensation Early Injury Notification email to be sent to National insurance broker for notification.
- Assess if this incident is deemed a notifiable incident in line with Work Safe ACT definition.
- To ensure all documentation is logged and stored appropriately for seven years
- To follow up with relevant parties



## WORKERS COMPENSATION NOTIFICATION

All workplace injuries are to be managed by Leads/Officers and Executive Management. Early Notification email must be sent to Herminia and Stephen. (Email found in OI handbook) and cc in the relevant Lead, plus [enquiries@nationalcommunitycare.com.au](mailto:enquiries@nationalcommunitycare.com.au) / [tahla@teamnational.com.au](mailto:tahla@teamnational.com.au)

[QBE WC Early Notification Template.pdf](#)

In the email's early notification it must include the following:

- Employee Full Name and designation
- Date of Injury
- Date of reported Injury
- Incident Report attached
- An overview of what happened, the actions taken, treatments provided
- If the employee has required time off work – when the last working day was
- And any other relevant information
- Other areas to investigate include reviewing the employees application form for any pre-existing injuries, and any reports from witnesses if any.

### Needle Stick Injury

See **High Risk Medications: Injectables** on how to respond appropriately and within a timely manner and lodge early notification with identified workers compensation company.

### Work Safe ACT NOTIFIABLE INCIDENTS:

National are required to notify regulator – Work Safe ACT of the most serious safety incidents, and they trigger requirements to preserve the incident site pending further direction from the regulator. [Notifiable](#) incidents are:

- The death of a person, a serious illness/injury, or a dangerous incident arising out of work carried out by business, undertaking or workplace.
- A serious injury or illness is one that requires immediate treatment as an in-patient in a hospital; immediate treatment for certain serious injuries (refer to section 36 WHS act 2011 for more information); or medical treatment within 48 hours of exposure to a substance.
- A dangerous incident is where risk to a person's health or safety is caused by incidents such as uncontrolled escape, spillage or leakage of a substance, an uncontrolled implosion, explosion, fire; or uncontrolled escape of gas or steam. Refer to section 37 WHS act 2011 for further information (Worksafe ACT, failure to report an incident is an offence)

If a notifiable incident occurs the [model WHS Act](#) states that:

- The regulator must be immediately notified.
- Written notification must be submitted within 48 hours if requested by the regulator.
- The incident site is preserved until an inspector arrives or directs otherwise. However this doesn't prevent any action to help an injured person or make the site safe.
- Call 000 if there is an immediate risk to life.

### Key Personnel Contacts:



Natashia Telfer 0401 439 798

Lisa Walker 0413 955 956

QBE Workers Comp Notification		<a href="mailto:Stephen.okkonen@ffau.com.au">Stephen.okkonen@ffau.com.au</a>
Work Safe ACT	6207 3000	<a href="https://WorkSafe.act.gov.au">https://WorkSafe.act.gov.au</a>
ACT Police	6256 7777	<a href="https://police.act.gov.au">https://police.act.gov.au</a>
ACTAS	000	<a href="http://esa.act.gov.au/actas">http://esa.act.gov.au/actas</a>
Work Cover NSW	13 10 50	<a href="http://www.workcover.nsw.gov.au">http://www.workcover.nsw.gov.au</a>

#### REFERENCES

Freedom of Information Act 1989	Health Records (Privacy and Access) Act 1997
Human Rights Act 2004	Health Professionals Act 2004 Official Visitor Act
Discrimination Act 1991	2012 Human Rights Commission Act 2005
Fair Work Act 2009	Workers Compensation Act 195
Territory Records Act 2002	Information Privacy Act 2014
Work Health & Safety Act 2011	



## Return to Work Procedure

### PROCEDURE AIM

To ensure National is providing a safe workplace environment and ensuring the safety, health and wellbeing of all returning employees, in turn, all client/participant care.

### SCOPE

This procedure applies to all employees of National

### PURPOSE

**Ethical Obligations:** It is desirable for employees of National to work in an environment that is conducive to their safety and health at work.

**Legal Obligations:** The law imposes duties upon both Nationals and employees concerning Workplace Health and Safety. Upon an employee returning to work, it is required to be under the strict written guidance of a medical practitioner's ACT Workers Compensation medical certificate including a "Return to Work Plan" and/or "Fit to return" to full duties Certificate.

### PROCEDURE

After it has been established that a workplace injury has occurred, the employee is required to seek medical attention and directive on how to proceed prior to returning to work.

The employee is to ensure an incident report is lodged to National within 24 hours of the accident or incident occurring. National will then lodge a Workers Compensation Notification with the insurer.

In the event the employee requires time off due to the injury, this will occur in line with a proper ACT Workers Compensation medical certificate written by a General Practitioner and to be produced by the employee. The employee must also notify any other employers of the injury and disclose other employment information to National.

If a Workers Compensation Notification is followed through as a Claim, and that claim is accepted by the Workers Compensation Insurance Company, they will stipulate the parameters in which medical cost and/or wage reimbursements from National are to occur and an approved treatment plan in line with the medical practitioners recommendation.

National will maintain open and transparent communication with the employee to ensure the employee feels supported throughout this process. The employee is required to undertake all treatment and medical advice from their medical practitioner.

Upon the employee being deemed medically fit to return to work, a certificate from the treating doctor is required prior to returning.

If there are restrictions upon returning to work, such as weight restrictions, lifting loads etc, a return to work action plan should be provided by the employees treating doctor and provided to National in order to make adjustments to accommodate the employees duties accordingly in line with client/participant service requirements where possible.

The common goal will be to ensure the employee is well, fit and safe to return to full duties within the recommended treating doctors time frame.



## NCC - SIL / Office Property Safe Environment

### **POLICY STATEMENT**

National is committed to ensuring participants have access to supports in a safe environment which is appropriate to their needs.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

- SDA provider/real estate will be responsible for conducting routine inspections of SIL property / office space and conducting property risk assessments independently of National. National will be responsible for reporting all hazards, risks and maintenance to SDA / real estate for actioning, National will monitor the process of reporting to ensure items are followed up in a timely manner to mitigate risk and injuries to participants, employees, families and visitors.
- Non SIL /SDA properties; employees are required to identify and report all hazards, risks and injuries according to the brokerage client/participants policies and processes. National is to be consulted on all reports.
- National is committed to ensuring safe environments for all participants, through consultation with allied health professionals to assess potential risks within the environment and ensure that the environment meets the individualised needs of the participant.
- All employees of National are to identify themselves as employees of National when engaging with client/participants in the community, through wearing their uniform and name badge.
- In the SIL property employees are to wear their name badge to each shift to facilitate participants to easily identify them as employees.
- Security checks of the property are to be attended by the registered nurse at the commencement of each shift.
- Providing and maintaining adequate safety equipment including liaising with equipment companies for required servicing and maintenance

### **National responsibilities**

- Compliance with appropriate legislation, codes of practice and *National* policy.
- Implementing National Workplace Health and Safety policy and procedures and insisting on safe and environmentally responsible work practices at all times.
- Providing and maintaining a safe work environment, including work conditions, practices and procedures for all employees
- Assisting in the identification and preparation of safe work procedures.
- Identifying and minimising risks to client/participant and employee health and safety.
- Monitoring and reviewing compliance with procedures and working conditions on a continuing basis.
- Preparing and participating in Workplace Health and Safety meetings and Workplace Health and Safety programs.
- Ensuring the Workplace Health and Safety of each of employee.



- Ensuring employees are competent to carry out the tasks requested of them.
- Providing and maintaining adequate safety equipment.
- Assisting the investigation of near misses, hazards, accidents and injuries to ensure identification of hazards and correction of unsafe practices and methods.
- Reviewing and actioning Workplace Health and Safety reports and inspections and initiating rectification where necessary

### *Test and Tag Procedure*

In line with office best practice and with SDA and participant agreement, all electrical items are required to be annually tagged and tested within the NCC office sites and any SDA/SIL contract. NCC will maintain tag and testing for all NCC property and can arrange participants and families to have this done also if preferred by participants.

A schedule will be developed by the contracted test and tag company which NCC will adhere to following, SDA participants will be reminded the week before test and tagging is due via email.

Devinder Arora  
Mob. no. 0469903653  
Test and Tag Canberra  
[testandtagcanberra.com.au](http://testandtagcanberra.com.au)

Single phase items = \$5.00/ item  
RCD/ PRCD = \$10.00/item  
Microwave/heat radiation Test = \$10.00/item.  
Excluding GST

### *SIL Maintenance Procedure*

**Community Client/participant Homes:** Raise with client/participant if possible. Identify concern to National and we will follow up with the appropriate case manager/broker and or client/participant to ensure client/participant and employee safety is not at risk. Carers are not to provide any maintenance assistance unless previously approved by National, brokerage team and client/power of attorney. This is to ensure National have identified the task required is within your scope of practice. For example, we cannot change light bulbs and/or do heavy gardening however basic weeding is appropriate when adhering to appropriate manual handling to complete such a task.

**SIL Properties:** In each property (SIL) there is a maintenance folder, this folder is used to identify all maintenance / damage to the property. All requests / damage are required to be reported to the clinical coordinator, after the request / damage has been reported to the 24/7 Maintenance line. The registered nurse on duty is responsible to logging all emergency maintenance, such as

- Plumbing issues: blockage toilet, leaking roof or no hot water.
- Electricity: power outage / power failure
- Damage: any major damage to the property.
- Solar panels: Any issues with the solar notify the Maintenance line.

Please note: all appliances such as fridge, kettle, washer, dryer, lifters are to be reported to CC for actioning.

All requests are to first go through the clinical coordinator, this is to ensure the maintenance is logged through the correct channels. An incident form is to be completed for all maintenance logged and a photo to be taken.

### **Relevant legislation**



Work Health & Safety Act 2011 | NDIS Practice Standards and Quality Indicators 2020

**Following snapshot policies are from the 'Infection Control Policies and Guidelines'**

### Working With Outbreaks (I/C SNAP SHOT)

When an outbreak occurs, it is imperative that immediate action is taken to prevent further transmission to clients and staff. *(See COVID-19 Policy and action plan for relevant outbreak)*  
Employees are required to notify National of any exposure at external settings immediately to ensure the complex needs client/participants are not put at risk.

Due to the complex needs of the client/participants within the SIL property it may be determined a lockdown is required to ensure the protection of the participants. This would be in consultation with management, ACT Health and other relevant parties.

The Clinical Team is responsible for notifications to ACT Health Communicable Disease Control Section should an outbreak occur. Suspected outbreak is to be reported to the Communicable Disease

Control Section (CDC) at ACT Health on (02) 6205 2155

- Wellness Declaration upon entry and temperature checks
- Strict Hand Hygiene
- Strict use of PPE and Clinical Team to increase PPE orders
- Comply With Infection Control Policy

### SIL Clinical and Related Waste Management (I/C SNAP SHOT)

Standard precautions apply, including use of personal protective equipment (PPE), as applicable while still maintaining a "home" environment for the participants. Clinical or related waste can include Human Tissue Waste/ Wound dressings, sharps, Pharmaceutical Waste etc. Such waste should be disposed of accordingly-

#### **Human Tissue Waste (blood/tissue/wound care waste)**

Put into an individual infectious waste bag before disposing in outside bin, using gloves and performing hand hygiene before and after.

#### **Pharmaceutical Waste (Left of medications- liquids/tablets/patches)**

All left over medications to be returned to the pharmacy for appropriate disposal

#### **Sharps**

To be disposed on in sharps containers and stored appropriately within the laundry.  
Once  $\frac{3}{4}$  full, National Home Support Team to drop off at any of the following sites:

#### **Bulk Disposal**

Sharps containers used by diabetics and other medical syringe users can be dropped off at the following locations:

- Belconnen Health centre – Lathlain St, Belconnen
- City Health Centre - Cnr Alinga and Moore Streets, Canberra City
- Gungahlin Health centre – Ernst Cavanagh Street, Gungahlin



- Phillip Health Centre - Cnr Keltie and Corinna Streets, Woden
- Tuggeranong Health centre – Cnr Anketell and Pitman Street, Tuggeranong

### Hand Hygiene (I/C SNAP SHOT)

The most effective way to prevent healthcare acquired infections is by undertaking effective hand hygiene. Hand washing is the single most important measure to reduce the burden of health care associated infection (Huang et al 2012:792). Improved hand hygiene practices have been associated with sustained decreased in the incidences of infections caused by MRSA and VRE, reductions in health-care associated infections of up to 45% in a range of healthcare settings and greater than 50% reduction in the rates of healthcare acquired disease associated with MRSA and other multi-resistant organisms (NHMRC 2010).

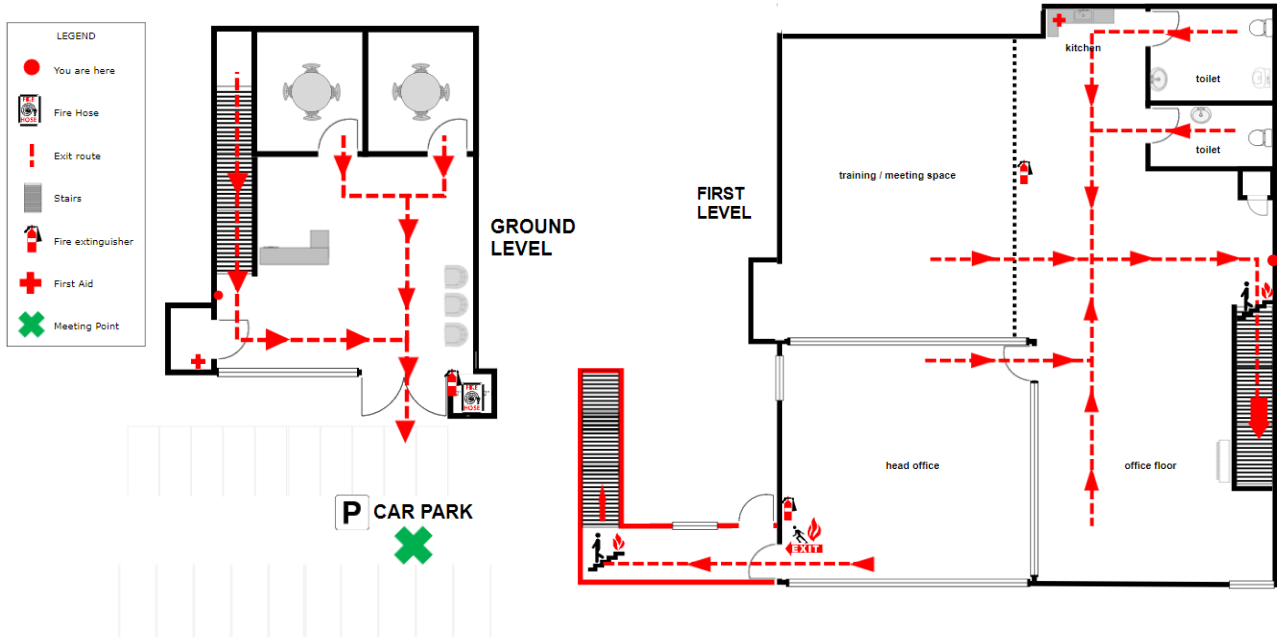
Hands must be decontaminated before and after each episode of direct patient contact, including before and after glove use as articulated in the World Health Organisation 'Your 5 moments for hand hygiene' initiative <http://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>





## Head Office Evacuation in Emergency Setting

- House Fire Warden will be Administration Personnel and/or the most senior person on site in the absence of Administration Personnel.
- Fire Warden to allocate a person to call emergency services.
- The fire warden will assign a floor warden, or request an emergency response warden, to check and clear the space if this practical and appropriate.
- Employees to marshal in the car park of the office space



### CONTACTS

Emergency Services	000
National Community Care	6242 4978 / 0401 49 798
Canberra Grief Centre	0409 966 515 / 0401 344 577
Beyond Blue	6287 8066
Lifeline	131 114

### Relevant Legislation and References:

Health Records (Privacy and Access) Act 1997  
 Human Rights Act 2004  
 Human Rights Commission Act 2005  
 National Disability Insurance Scheme Act 2013  
 Disability Services Act 1991  
 Disability Services Regulation 2014

Work Health & Safety Act 2011  
 Health Professionals Act 2004  
 Territory Records Act 2002  
 Information Privacy Act 2014  
 Official Visitor Act 2012  
 Working with Vulnerable People Act 2011

### EMERGENCY RESOURCES FOR THE ACT

[Be Emergency Ready | ACT Emergency Services Agency](#)  
[Fire Safety | ACT Emergency Services Agency](#)  
[Floods | ACT Emergency Services Agency](#)  
[COVID-19 | ACT Health Agency](#)



# Emergency Management: Disaster and Continuity Plan

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.4
<b>Process Owner</b>	Governance Lead   CEO   GM	<b>Date of Issue</b>	May 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	10/2015	Natashia Telfer	Employsure	New policy
1.1	02/2020	Natashia Telfer	CEO	Inclusion of PEEPs
1.2	12/2022	Natashia Telfer	CEO	<b>Creation of Continuity Plan</b> added to emergency management in line with relevant Policies, Plans and Frameworks listed below to further support NCC commitment to community.
1.3	02/2024	Natashia Telfer	CEO	Formatting changes: Inclusion of Procedures/ Competencies/ Resources
1.4	05/2024	Natashia Telfer	CEO	Referenced Waste Management Plan / Updated COVID Plan

## Supporting Documents and Resources:

[Emergency Management - SIL Properties Framework.docx](#)



[Emergency Management - Onsite DUSK Properties Framework.docx](#)

[Emergency Management - Community Policy.docx](#)

[Reviews, Audits, Quality Assurance and Strategic Planning Policy.docx](#)

[Infection Control Framework Outbreaks COVID VRE.docx](#)

[Outbreak management plan TEMPLATE.docx](#)

[Personal Emergency Evac Plan PEEP.docx](#)

[Non-Response to a Scheduled Visit Policy.docx](#)

[Vulnerability Risk Assessed Participants.xlsx](#)

[Risk Assessed Roles - tab from ALL RISK Excel.xlsx](#)

[ALL RISK Register.xlsx](#)

[COVID Risk Register.xlsx](#)

[Management and High Level Operational RISK Register.xlsx](#)

[2024 Updated Covid 19 Safety Plan.docx](#)

[NCC-Waste-Management-Plan.docx](#)



# Disaster and Emergency Response

## COMMITMENT

*Every year communities across Australia are subjected to the damaging impacts of disasters and emergencies. The effects of these events on people experiencing disadvantage and the organisations who work with them serve as a reminder of our need to continuously strengthen our resilience.*

*Building the preparedness of National Community Care (NCC) for disasters and emergencies is a priority because we are committed to delivering vital care services to our Canberra community. Our clients are some of the most vulnerable within our community with National Community Care services spanning across the ACT and surrounding nearby regions.*

*We recognise that if NCC is put under strain or ceases operation because of an emergency our clients will be impacted. They will lose important services just at the time when they themselves may be suffering acute difficulty because of the emergency. Though disasters and emergencies may be infrequent, our services are especially important before, during and after an emergency because many of our clients are beyond the reach of other services; we provide an essential lifeline of support.*

*We therefore recognise that preparedness for disasters and emergencies is a priority for us and our clients.*

## Statement of approach

Our approach follows the Resilient Community Organisations framework provided by the Australian Council of Social Service (ACOSS). The framework is designed to address organisational risks arising from disasters and emergencies, and where relevant, the impacts of climate change.

The Resilient Community Organisations framework incorporates a risk management approach in line with the Australian/New Zealand Standard ISO 31000. The framework is based upon a 2014 international ACOSS review of resilience tools available to the community sector.

## SCOPE

This framework applies to all employees of National.

## OBJECTIVES

The goals of our organisational resilience plan are:

- 1. We can provide an adequate level of essential services to our clients before, during and after an emergency and/or support high risk clients in seeking appropriate access to additional supports as required.*
- 2. Our clients are supported to build their resilience by preparing for emergencies*
- 3. Our staff and volunteers are well prepared to cope with an emergency*



4. *Through strengthening our organisation's disaster resilience, we strengthen the resilience of our whole community*
5. *Our organisation is well positioned to work with our community to 'build back better' after an emergency*

## CONTEXT

**Non-essential Services** refer to service types that are not deemed necessary in an emergency disaster and/or can be rescheduled to an alternate timeframe and/or engaging an alternate provider allowing priority to Essential and Critical services.

**Essential Services** refers to a service type that is necessary to the clients welfare. This can include, but is not limited to personal care, meal preparation, Enteral management, Wound Management, Catheter Management, Bowel Management

**Critical Services** refers to a service type that is vital to the clients ability to survive. This can include not is not limited to Time sensitive Medications, Ventilation, Tracheostomy Management, Diabetes Management.

**High Complex Skill Trained Nurses** refers to the required highly skilled employees National Community Care require to safely deliver some critical services to clients. NCC recognize the significant risk many clients may be placed in in the event of a disaster, as such have processes in place to minimise the consequences of such a risk.

**Critical Supplies/Consumables** refers to the equipment items required to effectively support essential and critical supports. Such items are crucial and without would be detrimental to a client. For example, an inner canula for tracheostomy clients.

**High Risk** refers to clients that may be considered at risk for various reasons including but not limited to self-harm, isolation, domestic violence, mistreatment, hospitalization

**Prevention** – actions undertaken in advance. Sometimes this is referred to as mitigation. Examples include back-burning or constructing sea walls to protect from tidal waves, having alternative sources of electricity or alternative communication systems in place. Prevention activities should be happening all the time.

**Preparedness** – making arrangements, creating and testing plans, training, educating and sharing information to prepare communities should an emergency eventuate. These are also ACTIONS and they are happening all the time.

**Response** – the assistance and intervention during or immediately after an emergency. Focus is on saving lives and protecting community assets (buildings, roads, animals, crops, infrastructure). Usually measured in hours, days or weeks.

**Recovery** – the coordinated process of supporting emergency-affected communities in reconstruction of physical infrastructure and restoration of emotional, social, economic and physical wellbeing. Usually measured in months and/or years.



### ***The cycle***

The cyclical nature of this model is important as it highlights that managing emergencies happens all the time, not just during 'the season' (for bushfires and cyclones, for example). It also shows the way the phases blend into each other and overlap rather than being discrete categories.

It is useful to be familiar with the four phases as they are part of the everyday language of the emergency management sector and inform the design and allocation of responsibilities in emergency management planning.

### **Emergency Management Cycle**



### **POLICY**

National Community Care's 'Emergency management' is the overarching framework to support an appropriate response by NCC when emergency management must be enacted. For clarity, an emergency and/or danger is constituted as **any threat to the health and/or safety to participants and employees of National Community Care**. These can include, but are not limited to the following events:

- Medical Emergency
- Fire Evacuation
- Natural Disaster
- Health Outbreak
- Threat to persons

### ***Nationals Responsibilities***

As an employer, National holds responsibility to make sure all employees are aware of the emergency preparedness in the workplace including but not limited to:

- Provide annual mandatory training in Emergency Management to all service delivery employees
- WHS Assessment of participant home prior to commencement of supports.
- Family Disaster Plan template provided to the participant in in-home settings
- Personal Emergency Evacuation Plans for those who reside in SIL / On-site settings.
- Within 24/7 SIL properties there is appropriate signage, identified exits, fire plans, emergency evacuation bags.
- Identified high risk / complex care homes will be identified by NCC Clinical Team to all local emergency personnel to ensure priority and urgency in the event of an emergency.
- Continuation of critical supports before, during and after an emergency situation to ensure continuity of supports including consumable supplies.

### **TRAINING**

National Community Care require all service delivery employees to undertake:



- Emergency Management Training – annually
- COVID-19 Training – Annually
- Infection Control – Annually

## Maintaining Critical Supports During Emergency Setting

This can include but is not limited to, natural disaster, house fire, life threatening equipment malfunction, outbreak, pandemic etc. Noting Canberra historically has experienced fires, flash flooding, damaging hail storms and outbreaks.

National are committed to continuing all critical services for participants where safe and possible to do so. Any adjustments to services that are required to accommodate the circumstances will be made in consultation of the participant to ensure continuation of services can be as seamless as possible. This may include change of venue, additional personnel and supports or equipment to be utilised.

Critical services are inclusive of airway management, enteral feeding, medication administration, pressure area care, personal care, wound care, ensuring participant supplies such as enteral feed, air way equipment etc are ordered.

### Preparedness

National has taken precautions to ensure initial preparedness can be activated in the event of an emergency and/or natural disaster/ outbreak. These measures include:

#### Participant Choice & Control

- Upon commencement with NCC, a Personal Emergency Evacuation Plan (PEEP) is provided to the participant for consideration.
- Participants in a 24/7 SIL property and/or on-site support property will have PEEPs implemented.
- Participant non-response to scheduled service outcomes to be driven by participant.
- Living Alone Risk Assessments undertaken.
- Participant Risk Profile undertaken.

#### Consumable Suppliers

- National engage a number of consumable providers to minimise risk of supply shortage.
- National engage a Canberra based primary provider that is the same reliable provider that stocks the major Canberra hospitals ensuring there are ample resources available. This ensures National can collect additional stock if urgent.
- Clinical Team to monitor and maintain a National stock a surplus of full PPE across x3 sites to cover a minimum of 10 days at each collection point. (masks, face shields, gloves, gowns, hair net)
- National hold relations with local service providers in which we can often do equipment / supply loans and replenish upon stock being ordered/arriving. These include: Canberra Hospital for high grade medical supplies such as tracheostomy equipment, Canberra Aged Care for PPE supplies.



**ACT Emergency Service** notification of high-risk participants:

- Participants receiving life-sustaining technologies such as oxygen / tracheostomy airway management.
- High Risk SIL Properties
- High Risk Apartment On-site Services

**Training**

- Onsite + SIL induction to emergency procedures
- Fire Safety
- SIL Property Solar Panel Procedures
- Infection Control
- COVID-19 Module

**Resources**

- [Disability inclusive disaster preparation | National Emergency Management Agency](#)
- [Creating a plan in the case of emergency | Disability Support Guide](#)
- [Factsheet: Emergency and Disaster Management in NDIS Supports and Services](#)
- [State Emergency Service | ACT Emergency Services Agency](#)
- [Be Emergency Ready | ACT Emergency Services Agency](#)
- [emergency\\_plans\\_fact\\_sheet.pdf \(safeworkaustralia.gov.au\)](#)
- [Fire Safety | ACT Emergency Services Agency](#)
- [Floods | ACT Emergency Services Agency](#)
- [ACT Health | Canberra ACT | Facebook](#)
- [COVID-19 | ACT Health Agency](#)
- [World Health Organization \(WHO\)](#)

**During the event**

- Monitor emergency broadcasts and the media for local warnings and advice during periods of high risk. This should be done daily and/or in line with new advice received from ACT Emergency Services and/or ACT Health media releases.
- Liaise with local emergency service agencies to determine the seriousness of any emergency situation and the level of risk posed to participants and the organisation.
- Use a risk assessment approach to ensure services are delivered in a prioritised way to clients who have not evacuated, considering those who are most vulnerable.
- Additional supply orders: Estimate any foreseen increase in supplies such as PPE, participant critical supplies such as PEG/PEJ feed, wound dressing supplies, medications to circumvent shortages and/or delivery delays due to the event.
- Assess the need for infection control boxes and coordinate their packing and deployment dependant on event and participant / employee need.
- This is in consultation with the participant and their case managers / support coordinator / informal supports, arrange for other providers to deliver services to vulnerable participants, where Nationals services are impacted, for example, staffing.





- Refer vulnerable participants to emergency service agencies if evacuation or other essential assistance is required. Noting all high risk participants are currently registered with ACT Emergency services.
- **Communication:** Keep employees, participants and other relevant parties such as families, suppliers etc well informed during any emergency situation including any new information provided by ACT Emergency Services and/or ACT Health media releases.
- When safe to do so, provide advice to the NDIS Commission, Aged Care Commission, Department of Health and/or any other governing agency that may be required to be notified about said event. For example, COVID ACT Hotline to register vulnerable participants for additional supports from ACT Health.

### Following the event: Assess, Liaise, Review

- **Assess** the impact of the event on National's service and participants and take steps to recommence all services as soon as possible.
- **Liaise** with and request assistance as required from local agencies providing recovery and other relevant services.
- **Review** process taken during the event. Reflect from a governance, clinical and operational stand point to assess the effectiveness of the actions taken by National, and/or identify any areas that may be approved upon and reflect this by amending Continuity Plans, Risk Registers, Participant care plans, emergency plans etc as needed. Replenish any stocks as required.

### Supporting the Supporters

Vicarious trauma is a very real and very serious health concern for community service organisations' staff and volunteers, especially when working with disaster affected individuals and communities.

National Community Care value our employees and understand the impact of front line healthcare workers both physically and emotionally. As such, we engage with our team members through various channels to ensure they always feel supported and know we are contactable 24/7 should they be on shift requiring assistance or support.

See our policies: Diversity and Inclusion, Health and Wellbeing, Mental Health, and EAP Resources within our [People+Culture Framework.docx](#)

### Emergency Plan at Home Form

Upon commencing services with National and annually when re-signing the service agreements, participants are to be given a copy of the Emergency plan at home form. This is to be completed and given back to National. A copy will be uploaded to the participants folder and a copy will be put in the folder at the participant's house. There is an opt out option in the client service agreement for those participants who do not wish to complete the Emergency plan at home form.

For those participants who have an emergency plan at home form completed, this is to be reviewed annually or in the event of participant deterioration/change in care needs to maintain currency.



participants who are classified as having complex skill requirements will be reviewed by Nationals Clinical Team Partner on a case-by-case process, looking at the following

- Clinical needs
- Decision making capability
- Informal supports

## Disaster Resilience Team

All staff and volunteers are involved in our resilience activities as we understand that a whole of organisation approach is essential to building our organisational resilience.

Key people will be involved in overseeing, managing and implementing our disaster resilience project, as listed in the table below:

<b>Name</b>	<b>Position</b>	<b>Responsibilities</b>
<i>Natashia Telfer / Lisa Walker</i>	<i>Directors</i>	<i>research risks contribute and sign off on all policy, process, procedure contribute and sign off frameworks and plans engage external auditors</i>
Tahla Moore	GM	<i>coordinate workshops, research risks, contribute and sign off on all policy, process, procedure contribute and sign off frameworks and plans. Engage internal audit reviews Delegate to Leads</i>
TBA	GL	<i>research risks, contribute and sign off on all policy, process, procedure, frameworks and plans. Engage internal audit reviews</i>
Clair Hirschausen Anju KC	CL / CN	<i>Coordinate / run site training / emergency preparedness. Facilitate onsite WHS checks Lead Clinical Welfare Checks in event of disaster Empower site teams to follow policy / plans</i>
Brittany Kuncevic	SC	<i>Lead S/C Welfare Checks in event of disaster Empower S/C team to follow policy / plans</i>
Guy Telfer	DOL	<i>Lead Community Welfare Checks in event of disaster Empower team to follow policy / plans</i>
Bec McFarland	PCL	<i>Team Culture and communications Empower team to follow policy / plans</i>



## Building Networks

We understand that we have an important contribution to make in the community to improve our own and the community’s disaster resilience and that effective relationships with emergency services and other community service organisations in our area will help us before, during and after an emergency. They are a vital source of information and expertise that can be used to inform our resilience activities. It is also through collaboration and coordination that we are able to deliver quality services and support to our community.

Local government plays an important role and will have emergency management plans and personnel with designated roles during an emergency. They work closely with emergency service organisations. Local government is the best starting point for finding out about local emergency management arrangements and the terminology used to describe them in our state or territory and local government area.

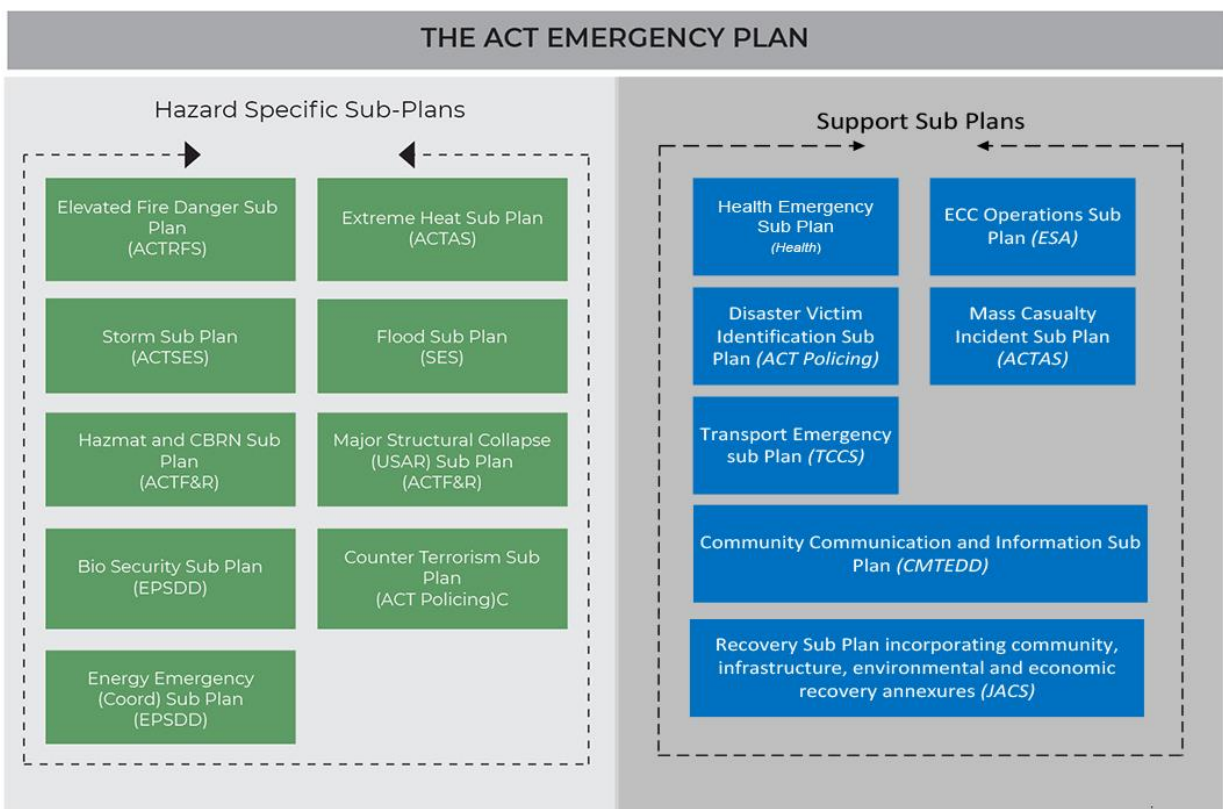
### a) Local emergency management arrangements

*[The body responsible for emergency management planning for our local area or region is ...]*

### b) Local emergency management plan

Our local emergency management plan can be access at [Emergencies \(A.C.T Emergency Plan\)](#)

The plan is in accordance with [Emergencies Act 2004 | Acts](#)





c) Emergency Service Organisations

Organisation	Key Contact
ACT Emergency Services (ACTAS)	<a href="#">Emergency arrangements   ACT Emergency Services Agency</a>
	<a href="#">Fire &amp; Rescue   ACT Emergency Services Agency</a>
	<a href="#">Ambulance   ACT Emergency Services Agency</a>
State Emergency Service (SES)	132 500 Emergency Floods and Storms 132 281 General Enquiries ses@act.gov.au
ACT Police	<a href="#">Australian Capital Territory Policing (act.gov.au)</a> 000 Emergency 131 444 Police Assistance
ACT COVID-19	<a href="#">Home - COVID-19 (act.gov.au)</a> 5124 3085 - Care@Home Program
Canberra Hospital	(02) 5124 0000
Calvary (North Canberra Hospital)	(02) 6201 6111

d) Emergency and Community Service Registers

Organisation	Purpose of being an Identified Location:	Meeting Description and Frequency	Person Responsible
ACT Emergency Services (ACTAS)	Identify high risk clients in <ul style="list-style-type: none"> <li>• <i>DUSK High Rise Apartments</i></li> <li>• <i>High Risk Airways</i></li> <li>• <i>Bariatric</i></li> </ul>	<ul style="list-style-type: none"> <li>• Annual and/or</li> <li>• as any changes/updates need to occur</li> <li>• and/or a threat of disaster is imminent</li> </ul>	Clinical Nurse
Origin Electricity	DUSK Site – life saving equipment register	<ul style="list-style-type: none"> <li>• as any changes/updates need to occur</li> </ul>	Clinical Nurse / Daily Ops
ACTAGL	Alexs House - life saving equipment register	<ul style="list-style-type: none"> <li>• as any changes/updates need to occur</li> </ul>	Clinical Nurse



e) Identifying our vulnerable clients

People who are experiencing poverty and disadvantage will be worst affected by a disaster.

There are different risks for people with in different situations. For example in relation to evacuations:

- Some people may need support to evacuate but at the same time are well connected family, friends or neighbours and have the necessary support available within their networks.
- Other people may need support to evacuate but at the same time are more isolated and will need support from services.

Because community organisations are well connected with people who are experiencing poverty and disadvantage it is important to identify clients who may need supports from services in disaster or emergency.

See [Vulnerability Risk Assessed.xlsx](#)

National Community Care identify the following cohorts as vulnerable:

- *Critical Supports*
- *Essential Supports*
- *Living Alone*
- *High Risk*

These individuals are identified upon onboarding and/or as their circumstances change, and are listed in NCCs High Vulnerability Risk Register. Within this register causes, consequences and current control measures are identified to ensure NCC can actively reduce the risk to client and organisation.

In the event of a disaster/emergency, clients within these cohorts have current controls in place to implement. This is further supported by all site participants (onsite and/or SIL) are required to have Personal Emergency Evacuation Plans. [Personal Emergency Evac Plan PEEP.docx](#)

Every onboarded client is also provided with [Family Disaster Plan Template.pdf](#)



## Risk Identification and Management

### STEP 3: Introduction

Being disaster resilient means knowing and understanding the risks your organisation faces. Some starting points for getting to know your risks are researching:

- a) Disasters and emergencies that have occurred in your community/area in the past.
- b) The impact of previous disasters and emergencies on your organisation and the clients you serve and the local community
- c) Disasters and emergencies that may occur in the future that have not occurred in your community/area in the past.

When risks are identified they can be incorporated into a risk management plan and risk register.

[Risk Mangement framework v9.docx](#)

[ALL RISK Register.xlsx](#)

The disasters and emergencies that have affected our organisations in the past include:

#	Hazard	Date	What harm was caused and why?
1	Fire	Jan 2020	Smoke hazard, isolation to vulnerable clients, poor visibility
2	COVID-19 Pandemic	2020-2021	Supply shortage, staff shortages – travel restrictions and world wide supply shortages du to global pandemic.
3			
4			

The disasters and emergencies that may affect our organisation in the future include:

#	Hazard	What harm might be caused?
1	Fire	Accessibility to deliver service / injury / death
2	Death of Key Personnel	Impact on Daily Operations
3	Cyber Breach	Breach of privacy to clients and employees, impact on ability to deliver services
4	Telecommunications failure	Inability to communicate with employees and clients via service provider impacted.

Further risks are identified here:

[Operational RISK Register.xlsx](#)

[Management and High Level Operational RISK Register.xlsx](#)



## Manage your risks

At National Community Care, we have a broad range of experience and expertise within our Key Personnel to support the appropriate identification and mitigation of risks. This includes:

- Project management
- Clinical Management
- Risk Technician
- Fraud Control
- Government Experience

## Prevention and adaption strategies

#	Hazard	Harm	Strategy to reduce harm
1	Fire	Accessibility to deliver service / injury / death	<i>WE DO NOT OWN RISK.</i> Comply with Territory Fire Advice, Act accordingly Support clients where possible, conduct welfare checks
2	Death of Key Personnel	Impact on Daily Operations	See Register and policy for specifics <a href="#">Management and High Level Operational RISK Register.xlsx</a>
3	Cyber Breach	Breach of privacy to clients and employees, impact on ability to deliver services	Engaged an external company specialising in Cyber Security and monitoring to safeguard our data in line with Privacy Act and Information Storage legislation
4	Tele-communications failure	Inability to communicate with employees and clients via service provider impacted.	<i>WE DO NOT OWN RISK.</i> NCC office has both Telstra and Optus networks, however in the event a service provider is down, NCC can not effectively communication to all employees and clients. Email will be issued, and social media alerts across our platforms to keep our team and clients informed.



## Management Absent Priorities table

In the absence of roles, below are the following default requirements in short term circumstances:

<b>Severe</b> Impact immediate	<b>High</b> Impacts within 10 days	<b>Moderate</b> Impacts with 21 days	<b>Low</b> Impacts within 30 days
-----------------------------------	---------------------------------------	---	--------------------------------------

Role	Urgency	Action Details
CEO		Role can be overseen by CFO / GM / DOL in unforeseen absence
CFO		Role can be maintained for 10 days before engaging Advice 9 / Bayside Book-Keeping for assistance
DOL		Role to be managed by DOO > CLP > GM > CEO / CFO
GLP		Role/Governance requirements overseen by individual teams as per requirements > GM > CEO
CLP		Role absorbed by Community RN Lead (Clair) > Alex House 24/7 Support > GM
SCL		Role absorbed by support coordination team > ongoing to be filled with short term contract
PCL		Role absorbed. Recruitment coverage DOL > CLP > GM > CEO/CFO > ongoing absence to be filled with short term contract
SELA		Role absorbed by PCL / Admin > ongoing absence to be filled with short term contract
Admin /VA		Absorbed by all office roles.

## Risk Registers

[Operational RISK Register.xlsx](#)

[Management and High Level Operational RISK Register.xlsx](#)





## Business Continuity Plan

National has a comprehensive Operational Risk Register which outlines key points of business continuity in the event of a number of serious and critical incidents. This register is reviewed and maintained regularly to ensure all identified risks are planned for and mitigated where possible.

### Critical Services

In case of an emergency these are our pre-identified service priorities. We have developed these priorities based on our organisational strategic goals, the needs of our clients and with consideration of the services our team and clients would need support with. Unless critical to support the broader community, no additional services would be taken on during an emergency to ensure that service provision could continue to existing clients.

[Operational RISK Register.xlsx](#)

[Management and High Level Operational RISK Register.xlsx](#)

Priority	Service Area	Reason for being a critical service	Service requirements	Person Responsible
1	<i>Critical Services including air way management, enteral feeding, medication administration, pressure area and wound care.</i>	<i>Critical care requirements to keep client alive and safe</i>	<i>Adequate clinical supplies such as air way equipment, enteral feed, medication and wound management equipment,</i>	<i>Clinical Team</i>
2	<i>Essential Services such as Personal Care, Support Coordination</i>	<i>Basic life care and daily support provisions</i>		<i>Daily Operations Lead Support Coordination Lead</i>
3	<i>Office administration</i>	<i>Head office team members work remotely to continue communication and support for service delivery staff</i>	<i>On site at Dusk or Alex's House, or work from home on National device</i>	<i>General Manager</i>
4	<i>Non-Essential Services such as domestic cleaning and community outings</i>	<i>Not critical during emergency</i>		<i>Daily Operations Lead</i>
5	<i>All other adhoc or new client services</i>	<i>On hold during emergency</i>		<i>General Manager</i>



## 2) Roles and Responsibilities of the Head Office team onsite

If there was to be an emergency onsite at National Head Office, the highest level employee would be responsible to guide all onsite team members to safety. In each team members onsite induction they are given a tour of where the building exits are as well as the evacuation gathering point is within the vicinity of the building.

The back to base Security provider would need to be notified in the event that the power is required to be turned off and the alarm deactivated or placed on back up battery.

## 3) Temporary Office Accommodation

Located in an industrial area, if the National Head Office is unavailable, each team member usually located there is equipped to work remotely or at a site we provide service at such as Alex's House or DUSK Apartments. Each of these sites would also provide a Northside/Southside location for critical supplies to be picked up from.

## 4) Data Security and Back-up

Our data is essential to our organisation's ability to operate effectively which is why we have the following data security, back-up and recovery plan.

We have an outsourced IT provider who performs regular backups and cyber security checks as well as updates to applications and security as required. OPC test this regularly to ensure that the data can be recovered.

<b>Data for Back-up</b>	<b>Type of data</b>	<b>Frequency of backup</b>	<b>Backup method</b>	<b>Person Responsible</b>	<b>Recovery Information</b>
<i>Microsoft Sharepoint</i>	<i>Business documentation, policies, procedures, registers, employment files</i>	<i>Daily backups</i>	<i>Cloud data on Australian shores</i>	<i>OPC IT – part of managed services agreement</i>	<i>Through the OPC IT support desk as required</i>
<i>Brevity CRM System</i>	<i>Client care plans, incident reporting, rostering system</i>	<i>Daily backups</i>	<i>Cloud data on Australian shores</i>	<i>Brevity – part of managed application agreement</i>	<i>Through National's Brevity contact – Guy Telfer</i>

## Insurance

National holds a number of comprehensive insurance policies. These insurances are reviewed at least annually if not throughout the year in the event different client service contracts require different coverage or changes to service deliverables. Our insurance is sourced through a reputable broker who knows our business and insurance requirements and decisions on the insurance policies are made on a value for money basis, not just cost comparison. National holds the following insurance policies



## [Insurance Certificates](#)

**Workers compensation:** QBE Insurance policy CA1982305GWC

**Public liability insurance:** Vero Public Liability Insurance LCL022430680

**Professional indemnity:** Vero Medical Malpractice Insurance LPP104029015

**Business assets:** Blue Zebra Insurance – PD262300414BI

**Business revenue:** Dual Management Insurance AU00018928-002

**Cyber security insurance:** Chubb Insurance CYS0014696

## Disaster and emergency policies and procedures

We have implemented the following emergency procedures in line with legislative obligations and best practice. Copies of our evacuation plan, emergency kit contents and contacts list can be found in the attachments.

[Emergency Management - SIL Properties Framework.docx](#)

[Emergency Management - Onsite DUSK Properties Framework.docx](#)

[Emergency Management - Community Policy.docx](#)

[Reviews, Audits, Quality Assurance and Strategic Planning Policy.docx](#)

[Infection Control Framework Outbreaks COVID VRE.docx](#)

[Outbreak management plan TEMPLATE.docx](#)

[Personal Emergency Evac Plan PEEP.docx](#)

[Non-Response to a Scheduled Visit Policy.docx](#)

[Vulnerability Risk Assessed Participants.xlsx](#)

[Risk Assessed Roles - tab from ALL RISK Excel.xlsx](#)

[ALL RISK Register.xlsx](#)

[COVID Risk Register.xlsx](#)

[Management and High Level Operational RISK Register.xlsx](#)

[2024 Updated Covid 19 Safety Plan.docx](#)

[NCC-Waste-Management-Plan.docx](#)



## Triggers and key messages identified and communicated

#	Hazard	Trigger	Action	Person Responsible
1	Natural Disaster	Predicted disaster expected / occurring	Support participants identified for relocation, adjust services to new locations, PPE requirements to be dispatched?	GM to activate and delegate to leads
2	Pandemic	State of Emergency	Follow Territory directed guidelines and communicate to staff and clients accordingly	GM to activate and delegate
3	Death of Key Personnel	Notification of death	Dispatch email communication to directly impacted employees. Offer EAP. Activate 'Short Term Absences Policy' until further arrangements can be made.	Directors / GM to activate and delegate



## Client preparedness

We acknowledge that our clients may be more adversely impacted by an emergency than other people in our community. We are also aware that our organisation may not be able to provide the same level of services to our clients during and immediately after an emergency. For these reasons it is important that we help our clients to prepare for emergencies.

Client Group	Preparedness Action	Person Responsible	Frequency
<i>Risk Risk / Critical Supports</i>	<i>Continue Supports, or coordinate relocation / hospitalisation, develop emergency plan with client; create an emergency contact list; compile an emergency kit for onsite locations; link with early evacuation template to website, register clients with ACTES, coordinate service arrangements in disaster, welfare calls during disaster</i>	<i>Clinical Team</i>	<i>all new client assessments, annually, reviewed in every home visit</i>
Essential Supports	Continue supports, create an emergency contact; link with early evacuation template to website, coordinate service arrangements in disaster, welfare calls during disaster	Clinical Team + Daily Ops Team	all new client assessments, annually, reviewed in every home visit
Non-Essential	Reduction/reschedule of service communicated to client, create an emergency contact; link with early evacuation template to website, coordinate service arrangements in disaster, welfare calls during disaster	Daily Ops Team	all new client assessments, annually, reviewed in every home visit

## REFERENCES

- |   |   |
|---|---|
| Work Health and Safety Act 2011         | <a href="#">Emergency - SIL Properties Framework.docx</a>                             |
| National Emergency Declaration Act 2020 | <a href="#">Emergency - Onsite Framework.docx</a>                                     |
| National Code of Practice August 2007   | <a href="#">Emergency Management - Community Policy.docx</a>                          |
| Work Health and Safety 2011             | <a href="#">Reviews, Audits, Quality Assurance and Strategic Planning Policy.docx</a> |
| Guide to Implementing WHS in Aged Care  | <a href="#">Infection Control</a>   |
| World Health Organisation               | <a href="#">Framework Outbreaks COVID VRE.docx</a>                                    |
| ACT Health                              | <a href="#">Outbreak management plan TEMPLATE.docx</a>                                |
| ACT State Emergency Services            | <a href="#">Personal Emergency Evac Plan PEEP.docx</a>                                |
|   | <a href="#">Non-Response to a Scheduled Visit Policy.docx</a>                         |
|   | <a href="#">Vulnerability Risk Assessed Participants.xlsx</a>                         |
|   | <a href="#">Risk Assessed Roles - tab from ALL RISK Excel.xlsx</a>                    |
|   | <a href="#">ALL RISK Register.xlsx</a>  |



[COVID Risk Register.xlsx](#)

[Management and Operational RISK Register.xlsx](#)

[2024 Updated Covid 19 Safety Plan.docx](#)

[NCC-Waste-Management-Plan.docx](#)



## In-Home Supports Personal Emergency Evacuation Plan Template

The PEEP is an individualised emergency evacuation plan for each occupant in our accommodation.  
A copy of the PEEP will be kept on the participant's file and an additional copy will be kept in a location accessible to the relevant safety warden or support worker

Participant Details	
Participant Name	
Participant Contact No.	
Address	
Floor/ Room Number	
People participant lives with	
Emergency Contact Person and Number	Name: Number:
Other Providers that support Participant	Provider: Contact Person and Number:
Assistance Animal	<input type="radio"/> No <input type="radio"/> Yes – if yes, type and name of animal:
Participant aware of emergency response procedures	<input type="radio"/> No <input type="radio"/> Yes
Number of Exits	
Assistance required in an evacuation	<input type="radio"/> No <input type="radio"/> Yes
Who will assist the participant in the event of an emergency evacuation?	<input type="radio"/> participants live-in informal supports <input type="radio"/> participants 24/7 service provider: _____ <input type="radio"/> participant provider if on shift: _____ <input type="radio"/> other:
List all evacuation equipment needed	
Does participant require essential items to maintain supports that should be taken on evacuation?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>
Evacuation procedure (Include step by step instructions)	<ul style="list-style-type: none"> <li>• <b>Call 000 and state nature of personal emergency.</b></li> <li>• <b>Follow directions of emergency operator</b> and responding service/s if able to do so.</li> <li>• <b>If required, Apply First AID</b> as first responder.</li> <li>• <b>Notify NCC.</b> if instructed, notify emergency contacts of event</li> </ul>







SIL Supports					
Designated SIL workers	National Community Care				
Have SIL workers been trained in emergency response for occupant?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b> Call 000, Apply First Aid, Wait for emergency responders				
Have SIL workers been trained in use of evac equipment?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>				
Do SIL workers know where the marshalling area is for property	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b> Front of property, on driveway/street				
Is there items required to maintain essential supports for participant and should be taken on evacuation?	<input type="radio"/> No <input type="radio"/> Yes <b>Notes:</b>				
Participant Generalised Daily Routine					
*noting the property diary is the most reliable source of participant activity					
Day	Activity	Location	Provider	Start	Finish
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Approval & Review					
Participant provided a copy of plan	<input type="radio"/> No – if no, why not? <input type="radio"/> Yes				
PEEP available in care plan folder	<input type="radio"/> No – if no, why not? <input type="radio"/> Yes				
PEEP to be reviewed:	<input type="radio"/> in line with care plan review <input type="radio"/> annually <input type="radio"/> in the event participant moves properties <input type="radio"/> in the event participant needs change				
Review Due:					
PEEP Created by:					
Date:					



### PERSONAL EMERGENCY EVACUATION PLANS (PEEPs)

Upon commencement of services with NCC, in addition to the IN-HOME PEEP, any participant residing within a SIL property or Apartment style living must have the additional PEEP overview completed and signed off by participant.

Training in the identified processes must be delivered to the participant and the supporting team.

A copy of the signed off PEEP must be provided to PEEP owner (participant), ONSITE office, NCC management, ONSITE GOBAG folder, SDA Provider.



Personal Emergency Evacuation Plan (PEEP) Overview Template

PEEP Details			
NAME			
PHONE		EMAIL	
ASSISTANCE ANIMAL			
LOCATION			
BUILDING ADDRESS			
FLOOR NUMBER		ROOM NUMBER	
HAS THIS PERSON BEEN TRAINING IN:			
PEEP RESPPONSE		EVACUATION PROCEDURE	
EMERGENCY PLAN		EVACUATION ROUTES	
EMERGENCY ALERT			
PREFERENCE:	SMS   MOBILE   PHONE CALL   OTHER:		
EMERGENCY CONTACT:	*number for any family you wish to be notified		
ASSISTANCE REQUIRED			
TYPE OF ASSISTANCE			
EVACUATION EQUIPMENT			
EGRESS PROCEDURE	*evac key points – example: when exiting, take any lifesaving equipment		
	*evac key points – example: take assistance pet		
ONSITE SUPPORT NAME	National Community Care	ONSITE SUPPORT NUMBER	
ONSITE SUPPORT EMAIL	dusk@nationalcommunitycare.com.au		
IS THE ONSITE SUPPORT TRAINED IN			
PEEP RESPPONSE	YES – ANNUALLY	EVACUATION PROCEDURE	YES – ANNUALLY
EMERGENCY PLAN	YES – ANNUALLY	EVACUATION ROUTES	YES – ANNUALLY



CONTINUES OVER PAGE			
PEEP CHECKLIST			
PEEP ISSUE DATE:		PEEP REVIEW:	
OCCUPANT APPROVED		DATE	
ASSIST / WARDEN	ON-SITE SUPPORT	DATE	
CHIEF WARDEN	ON-SITE SUPPORT	DATE	
COPIES OF PEEP MUST BE HELD BY			
PEEP OWNER:	WARDEN: ONSITE / TL	MANAGEMENT: NCC	GO-BAG: ONSITE
INSERT OR ATTACH COPY OF EVACUATION DIAGRAM			



## Procedures and Processes

### Evacuation Of In-Home Participants In Emergency Setting Procedure

In the event of an emergency requiring employee and participant to be removed from the danger the following steps should be taken:

- In the event of an emergency, the employee may be required to call emergency services for assistance and is to do so in a calm and professional manner.
- The employee designated to provide support for a participant will assist said participant to evacuate the building, or to move to a safe area to await assistance from members of the emergency response group or emergency services personnel.
- Employee to contact and keep National up to date with all happenings.
- A carer designated to provide support for the participant should remain with that person until the all clear is given and/or the participant is deemed safe to leave.

For clarity, danger is constituted as **any threat to the health and/or safety to participants and employees of National Community Care** including but not limited to: fire, flood, natural disaster, domestic violence, intruder.

	ACTIONS	CONSIDERATIONS
1	STOP and assess the situation	Never put your own safety in danger
2	CHECK for smoke or fire / danger and/or threat	Check the home to identify, close the door if possible to stop spread of fire and smoke
3	SMOKE or FIRE INSIDE PARTICIPANT HOME: EVACUATE + CALL 000 ANY OTHER IMMEDIATE THREAT: EVACUATE + CALL 000	If possible, close any doors to fire and/or threat. (this could be electrical sparks, bomb threat, intruder) Assist participant out of home to a point of safety (driveway, or across the road) CALL 000 + Reassure participant
6	CONTACT with NCC	Stay in contact
<b>NCC MANAGEMENT OBLIGATIONS</b>		
Notify participant emergency contact		
Debrief with employee after		
Incident report / Workers Compensation Notification within 24hours		
Follow up - Welfare Check with participant following incident		



Rescue	Rescue: Remove people from immediate danger.
Alarm	Alarm: Alert the fire brigade 000. Notify Team leader
Contain	Contain: Close doors and windows if safe to do so
Extinguish	Extinguish fire if safe to do so, prepare to evacuate.

**R.A.C.E**

**EMERGENCY RESOURCES FOR THE ACT**

[Be Emergency Ready | ACT Emergency Services Agency](#)

[Fire Safety | ACT Emergency Services Agency](#)

[Floods | ACT Emergency Services Agency](#)

[COVID-19 | ACT Health Agency](#)



## SIL Property Evacuation of Participants in Emergency Setting Procedure

(See SIL Properties Framework)

- House Fire Warden will be the most senior person on shift: Clinical Team or RN.
- The employee designated to provide support for a participant will assist said participant to evacuate the building, or to move to a safe area to await assistance from members of the emergency response group or emergency services personnel. 2 employees may be required to assist participants in pairs.
- A carer designated to provide support for the participant should remain with that person until all clear is given or they are relieved of those duties.
- The fire warden will assign a floor warden, or request an emergency response warden, to check that assistance is being provided to participants as required, or assist with evacuation of other participants if this practical and appropriate.
- The fire warden will ensure that the emergency control point, emergency operations centre and emergency response personnel are aware of the situation and location of employees and participants.
- The fire warden is responsible for ensuring (if relevant) solar powered units connected to SIL properties are turned off in the correct method in event of a fire, electrical disaster or maintenance. Instructions for correct procedure to turn unit off is located on the front of the unit.
- The fire warden will also ensure that emergency services personnel are notified as soon as possible if their assistance is required and/or if it is a false alarm.
- Fire Warden to notify National management and arrange proceedings thereafter.
- Fire Warden is to notify participants and their nominated representatives if the property must be evacuated, as soon as safe to do.

	<b>ACTIONS</b>	<b>CONSIDERATIONS</b>
1	STOP and assess the situation	Never put your own safety in danger, remain calm and professional
	REMOVE FROM HARM: remove participant from harm, close any doors to fire where possible.	If possible, close any doors to fire. Assist participant out of home to a point of safety (drive way, or across the road)
2	CHECK with team leader/warden on situation and next steps	Team Lead may direct you to investigate, or call 000 or commence evacuation.
3	EVACUATE: ensure any life saving equipment is taken with you, this includes GO-BAGS, tracheostomy airway management suction units.	Only if time and safety permit. This is only for items that would not be easily accessible to be replaced
4	CONTACT with NCC	Stay in contact. Team leader and NCC to coordinate contacting NOKs
6	DOCUMENTATION	Every employee on deck during the incident will be required to complete an incident report when safe to do so.



NCC MANAGEMENT OBLIGATIONS	
Debrief with employees after	
Incident report / Workers Compensation Notification within 24hours	
Follow up - Welfare Check with participants/NOKs/employees following incident	

Rescue	Rescue: Remove people from immediate danger.
Alarm	Alarm: Alert the fire brigade 000, Notify Team leader
Contain	Contain: Close doors and windows if safe to do so
Extinguish	Extinguish fire if safe to do so, prepare to evacuate.

**R.A.C.E**

**EMERGENCY RESOURCES FOR THE ACT**

[Be Emergency Ready | ACT Emergency Services Agency](#)  
[Fire Safety | ACT Emergency Services Agency](#)  
[Floods | ACT Emergency Services Agency](#)  
[COVID-19 | ACT Health Agency](#)

**EMERGENCY RESOURCES FOR THE ACT**

- [Be Emergency Ready | ACT Emergency Services Agency](#)
- [Fire Safety | ACT Emergency Services Agency](#)
- [Floods | ACT Emergency Services Agency](#)
- [COVID-19 | ACT Health Agency](#)

**IN CASE OF FIRE**

**R**EMOVE PEOPLE from immediate danger

**A**LERT THE FIRE SERVICE

- break manual call point
- call 000

**C**ONFINE FIRE & SMOKE

close doors and windows (if safe to do so)

**E**VACUATE to the ASSEMBLY AREA

Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

**000 EMERGENCY**  
In an emergency dial 000

EXIT	EXIT
ASSEMBLY AREA	AA
PATH OF EXIT	→
ALTERNATE PATH	.....
FIRE HOSE REEL	
EXTINGUISHER	
FIRE BLANKET	
SOLAR BATTERY PANEL	

**EVACUATION SIGN and DIAGRAM**  
51 BUNBURY STREET, STIRLING ACT 2611

**CONTACTS**

Clinical Coordinator: 0429 599 548  
National Community Care: 0401 439 796

**SOLAR BATTERY PANEL**

Fire Warden is responsible for turning off SOLAR BATTERY

**STEP 1:** Turn off A/C switches ① & ② located on right side.

**STEP 2:** Turn off D/C switches ③, ④, ⑤ located on left side.

**STEP 3:** Inform firefighters property has solar battery located in garage of property





## ACT Fire Safety Recommendations

### FIRE SAFETY IN APARTMENTS

There are a number of easy steps you can undertake to keep safe in your apartment:

#### PLAN FOR A FIRE OR EMERGENCY

Your home escape plans will be a little different to the average single storey house. Think of the following tips before you have a fire in your apartment building:

**Familiarise yourself with your building's fire escape plan.** If you cannot find one speak to your owner's corporation

**Know where the fire exits, fire stairs and firefighting equipment are located.** Only use firefighting equipment if you feel confident and safe in doing so

---

**Make an escape plan with your family and other occupants.** Include a back-up option in case your initial plan of escape is blocked. Also include an arranged safe meeting place outside the building

**Inform any visitors of the escape plan**

---

**Test smoke alarms in your apartment monthly and clean regularly** with a duster or vacuum cleaner

**Smoke alarms provide a vital early warning** and can allow extra time to escape if there is a fire in your apartment

### RESPOND TO A FIRE OR EMERGENCY

If there is a fire in your apartment building:

- |  |  |
|--|--|
| <p><b>Respond immediately when alerted to fire</b> and evacuate to your safe meeting place</p>     | <p>Do not wait and see. Do not spend time collecting items or to go investigate what is happening. <b>EVERY SECOND COUNTS</b></p>  |
| <p><b>Stay calm</b> and get everyone out as quickly as possible</p>                                | <p><b>Get down low</b> and stay out of the smoke</p>   |
| <p>If safe to do so, <b>close all doors behind you</b> as you leave</p>                            | <p>If the fire is small and close to your location <b>consider trying to extinguish with the firefighting equipment provided</b>, but only if you feel confident and safe to do so</p> |
| <p><b>Call out to other people</b> to alert them that there is a fire</p>                          | <p><b>Do not use lifts</b> during a fire unless they are specifically labelled for evacuation. Use emergency exits or fire stairs</p>  |
| <p><b>Get out and stay out.</b> Never re-enter the building until advised by the fire fighters</p> | <p><b>Call 000 (triple zero)</b> from a mobile phone or a neighbour's phone. <b>Ask for FIRE</b></p>   |

### MAINTAIN ESCAPE ROUTES AND FIREFIGHTING EQUIPMENT

- |  |  |  |
|--|--|--|
| <p><b>Keep all firefighting equipment, such as extinguishers and fire hoses clear of obstructions.</b> Never store items in fire equipment cupboards</p> | <p><b>Never prop or wedge open fire or smoke doors</b> because these are designed to stop the spread of smoke and fire</p> | <p><b>Do not store items in corridors or staircases</b> as lifts can block escape routes and obstruct firefighters from doing their job.</p> |
|--|--|--|

In a life threatening emergency dial Triple Zero (000)



In a life threatening emergency dial Triple Zero (000)





# Infection Control

## Current Version

<b>Service Area</b>	Disability, Mental health, Aged Care	<b>Version</b>	1.5
<b>Process Owner</b>	Governance Lead   Clinical Team	<b>Date of Issue</b>	14 Jan 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Jan 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	03/2015	Natashia Telfer	Employsure	New policy
1.1	04/2017	Natashia Telfer	Employsure	Training requirement amendments
1.2	1/2020	Tahla Small	Employsure	Inclusion of COVID 19
1.3	1/2021	Natashia Telfer	Employsure	Revision of COVID 19, inclusion of Infection Prevention Boxes
1.4	12/2022	Stacey Madden	CEO	Addition of VRE
1.5	1/2023	Natashia Telfer	CEO	Formatting changes: Inclusion of Procedures/ Competencies/ Resources
1.6				
1.7				



## Infection Control Policy

### **POLICY STATEMENT**

National is committed to fostering a culture of safe care practices including effective infection prevention and control.

Employees are required to understand the rationale and comply with the responsibility to maintain high standards of infection prevention and control at all times to ensure the safety of those being cared for and staff and visitors in the care environment.

### **SCOPE**

This policy applies to all *National* employees.

### **POLICY**

Standard infection prevention and control precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection.

The actions to be implemented by employee's as a critical part of their practice, in order to reduce the risk of infection, transmission and environmental contamination from microorganisms from recognised and unrecognised sources and so protecting themselves, patients and others from the risk of infection.

### **National responsibilities**

- Provide information, instruction, training, guidance and supervision to all staff to ensure that safe work practices are carried out to minimise the spread of infection, e.g. hand-washing, and standard precautions as well as other special procedures as appropriate.
- Maintain an awareness of new vaccines becoming available to protect staff and to initiate procedures to ensure that those at risk are fully vaccinated.
- Ensure that all staff are informed about the rights and responsibilities of the client/participants
- Maintain the confidentiality of medical information.
- Provide access to counselling services for those staff who may become anxious about their health as a result of exposure to a potential hazard (whether true or perceived).
- Support the principles of anti-discrimination in relation to issues concerning the health status of staff, client/participants and visitors. (The law recognises that certain discrimination may be necessary - it is unnecessary discrimination, which offends the law).

### **Employee responsibilities**

- To maintain mandatory training and remain accountable for infectious control measures
- To arrive to every service prepared and appropriately equipped with PPE. In the event an employee arrives inadequately prepared, disciplinary action will be taken.
- Carrying out their duties in a responsible manner consistent with instructions given in relation to health and safety.
- Using equipment provided for health and safety purposes.
- Assisting with the maintenance of a clean and safe environment.
- Strict adherence to policies and procedures that guide work performance to prevent the spread of infection, including following Standard Precautions at all times in the workplace.



- Notifying National should their infection status pose any risk to client/participants, client/participant or co-workers.
- Notify National should the employee have been in contact with a person or persons with an infectious disease / virus.
- National strongly encourages employees to contact the manager should they be unwell prior to a rostered shift to discuss infection control measures and or cancellation of shift due to being unfit for work.
- Maintaining recommended personal immunisation levels including influenza
- Maintaining a high standard of personal hygiene and grooming
- To utilise PPE correctly and washing of hands
- Cleaning of any spills safely and appropriately – food, drink, body fluids, chemicals
- Employees are to utilise additional precautions as indicated by local infection control policy and as appropriate and clinically indicated in the care setting.

### **Training Requirements**

All service delivery employees are required to undertake annual refresher infection control training. This may be a face-to-face delivery workshop, an external service provider, and/or through National's online training platform – Altura.

### **Standard Precautions**

Standard precautions include:-

- Effective hand hygiene practices
- Maintenance of skin integrity
- The appropriate use of Personal Protective Equipment (PPE)
- Safe management of blood and body fluid spillages
- Safe use, disposal and management of sharps
- Appropriate cleaning/decontamination of equipment
- Maintaining a clean environment
- Safe waste management
- Safe handling and laundering of used linen.
- Maintaining social distancing where possible

### **Personal Protective Equipment**

Personal Protective Equipment (PPE) refers to clothing, equipment, and/or substances which, when worn or used correctly, protect part or all of the body from foreseeable risks of injury or disease at work or in the workplace.

- Personal Protective Equipment (PPE) will be used when other control measures are not practicable, as determined by a risk assessment.
- Records detailing the PPE identified and chosen for a task and when workers were told about it must be kept on file.
- Employee representatives will be consulted in the selection and purchase of PPE.
- All staff will be trained regarding the use of PPE.



- All Personal Protective Equipment will be provided by the employer (except standard footwear) and should fit properly, be comfortable and easy to put on and take off. Notify the Work Health and Safety Representative of any concerns.
- All PPE will be selected in accordance with the identified need/s and comply with the Australian Standards.

#### **Descriptions and examples of use of PPE:**

##### **Hand Protection** (refer to the Australian Standards to determine the type of gloves required for the task):

- When likely to contact any bodily fluid/s;
- When handling contaminated/infected waste;
- When cleaning bathrooms/basins/toilets;
- When emptying waste/garbage bins;
- When handling chemicals;
- When handling hot pots/pans, etc. (use mitts or gauntlets);
- When hand-washing dishes;

##### **Respirator Protection**

(refer to the Australian Standards 1715 and 1716 to select the appropriate respiratory device/s):  
When coming into contact with harmful dust, fumes, vapours, gasses.

- Clothing - When at risk of contact with body fluids (e.g. disposable apron).

#### **Procedures & Processes**

##### **Donning/Doffing PPE Procedure**

###### **Donning PPE**

1. Wash hands or use an alcohol-based hand rub
2. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten at the of neck and back.
3. Apply mask- secure ties or elastic bands at the middle back of your head and back of neck.
4. Place face shield on covering face and eyes, adjust to fit.
5. Pull sleeves of gown down into palm of hand. Put on gloves and extend to cover wrist of isolation gown.

###### **Doffing PPE**

1. Reminder the outside of gloves is now contaminated.
2. Grasp the outside of glove with opposite gloved hand and peel off.
3. Hold the removed glove in gloved hand.
4. Slide fingers of ungloved hand under remaining glove at the wrist, peel glove off over first glove.
5. Discard gloves into waste container.
6. Wash hands or use an alcohol-based hand rub.
7. Remove protective eyewear, handle by head band or earpieces, keeping in mind the outside of the protective eyewear is now contaminated.
8. Dispose of protective eyewear in waste container.



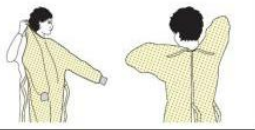


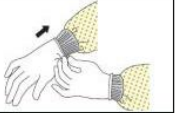
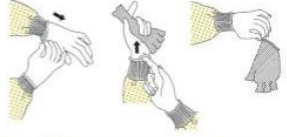



9. Unfasten ties of gown.
10. Pull away from neck and shoulders, touching only the inside of the gown as the outside is now contaminated. Turn gown inside out.
11. Fold or roll gown into bundle and discard into waste container.
12. Grasp the bottom and then the top ties or elastics of your mask and remove. Do not touch the front of mask as it is now contaminated.
13. Discard into waste container.
14. Wash hands or use an alcohol based hand rub immediately after removing all PPE.

See below link with above instructions along with pictures:

[Donning and Doffing PPE for GPs 11022020.pdf \(act.gov.au\)](#)



**Donning (putting on) and Doffing (taking off)  
Personal Protective Equipment (PPE)**

<b>DONNING</b>	<b>DOFFING</b>
<p style="text-align: center;"><b>Perform Hand Hygiene IMMEDIATELY before putting on PPE</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>1. GOWN</b></p> <ul style="list-style-type: none"> <li>■ Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back</li> <li>■ Fasten in back of neck and waist</li> </ul>  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>2. MASK P2 / N95</b></p> <ul style="list-style-type: none"> <li>■ Secure ties or elastic bands at middle of head and neck</li> <li>■ Fit flexible band to nose bridge</li> <li>■ Fit snug to face and below chin</li> <li>■ Fit-check respirator</li> </ul>  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>3. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>■ Place over face and eyes and adjust to fit</li> </ul>  </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>4. GLOVES</b></p> <ul style="list-style-type: none"> <li>■ Extend to cover wrist of isolation gown</li> </ul>  </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>1. GLOVES</b></p> <ul style="list-style-type: none"> <li>■ Outside of gloves is contaminated!</li> <li>■ Grasp outside of glove with opposite gloved hand; peel off</li> <li>■ Hold removed glove in gloved hand</li> <li>■ Slide fingers of ungloved hand under remaining glove at wrist</li> <li>■ Peel glove off over first glove</li> <li>■ Discard gloves in waste container</li> </ul>  </div> <p style="text-align: center;"><b>Perform Hand Hygiene IMMEDIATELY after removing gloves</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>2. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>■ Outside of goggles or face shield is contaminated!</li> <li>■ To remove, handle by head band or ear pieces</li> <li>■ Place in designated receptacle for reprocessing or in waste container</li> </ul>  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><b>3. GOWN</b></p> <ul style="list-style-type: none"> <li>■ Gown front and sleeves are contaminated!</li> <li>■ Unfasten ties</li> <li>■ Pull away from neck and shoulders, touching inside of gown only</li> <li>■ Turn gown inside out</li> <li>■ Fold or roll into a bundle and discard</li> </ul>  </div> <div style="border: 1px solid black; padding: 5px;"> <p>■ Front of mask/respirator is contaminated — DO NOT TOUCH!</p> <ul style="list-style-type: none"> <li>■ Grasp bottom, then top ties or elastics and remove</li> <li>■ Discard in waste container</li> </ul>  </div> <p style="text-align: center;"><b>Perform Hand Hygiene IMMEDIATELY after removing PPE</b></p>

Infection Prevention & Control Unit, March 2018 Adapted from CDC, Atlanta, Georgia, USA



## Hand Hygiene

The most effective way to prevent healthcare acquired infections is by undertaking effective hand hygiene. Hand washing is the single most important measure to reduce the burden of health care associated infection (Huang et al 2012:792). Improved hand hygiene practices have been associated with sustained decreased in the incidences of infections caused by MRSA and VRE, reductions in health-care associated infections of up to 45% in a range of healthcare settings and greater than 50% reduction in the rates of healthcare acquired disease associated with MRSA and other multi-resistant organisms (NHMRC 2010).

Hands must be decontaminated before and after each episode of direct patient contact, including before and after glove use as articulated in the World Health Organisation 'Your 5 moments for hand hygiene' initiative <http://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/> Before Performing Hand Hygiene:

- Uncover Forearms
- Remove all hand/wrist jewellery (several studies have shown that skin underneath rings is more heavily colonised than comparable areas of skin on fingers without rings. A single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- Ensure finger nails are clean, short and that artificial gel or acrylic nails are not worn.
- Chipped nail polish supports the growth of larger numbers of organisms on the fingernails.
- Cover all cuts or abrasions with a waterproof dressing.

Performing hand hygiene: Alcohol based hand rubs must be available for staff as near to point of care as possible. Apply ABHR

- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure risk
- After touching a patient
- After touching a patient's immediate surroundings.

Wash hands with non-antimicrobial liquid soap and water if:

- Hands are visibly soiled or dirty
- Caring for a patient with a suspected or known gastro-intestinal infection such as norovirus or a spore forming organism such as *clostridium difficile*.

## Training Requirements

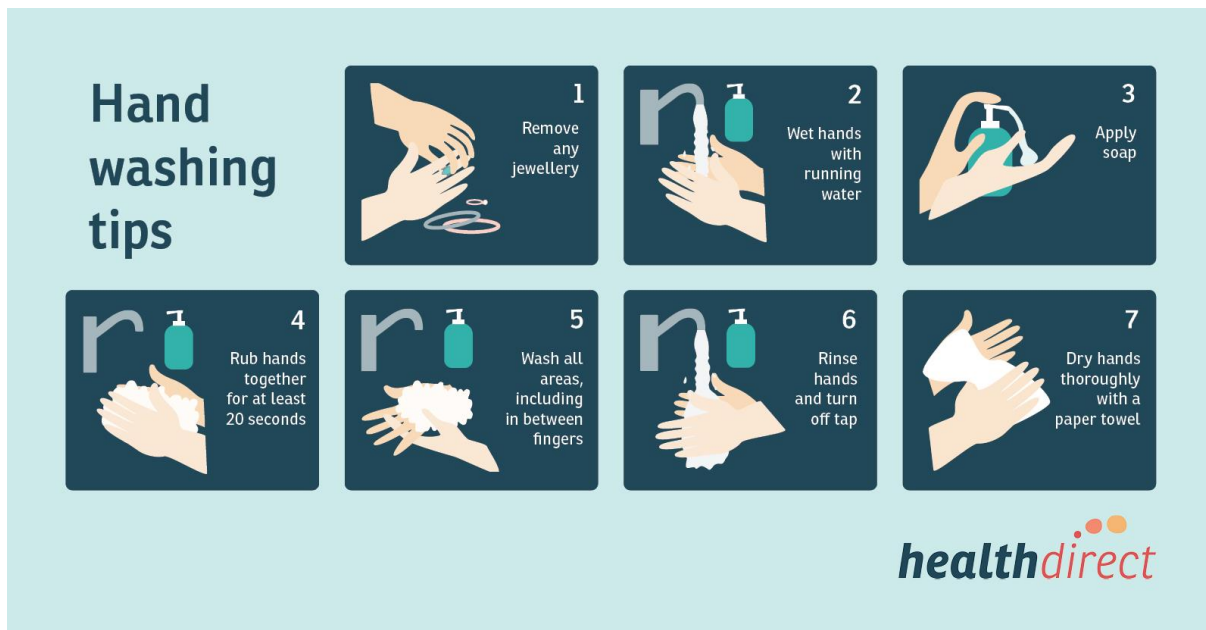
All service delivery employees are required to undertake annual refresher infection control training including hand hygiene. This may be a face-to-face delivery workshop, an external service provider, and/or through National's online training platform – Altura. National will also keep electronic copies of hand hygiene competencies.



## Hand Washing Procedure

To wash your hands:

1. Wet hands with running water (preferably warm).
2. Apply soap or liquid soap – enough to cover all of your hands. Normal soap is just as good as antibacterial soap.
3. Rub your hands together for at least 20 seconds.
4. Make sure you cover all surfaces, including the backs of your hands and in between your fingers.
5. Rinse hands, making sure you remove all soap, and turn off the tap using the towel or paper towel.
6. Dry your hands thoroughly with a paper towel, a clean hand towel or an air dryer if you are in a public toilet.



## Hand Sanitiser Procedure

Using a waterless hand sanitiser

An alcohol-based hand rub (hand sanitiser) is a good way to clean your hands if you don't have access to soap and water. Hand sanitiser is only effective if your hands have no visible dirt on them.

To use hand sanitiser:

1. Put about half a teaspoon of the product in the palm of your hand, rub your hands together, covering all the surfaces of your hand, including between your fingers.
2. Keep rubbing until your hands are dry (about 20 to 30 seconds).





### Hand Hygiene Competency

This tool has been developed to assess health care worker competency in performing hand hygiene as per the World Health Organization recommendations for using alcohol-based hand rub and washing with soap or water. This competency has been developed by Hand Hygiene Australia under a contract with the Australian Commission on Safety and Quality in Health Care for coordination of the National Hand Hygiene Initiative.

To be deemed competent, the health care worker must be assessed as meeting all performance criteria. If a health care worker is assessed not to have met any of the performance criteria, comments should be recorded and followed up with the health care worker.

Please record employee/health care worker details below:

National Community Care Employee Name: \_\_\_\_\_

Position: Carer/AIN | Enrolled Nurse | Registered Nurse | Non-Service Delivery

Assessed by: Natashia Telfer T&A / Caitlin Halliday CLRN / Clair Hirschausen RN

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Assessment Criteria	Criteria Met Y/N	Comments
<b>General Requirements:</b>		
No excess jewellery in-situ		
No acrylic/artificial nails		
Nails are short, clean & free of polish or artificial covering		
Skin on hands intact		

#### **Part A:** Performing hand hygiene using alcohol-based hand rub (ABHR)

Assessment Criteria	Criteria Met Y/N	Comments
1. Palmful of ABHR product is applied into a cupped hand & ABHR distributed across both hands to cover all surfaces		
2. Hands are rubbed together palm to palm.		



3a. Hands rubbed with right palm over left dorsum with interlaced fingers		
3b. Hands rubbed with left palm over right dorsum with interlaced fingers		
4. Hands are rubbed with palm to palm and fingers interlaced.		
5. Hands are joined with fingers interlocked and back of fingers rubbed against opposing palm.		
6a. Rotational rubbing of left thumb by clasped right hand is performed.		
6b. Rotational rubbing of right thumb by clasped left hand is performed.		
7a. Left palm is rotationally rubbed with clasped fingers of right hand.		
7b. Right palm is rotationally rubbed with clasped fingers of left hand.		
Performing hand hygiene using ABHR should take approximately 20-30 seconds		

**Part B:** Performing hand hygiene using soap and water

Assessment Criteria	Criteria Met Y/N	Comments
1. Hands are wet with water and an adequate volume of soap product to cover all hand surfaces is dispensed into a cupped hand.		
2. Hands are rubbed together palm to palm.		
3a. Hands rubbed with right palm over left dorsum with interlaced fingers		
3b. Hands rubbed with left palm over right dorsum with interlaced fingers		
4. Hands are rubbed with palm to palm and fingers interlaced.		
5. Hands are joined with fingers interlocked and back of fingers rubbed against opposing palm.		
6a. Rotational rubbing of left thumb by clasped right hand is performed.		
6b. Rotational rubbing of right thumb by clasped left hand is performed.		



7a. Left palm is rotationally rubbed with clasped fingers of right hand.		
7b. Right palm is rotationally rubbed with clasped fingers of left hand.		
8. Hands are rinsed with water and soap removed.		
9. Hands are thoroughly dried with a single use towel.		
10. Towel is used to turn off faucet where required.		
Performing hand hygiene using soap and water should take approximately 40 - 60 seconds		

<b><u>Assessed as Competent (Please Indicate):</u></b>	<b><u>Yes/Not Yet</u></b>
<b>Additional comments as required:</b>	
<b>Assessor's signature:</b>	
<b>Assesses signature:</b>	
Review date : 1 year from date of completion and/or if identified poor practices have occurred.	

*Competency Reference:*

*World Health Organization (2009). WHO Guidelines on Hand Hygiene in Health Care. First Global Patient Safety Challenge Clean Care is Safer Care. World Alliance for Patient Safety. Geneva, World Health Organization Press.*



## REFERENCES

Work Health and Safety Act 2011

Work Health and Safety Regulation 2011

ACT Health Manual Handling Policy accessed from

<https://www.health.act.gov.au/sites/default/files/Manual%20Handling%20Policy.pdf> 6/5/2018

National Code of Practice August 2007 For the Prevention of Musculo-skeletal Disorders from Performing Manual Handling Tasks at Work accessed from

[https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalcodeofpractice\\_preventionofmusculoskeletaldisordersfromperformingmanualtasksatwork\\_2007\\_pdf.pdf](https://www.safeworkaustralia.gov.au/system/files/documents/1702/nationalcodeofpractice_preventionofmusculoskeletaldisordersfromperformingmanualtasksatwork_2007_pdf.pdf) 6/5/2018

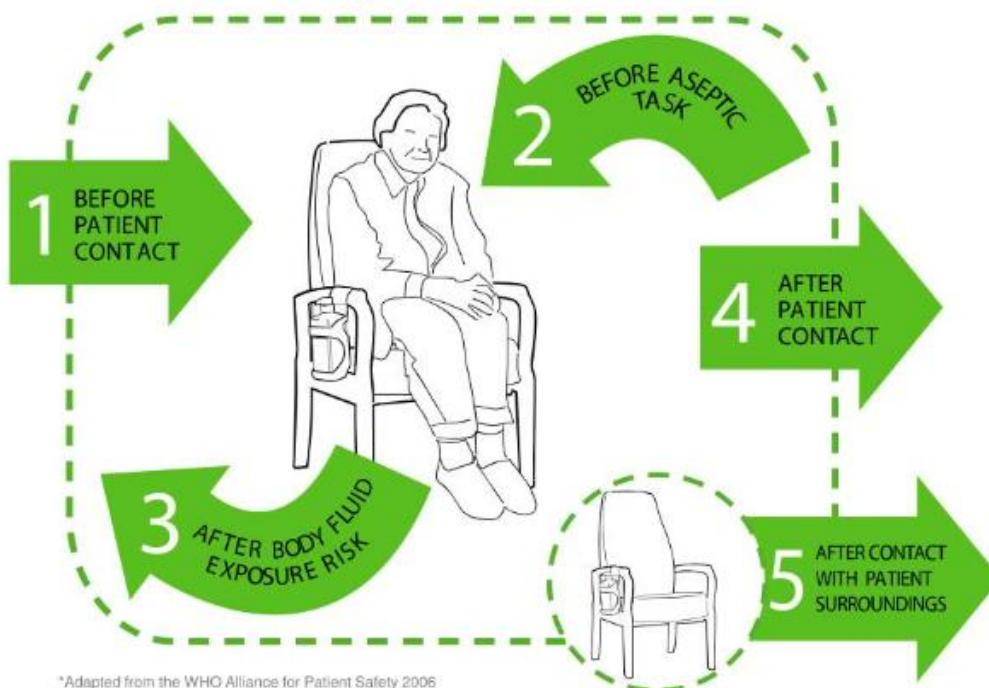
Standards Australia AS/NZS ISO 31000:2009 Risk management – Principles and guidelines accessed from Risk management Australian/New Zealand Standard AS/NZS 4360: 1999 Standards Australia on 6/5/2018

Work Health and Safety, (2011), A Practical Guide to Implementing Work Health and Safety in Client Aged Care, AGPS, Canberra.

World Health Organisation - <https://www.who.int/publications/i/item/9789241516945>

ACT Health - <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>

## Your 5 moments for hand hygiene at the point of care\*



\*Adapted from the WHO Alliance for Patient Safety 2006



## NCC - Working With Community Outbreaks Policy

### **POLICY STATEMENT**

National is committed quality infection control measure, to safeguard employees, client/participants and the general public from further exposure from outbreaks.

### **SCOPE**

This policy applies to all *National* employees.

### **BACKGROUND**

Outbreaks within the industry can include but are not limited to influenza, gastroenteritis, chicken pox, scabies, HFM, Shingles.

### **POLICY**

National are committed to ensuring we operate in line with Federal and Territory restrictions and recommendations. In addition to this, National have implemented that all employees have access to appropriate training and safety equipment as a measure of safety to minimise the spread of community transmission.

- The occurrence of an outbreak, by definition is currently only a possibility at NCC identified SIL property – Alex’s House. In the event of an outbreak, National will provide employees with the most current fact sheets on how to proceed with outbreak.
- National will provide employees with additional PPE as required to ensure appropriate measures can be taken to protect both the client and employee from further risk and/or spread, where possible, Infection Prevention boxes will be delivered to the front of the participants property for employees to safely DON appropriate PPE on arrival, remove upon exit and dispose in the participants outside bin.
- In the event an employee is infected, GP/ACT Health directive will be required on how to proceed.
- Due to the complex needs of the client/participants we provide services to, employees are to disclose if they are NOT vaccinated against influenza. In line with our Healthier Work Policy, we offer reimbursement for vaccinations over a 4-week period in April/May when supply becomes available to the public.
- The Registered Nurse on shift within the SIL Property is responsible for notifications to ACT Health Communicable Disease Control Section should an outbreak occur. Suspected outbreak is to be reported to the Communicable Disease Control Section (CDC) at ACT Health on (02) 6205 2155
  - Washing Of National Uniform/Clothing Between Shifts/Community Client/participants is Essential
  - Personal Vaccination is Strongly Recommended
  - Strict Hand Hygiene
  - Strict use of PPE
  - Comply With Local Facility Infection Control Policies
  - Ensure not unwell
  - If unwell, off work for 48 hours post last symptom if gastroenteritis; and 5 days post last symptoms for flu; alternatively provide a medical clearance to National from your General Practitioner to return to work.



### Training Requirements

When an outbreak occurs, it is imperative that immediate action is taken to prevent further transmission to clients and staff. Employees are required to notify National of any exposure at external settings immediately to ensure the complex needs client/participants are not put at risk.

### EMERGENCY RESOURCES FOR THE ACT

[Be Emergency Ready | ACT Emergency Services Agency](#)

[COVID-19 | ACT Health Agency](#)

[COVID-19 disinfectants | Therapeutic Goods Administration \(TGA\)](#)

### REFERENCES

ACT Health, Communicable Diseases Fact Sheets, accessed from [health.act.gov.au/research-publications/factsheets](http://health.act.gov.au/research-publications/factsheets) on 26 March 2018

Australian Commission on Safety and Quality in Health Care, NSQHC National Standards, [September 2012](#), [www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf) [accessed on 25 February 2018](#)

Edel E, Kennedy V. (1998) Impact of a 5-Minute Scrub on the Microbial Flora Found on Artificial, Polished, or Natural Fingernails of Operating Room Personnel. *Nursing Research*; 47(1): 54-59.

Gordin, FM, Schultz, ME, Huber, RA & Gill JA. (2005) Reduction in Nosocomial Transmission of Drug-Resistant Bacteria After Introduction of an Alcohol-Based Handrub. *Infection Control and Hospital Epidemiology*; 26 (7):

650-3.

Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia, (2010) accessed from [http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-norovirus.htm/\\$File/norovirusguidelines.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-norovirus.htm/$File/norovirusguidelines.pdf) on 12 May 2016

Hand Hygiene Australia, 5 Moments for Hand Hygiene, July 2009 (Amended November 2009). [www.hha.org.au/UserFiles/file/Manual/ManualJuly2009v2\(Nov09\).pdf](http://www.hha.org.au/UserFiles/file/Manual/ManualJuly2009v2(Nov09).pdf)

Health Capital and Asset Management Consortium (HCAMC), 2016, Australasian Health Facility Guidelines accessed from <https://healthfacilityguidelines.com.au/part/part-d-infection-prevention-and-control-0> on 22 July 2016.

Huang, C., Ma, Wenjun, and Stack, S. (2012) The hygienic efficacy of different hand-drying methods: a review of the evidence, *Mayo Clinic Proceedings* 87(8) 791-798, [doi.org/10.1016/j.mayocp.2012.02.019](https://doi.org/10.1016/j.mayocp.2012.02.019)

Industry Code of Practice for the Management of Biohazardous waste (including clinical & related wastes), 7th edition, July 2014.

Work Health and Safety, (2011), *A Practical Guide to Implementing Work Health and Safety in Cliential Aged Care*, AGPS, Canberra.

World Health Organisation, How to hand rub ([poster](#)) [accessed](#) from [www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf?ua=1](http://www.who.int/gpsc/tools/GPSC-HandRub-Wash.pdf?ua=1) [on 25 February 2018](#)

World Health Organisation, Clean Care is Safer Care, accessed from [www.who.int/gpsc/5may/background/5moments/en/](http://www.who.int/gpsc/5may/background/5moments/en/) on 25 February 2018. [https://www.tccs.act.gov.au/territory-services/capital\\_line](https://www.tccs.act.gov.au/territory-services/capital_line)

### Infection Control Outbreak Procedure



In the event of an identified infection and/or outbreak both National and employee have obligations that must be adhered to in the safety of infection prevention and control.

### **National responsibilities**

- Maintain the confidentiality of medical information.
- Upon notification, COO/on-call/scheduler role will communicate with the participant in relation to what supports they may wish to pause, and/or increase of supports to meet their needs during the period of infection and cancel or create shifts as required.
- Should supports need to continue, checking with participant if they require PPE for any persons they may live with to minimise the risk of spread. If this is required, an additional PPE tote bag will be issued to go INSIDE the participants property for informal supports within the home to access.
- COO / CL / Scheduler roles to review current roster of care requirements and identify any employee who has disclosed to NCC they are medically considered 'high risk'. As such, the high-risk employee may need to be relocated. This can include immunocompromised persons, pregnant employees.
- COO/CL/on-call/scheduler to implement an infection prevention box for collection and delivery to the property of the infectious participant.
- Provide information, instruction, guidance to participant, any informal supports that may live within the property, and NCC attending employees to ensure that safe work practices are carried out to minimise the spread of infection, e.g. hand-washing, and standard precautions as well as other special procedures as appropriate.

### **PPE tote bag (for participant)**

Using a NCC tote, provide the participant that has identified they require the PPE the following items:

- Large box of gloves
- Box of face masks
- Hand sanitizer

Noting all items provided to the participant will not be collected, will remain with the participant.

### **Infection Prevention Box (for employees)**

Using the identified 50litre plastic tubs stored at head office, tubs must be packed and checked prior to collection to ensure all items are available. Quantity of supplies will vary dependant on the participants level of care. For example, x2 one-hour shifts a day would require a minimum of 14 sets.

The following items must be stocked within the tub for collection:

- Alcohol hand sanitizer
- 1 box of small gloves
- 1 box of medium gloves
- Yellow infection control gowns
- Hair cap covers
- Shoe covers
- Face masks (N95 for COVID)
- Full face shields (for COVID)
- Goggles
- Yellow infectious waste bags



- Plastic sleeve fact sheets and instructions for control management / hand hygiene / DON/DOFFING

### **Employee responsibilities**

- Maintain the confidentiality of medical information.
- To arrive to every service prepared to DON PPE at entrance of property.
- Carrying out their duties in a responsible manner consistent with instructions given in relation to health and safety.
- Assisting with the maintenance of a clean and safe environment.
- Strict adherence to policies and procedures that guide work performance to prevent the spread of infection, including following Standard Precautions at all times in the workplace.
- Maintaining a high standard of personal hygiene and grooming
- To utilise PPE correctly and change as required and washing of hands
- Cleaning of any spills safely and appropriately – food, drink, body fluids, chemicals
- Employees are to utilise additional precautions as indicated by local infection control policy and as appropriate and clinically indicated in the care setting.
- DOFFING PPE appropriately and immediately disposing of PPE infectious waste into wheelie bin and/or household waste.
- Notify NCC if additional equipment is required when there are less than 4 sets of PPE remaining to allow adequate time to restock and/or arrange for collection.
- Upon the end of the infection period, NCC will request last attending employee to collect the infection prevention box and return to the office
- Upon return of the box, dispose of any open PPE items, dispose of all fact sheets in the box.
- Wipe box thoroughly with Dettol disinfectant wipes followed by glen 20 spray the surfaces and wash hands afterwards.





## Infection Prevention Box

The following items must be stocked within this tub and DONNED by the attending employee before entry of participant home:

- Alcohol hand sanitizer
- 1 box of small gloves
- 1 box of medium gloves
- Yellow infection control gowns
- Hair cap covers
- Shoe covers
- Face masks (N95 for COVID)
- Full face shields (for COVID)
- Goggles
- Yellow infectious waste bags
- Plastic sleeve fact sheets and instructions for control management / hand hygiene / DON/DOFFING

Please note – PPE items may vary pending on type of outbreak, and stock availability from suppliers in mass outbreak instances (*eg – the 2020 worldwide COVID PPE supply shortage*)

## Employee responsibilities

- Maintain the confidentiality of medical information.
- Read over any fact sheets and/or instructions found in the tub on your arrival.
- Carrying out duties in a responsible manner consistent with instructions given in relation to health and safety.
- Change soiled and/or contaminated PPE and dispose of immediately.
- Assisting with the maintenance of a clean and safe environment.
- DOFFING PPE appropriately and immediately disposing of PPE infectious waste into wheelie bin and/or household waste.
- Notify NCC if additional equipment is required when there are less than 4 sets of PPE remaining to allow adequate time to restock and/or arrange for collection.
- Upon the end of the infection period, NCC will request last attending employee to collect the infection prevention box and return to the office



***(Posters to be printed for each Infection Prevention Box as required)***



All NCC employees are required to DON full PPE prior to entering this property.

Hand hygiene must be maintained throughout supports, between DONNING and DOFFING your PPE changes, food preparation, etc.

- HAND SANITIZE
- MASK + FACE SHIELD
- YELLOW GOWN
- HAIR CAP
- SHOE COVERS
- GLOVES

- Maintain the confidentiality of medical information.
- Carrying out duties in a responsible manner consistent with instructions given in relation to health and safety.
- Change soiled and/or contaminated PPE and dispose of immediately.
- Assisting with the maintenance of a clean and safe environment.
- DOFFING PPE appropriately and immediately disposing of PPE infectious waste into wheelee bin and/or household waste.
- Notify NCC if additional equipment is required when there are less than 4 sets of PPE remaining to allow adequate time to restock and/or arrange for collection.
- Upon the end of the infection period, NCC will request last attending employee to collect the infection prevention box and return to the office

Donning (putting on) and Doffing (taking off) Personal Protective Equipment (PPE)	
<p><b>DONNING</b></p> <p>Perform Hand Hygiene IMMEDIATELY before putting on PPE</p> <p><b>1. GOWN</b></p> <ul style="list-style-type: none"> <li>• If the cover type flow back to knees, open to end of arms, and wrap around the back</li> <li>• Fasten in back of neck and waist</li> </ul> <p><b>2. MASK/FIT</b></p> <ul style="list-style-type: none"> <li>• Remove ties or elastic bands at middle of head and neck</li> <li>• Fit the mask to cover bridge</li> <li>• Fit snug to face and below chin</li> <li>• Fasten back</li> </ul> <p><b>3. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>• Place over face and eyes and adjust to fit</li> </ul> <p><b>4. GLOVES</b></p> <ul style="list-style-type: none"> <li>• Extend to cover wrist of isolative glove</li> </ul>	<p><b>DOFFING</b></p> <p>Perform Hand Hygiene IMMEDIATELY after removing gloves</p> <p><b>1. GLOVES</b></p> <ul style="list-style-type: none"> <li>• Avoid touching gloves to contaminated</li> <li>• Change outside of glove with opposite hand</li> <li>• Peel away from face</li> <li>• Hold soiled glove in gloved hand</li> <li>• Break top edge of isolated head cover away from face</li> <li>• Peel glove of your hand</li> <li>• Discard in waste container</li> </ul> <p><b>2. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"> <li>• Avoid touching face shield</li> <li>• Grasp by top edge or head band or strap</li> <li>• To remove, handle by head band or strap</li> <li>• Place in designated receptacle for reprocessing or to waste container</li> </ul> <p><b>3. GOWN</b></p> <ul style="list-style-type: none"> <li>• Grasp front and bottom and untie or unfasten</li> <li>• Roll away from face</li> <li>• Roll away from face and shoulders, keeping inside of gown only and inside, away from face</li> <li>• Roll away from face</li> <li>• Roll away from face and discard</li> <li>• Discard in waste container</li> </ul> <p><b>4. HAIR CAP</b></p> <ul style="list-style-type: none"> <li>• Grasp top edge of cap</li> <li>• Lift up from head and discard</li> <li>• Discard in waste container</li> </ul> <p>Perform Hand Hygiene IMMEDIATELY after removing PPE</p>

Infection Prevention & Control Unit, March 2018 Adapted from CDC, Idaho, Georgia, USA

**Your 5 moments for hand hygiene at the point of care\***



\*Adapted from the WHO Alliance for Patient Safety 2009

**FULL CLINICAL PPE FOR ALL EMPLOYEES**

- MASK + FACE SHIELD
- YELLOW GOWN
- HAIR CAP
- SHOE COVERS
- GLOVES

**BEFORE YOU ENTER THIS SIL PROPERTY**

- 1 SANITIZE, TEMP & WELLNESS DEC**  
Sanitize your hands, take your temp and complete wellness declaration
- 2 APPLY YOUR PPE**  
mask, shield, gown, cap, gloves, shoe covers. Change your PPE per task/participant.
- 3 HAND HYGIENE**  
when new mask and/or gloves are required, please wash your hands. Between DONNING/DOFFING - wash your hands.
- 4 SOCIAL DISTANCING**  
identify the SIL red/yellow/green zones and ensure you are DONNING / DOFFING accordingly.

**STAY ALERT. STAY INFORMED.**  
NOTIFY NCC IF YOU HAVE ANY CONCERNS



## Coronavirus Disease 2019 (COVID-19)

### **POLICY STATEMENT** (Refer to *Outbreaks Policy* for additional information)

National is committed quality infection control measure, to safeguard employees, client/participants and the general public from further exposure from Coronavirus.

### **SCOPE**

This policy applies to all *National* employees.

### **BACKGROUND**

Coronavirus also known as COVID-19 is a new strain of the Coronavirus family (CoV) which generally cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus (nCoV) is a new strain that has not been previously identified in humans and has reached pandemic proportions.

### **POLICY**

National are committed to ensuring we operate in line with Federal and Territory restrictions and recommendations. In addition to this, National have implemented that all employees have access to appropriate training and safety equipment as a measure of safety to minimise the spread of community transmission.

### **Employment Requirements**

All National employees are to undertake the recommended COVID-19 Vaccination and provide evidence of immunisation history. Employees are to also undertake the relevant training requirements.

### **Training Requirements**

All National employees are required to undertake the COVID-19 infection control module. This can be accessed via <https://www.covid-19training.gov.au/login> and is expected to be completed once unless the module undergoes an update. As such National employees will also be enrolled in Covid 19 e learning module via Altura (Online learning platform)

### **Common signs of infection include**

- (1) Respiratory symptoms,
- (2) Fever,
- (3) Cough,
- (4) Shortness of breath and breathing difficulties,
- (5) In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

### **Standard recommendations to prevent infection spread include:**

- 1) Regular hand washing,
- 2) Covering mouth and nose when coughing and sneezing,
- 3) Social distancing 1.5 meters from other persons,
- 4) When instructed by department of health; wear a mask,



- 5) Thoroughly cooking meat and eggs,
- 6) Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
  
- 7) Remain vaccinated against Covid 19 and sub variants, in line with ACT Health recommendations.

#### **Client / Employee Responsibilities:**

- All clients/participants are requested to disclose to National if any of the above-mentioned criteria is relevant to them or their immediate household.
- Keep up to date with all ACT Health directives
- If employees have been in close contact with a person who has returned a positive test for the virus, including within a secondary workplace to monitor for symptoms and test.
- If employees or clients are self-isolating.
- In the event, an employee is unsure if they are at risk, the ACT Health Screening Tool can be utilised: <https://screening.covid19.act.gov.au/user>
- Employees exhibiting similar signs of the COVID-19 infection are required (under Territory recommendation) to undertake COVID-19 testing and notify National immediately.

#### **National Responsibilities**

- Ensure all employees understand their responsibilities during the pandemic
- Maintain participant and employee confidentiality surrounding the sharing of information.
- Introduction of Wellness declarations and temperature checks at the SIL property
- Maintain a reflective COVID ACTION PLAN in line with Territory recommendations. These updates are available within the Head Office and SIL property and are available directly through <https://www.covid19.act.gov.au/updates> and/or through National's website *Employee Documents* button – <https://www.nationalcommunitycare.com.au/employee-documents>
- Liaise with ACT Health – Canberra Hospital in tracheostomy management in the event of a SIL property breakout. Relationship established.
- To ensure information an action plan is up to date, access to NDISQ&SC Outbreak, preparedness, prevention, and management fact sheet
- Monitor information and subscribe to provider alerts by Quality Advisory Committee on health Emergency Response to COVID-19, NDIS Quality Safeguards Commission, the Aged Care Quality and Safety Commission, ACT Chief Health Officer, ACT Health – Canberra Health Services
- Ensure adequate supply of PPE within scope of control overseen by Clinical Manager.
- Masks and PPE readily available to employees in the event of an outbreak.
- Ensure *Infectious Kit* is stocked and prepared within SIL Property and/or delivered to participant property.
- Comply with Mandatory Reporting responsibilities
- Provide support to employees and clients/participants during this high stress period, utilising referrals to the ACT government funded “Next Steps” program if required and/or Relationships Australia EAP.
- Supply additional PPE for those most vulnerable in our community with high traffic of care support services
- Invoice in line with NDIS COVID allowances.



### **Mandatory Reporting**

National is required by law to report any self-isolation incidents and or diagnosed cases of the virus to the Disease Surveillance Unit who is responsible for the coordination of the ACT Communicable Diseases Surveillance Program.

Furthermore, the usual mandatory reporting requirements are implemented to relevant agencies such as NDIS Quality and Safeguards Commission, Aged Care Quality and Safety Commission, Public Trustee and Guardianship were relevant.

### *COVID-19 Safety Action Plan*

In consultation with Employsure – employment advisor, National have developed and implemented a COVID-19 Safety Action Plan specific to care delivery and services within the community setting for employees. The plan implements National’s current policies including Work Health and Safety, Outbreak Procedure, Infection Control, Mandatory Reporting and Mandatory Training for both community setting, and SIL property.

A copy of the action plan will be made available to staff on request and can be found in the emergency folders in office sites.

Please note, this plan is in addition to National’s Emergency Response Planning.

### **RESOURCES**

- **COVID Cleaning** COVID-19 disinfectants | Therapeutic Goods Administration (TGA)
- **COVID-19 Resources** <https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information#train-covid>
- **NDIS COVID-19 Information Pack**  
[https://www.ndiscommission.gov.au/sites/default/files/documents/2020-08/covid-19-informationpack-ndis-providers-and-workers-issue-1-updated-july-2020\\_1.pdf](https://www.ndiscommission.gov.au/sites/default/files/documents/2020-08/covid-19-informationpack-ndis-providers-and-workers-issue-1-updated-july-2020_1.pdf)
- **Outbreak Preparedness Prevention and Management FACT SHEET**  
[https://www.ndiscommission.gov.au/sites/default/files/documents/2020-08/fact-sheet-covid-19outbreak-preparedness-prevention-and-management-aug-2020\\_0.pdf](https://www.ndiscommission.gov.au/sites/default/files/documents/2020-08/fact-sheet-covid-19outbreak-preparedness-prevention-and-management-aug-2020_0.pdf)
- **Provider Information on PPE FACT SHEET**  
<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-07/covid-19-fact-sheetinformation-providers-use-ppe-july-2020.pdf>
- **Behaviour Support and Restrictive Practices FACT SHEET**  
<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-03/fact-sheet-covid-19behaviour-support-and-restrictive-practices.pdf>
- **Managing behaviours of concern/new or increased restrictive practices during COVID-19 isolation**  
<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-10/fact-sheet-managingbehaviours-concern-and-new-or-increased-restrictive-19-isolation.pdf>

### **TRAINING**

All employees are required to undertake infection control training and in addition, the COVID-19 training. <https://www.covid-19training.gov.au/login> on an annual basis.

### **REFERENCE**

[COVID-19 | ACT Health Agency](#)



<https://screening.covid19.act.gov.au/user>

<https://health.act.gov.au/about-our-health-system/population-health/disease-surveillance>

<https://www.health.act.gov.au/public-health-alert/updated-information-about-covid-19>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019> <https://www.ndis.gov.au/coronavirus>

<https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information>IT



## Vancomycin Resistant Enterococci (VRE) Policy:

### What is VRE?

Enterococci are bacterium (or germs) that live in most people's gut and urinary system and usually do not cause illness. Enterococci can sometimes invade other parts of the body and cause infection. When enterococci are exposed to vancomycin, they sometimes develop ways to stop the antibiotic working, and this has led to the development of 'vancomycin resistant enterococci' (VRE). VRE is often passed from person to person by the hands of healthcare workers and caregivers after they have come in contact with other people with VRE or after contact with contaminated surfaces. It can also be spread directly to people after they touch surfaces that are contaminated. VRE is not usually spread through the air by coughing or sneezing.

### POLICY STATEMENT

National is committed to fostering a culture of safe care practices including effective infection prevention and control.

Employees are required to understand the rationale and comply with the responsibility to maintain high standards of infection prevention and control at all times to ensure the safety of those being cared for and staff and visitors in the care environment.

### SCOPE

This policy applies to all *National* employees.

### POLICY

Standard infection prevention and control precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection.

Standard precautions refer to those work practices that are applied during all instances of patient care, regardless of a perceived or confirmed infectious status. Implementing standard precautions as a first-line approach to infection prevention and control in healthcare facilities minimises the risk of transmission of infectious agents from person to person, even in high-risk situations.

### Employees Responsibilities

- hand hygiene, as consistent with the 5 Moments for Hand Hygiene
- keeping your hands clean to avoid getting sick and spreading germs that can cause infections
- participants and their caregivers should wash their hands with soap and water or use alcohol-based hand sanitiser, particularly:
  - after using the bathroom
  - before and after handling medical devices or caring for wounds
  - before preparing food
- the use of appropriate personal protective equipment (PPE)
- wearing gloves if hands may come in contact with body fluids that may contain VRE, such as stool (poop) or bandages from infected wounds, sputum from the trachy.
- Always wash your hands after removing gloves
- the safe use and disposal of sharps
- routine environmental cleaning
- frequently cleaning areas of the home, such as bathrooms, that may become contaminated with VRE
- reprocessing of reusable medical equipment and instruments
- respiratory hygiene and cough etiquette



- aseptic technique
- waste management
- appropriate handling of linen

#### **National responsibilities**

- Provide information, instruction, training, guidance and supervision to all staff to ensure that safe work practices are carried out to minimise the spread of infection, e.g. hand-washing, and standard precautions as well as other special procedures as appropriate.
- Ensure that all staff are informed about the rights and responsibilities of the client/participants
- Maintain the confidentiality of medical information.
- Provide access to counselling services for those staff who may become anxious about their health as a result of exposure to a potential hazard (whether true or perceived).
- Support the principles of anti-discrimination in relation to issues concerning the health status of staff, client/participants and visitors. (The law recognises that certain discrimination may be necessary - it is unnecessary discrimination, which offends the law).

#### **REFERENCES**

Vancomycin-resistant Enterococci (VRE) in Healthcare Settings

[www.cdc.gov/HAI/organisms/vre/vre.html](http://www.cdc.gov/HAI/organisms/vre/vre.html)

NHMRC – Australian Guide for the Prevention and Control of Infection in Healthcare (2019), Clinical Educators Guide Factsheet

[Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\) | NHMRC](#)

NHMRC – Australian Guide for the Prevention and Control of Infection in Healthcare (2019), VRE consumer factsheet brochure

[Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\) | NHMRC](#)





## NCC SIL Clinical and Related Waste Management

Standard precautions apply, including use of personal protective equipment (PPE), as applicable while still maintaining a “home” environment for the participants. Clinical or related waste can include Human Tissue Waste/ Wound dressings, sharps, Pharmaceutical Waste etc. Such waste should be disposed of accordingly-

### **Human Tissue Waste (blood/tissue/wound care waste)**

Put into an individual infectious waste bag before disposing in outside bin, using gloves and performing hand hygiene before and after.

### **Pharmaceutical Waste (Left of medications- liquids/tablets/patches)**

All left over medications to be returned to the pharmacy for appropriate disposal

### **Sharps**

To be disposed of in sharps containers and stored appropriately within the laundry. Once  $\frac{3}{4}$  full, National Home Support Team to drop off at any of the following sites:

### **Bulk Disposal**

Sharps containers used by diabetics and other medical syringe users can be dropped off at the following locations:

- Belconnen Health centre – Lathlain St, Belconnen
- City Health Centre - Cnr Alinga and Moore Streets, Canberra City
- Gungahlin Health centre – Ernst Cavanagh Street, Gungahlin
- Phillip Health Centre - Cnr Keltie and Corinna Streets, Woden
- Tuggeranong Health centre – Cnr Anketell and Pitman Street, Tuggeranong

### **Emergency Disposal (domestic only)**

Sharps containers used by diabetics and other medical syringe users can be dropped off at the following locations:

- Gungahlin Recycling Drop Off Centre – O’Brien Place, Gungahlin
- Tuggeranong Recycling Drop Off Centre – Scollay Street, Tuggeranong
- Mitchell recycling drop-off centre - Baillieu Court, Mitchell
- Belconnen recycling drop-off centre - Jolly Street, Belconnen
- Phillip recycling drop-off centre - Botany Court, Phillip
- Mugga Lane Resource Management Centre, Mugga Lane, Symonston
- Mitchell Resource Management Centre, Flemington Road, Mitchell

All incidents involving infectious material, body substances or hazardous substances are to be reported to the clinical coordinator, an incident form to be completed and submitted to the Director of National Community Care for investigation and review.



### *SIL Property Rubbish Disposal*

NCC Arrange for Suez Dumpster bin collection each Monday. This is to allow for the access in household waste collection accumulated between 4 participants requiring 24/7 care. There is a recycling and a rubbish dumpster in addition to the general household wheelie bins and green gardening waste bin.

### *Cleaning of Equipment*

Standard precautions apply, including use of personal protective equipment (PPE), as applicable. Equipment to be regularly cleaned to ensure infection control measures are met. Daily cleaning schedules may be implemented at the client/participants discretion and/or SIL Clinical Coordinator (within a SIL property) to ensure tasks are completed.

Items to be regularly maintained include but not limited to:

- Lifter - wiping down of lifter controls and head
- Shower chair/ shower bath/ equipment
- Wheelchairs / recliner shifts
- Beds/ mattresses
- General domestic tasks – surfaces such as bench tops/ moping bathrooms/ toilets/ vacuuming floors etc
- Windows / ledges etc

### *Spills Management*

Standard precautions apply, including use of personal protective equipment (PPE), as applicable. Spills of any sort should be cleared up immediately.

### *SIL Property: Spills Management*

Standard precautions apply, including use of personal protective equipment (PPE), as applicable. Spills of any sort should be cleared up immediately. Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, readily available for spills management can be found in the laundry.

Colour coded accordingly- **Yellow:** General Areas, **Blue:** Bathrooms, **Red:** Infectious/Bodily Fluids

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' to be used. This can be found in the laundry.

- Appropriate Leak-Proof Bags
- Disposable Gloves Suitable For Cleaning (Vinyl Gloves Are Not Recommended For Handling Blood)
- Eye Protection (Disposable Or Reusable)
- A Plastic Apron
- Face Shield
- Disposable Wipes



- Disinfectant Wipes

Single-use items in the spills kit should be replaced after each use of the spills kit. This is the responsibility of the person returning the kit to the laundry after use. With all spills management protocols, it is essential that the affected area is left clean and dry.

All incidents involving infectious material, body substances or hazardous substances are to be reported to the clinical coordinator, an incident form to be completed and submitted to the director of National Community Care for investigation and review.

#### *SIL Property: Linen Service Procedure*

- For infectious control purposes, participants can choose to utilise an external linen service. National Community Care- Home Support will liaise with the linen service provider to ensure a seamless service for the participant to maintain safe infectious control measures.
- National - Home Support team are to ensure all soiled linen is stored in the appropriate linen collection bags within the participants bedroom cupboards until collection day.
- Linen will be collected by the external service provider weekly.
- On collection day, carer is to complete the linen service order form for necessary linen required for the coming week and place soiled bags and order forms out the front of the House ready for the Linen service truck to exchange.
- Carers to bring in fresh linen and store appropriately in linen cupboard.

#### *SIL Property Washing Service Procedure*

- For infectious control purposes, participant washing must be completed per participant rather than mixed together. At the conclusion of each wash, a sterilizer wash cycle must be completed with the provided Milton tablets before commencing the next participants washing.
- Signs are available to identify whose washing and/or drying is currently within the machines to ensure the avoidance of cross contamination.
- Any soiled items, must first be rinsed off within the participants shower (using PPE), prior to putting in the washing machines. The washing machine equipment is residential only, not commercial. As such they are not built for heavily soiled items.

### **TRAINING REQUIREMENTS**

All service delivery employees are required to undertake annual refresher infection control training. This may be a face-to-face delivery workshop, an external service provider, and/or through National's online training platform – Altura.



## Environmental Sustainability Policy

### **POLICY STATEMENT**

This Environmental Sustainability Policy formalises our commitment to supporting the principles of environmental sustainability and recognises that a sustainable environment is central to our lives and our work.

The aim of our Environmental Sustainability Policy is to:

- implement environmental actions within the company
- monitor the environmental actions and improvements internally
- communicate environmental initiatives internally and externally.

### **SCOPE**

This policy applies to all employees.

### **POLICY**

National Community Care respects our relationship with the natural environment and its ecosystems. We acknowledge the adverse impacts that human activity can impose and take actions to prevent degradation of those natural systems.

National commits to the following principles and practices:

- Commit to fostering the sustainable use of the Earth's resources by “treading lightly”, recognising the approach of Australia’s Indigenous people in minimising our impact on the land;
- Ensure we work closely with our clients, suppliers, and other stakeholders to continually improve our business processes which affect the environment;
- Explore best practice and innovative environmental management approaches to the use of education, technology and infrastructure;
- Foster the initiation and ownership of environmental activities by all our staff through
- Complying with relevant Australian Commonwealth, State and Local environmental policy, practices, regulations and legislation, and industry-specific legislation.
- Reducing the consumption of natural resources in daily operations, including water, paper and energy.
- Maximising the recycling of resources, implementation of additional marked bins within office and SIL spaces.
- Disposing of waste appropriately, including accessing external specialised collections
- Providing training surrounding infection control waste management
- Committing to the principles of preventing pollution to the environment and continual improvement.
- Where possible, encouraging suppliers to meet high standards of environmental performance.
- Monitoring and managing our environmental performance and working towards targets set to reduce adverse impacts including becoming paperless by 2025.
- Communicating this policy to all employees, contractors and other stakeholders, as well as making this policy available to the general public upon request.
- Reviewing this policy annually and measuring targets and performance as part of that review.



## Environmental Procedures & Processes

Whilst employees are encouraged to practice sustainability any and all activities must comply with WHS safety requirements as a priority over environmental issues. For clarity examples of this include:

Turning lights off in a stairwell may reduce use of electricity, however causes a known trip hazard if lighting is inadequate to ensure employee safety.

Despite PPE not being recyclable material, all employees are required to DON PPE as per infection control and prevention requirements to protect the health and wellbeing of employee and the participant

## Reducing and reusing paper

Employees must make every effort to reduce the use of paper to meet our goal to become a paperless office by 2025:

- Avoid printing paper-based copies of documents that can be accessed digitally
- Send agenda items and meeting minutes electronically
- Ask suppliers to send electronic invoices
- Assess and Read policies and procedures online
- If printing is required, print double sided.
- Employees must make every effort to reuse clean, used paper with the exception of sensitive and confidential documentation that should always comply with our confidential waste processes.

## Recycling

Employees must:

- Place their own recyclable resources into the correct receptacles provided.
- Office spaces to dispose of Printer cartridges appropriately. This can be dropped at OfficeWorks sites and/or the Printer servicing company will collect per servicing visits.
- Use the general waste bin only for disposing of waste that cannot be reused or recycled.
- Within SIL properties, and/or participants that actively choose to implement a compost waste should be supported by employees.
- Within SIL properties, any overflow of cardboard boxes should be flat packed and disposed of at the closest recycling centre within the ACT. There are 5 sites across the ACT. Centres can be found here: [Recycling drop off centres - City Services \(act.gov.au\)](https://www.cityservices.act.gov.au/recycling)

## Waste Disposal

If an item cannot be reused, recycled, or donated, it must be disposed of by placing it in the general waste bins in each relevant space. Items to place in general waste can include:

- Used takeaway food or drink containers that are not identified as part of the recycling system
- Food scraps
- Used tissues
- Soiled or wet paper or cardboard
- Used Personal Protective Equipment
- Infectious household waste

Items such as unused medications should be returned to the pharmacy for correct chemical disposal.



Any hazardous chemicals such as paint or pesticides must be disposed of by appropriately, however, NCC identify this is not a current requirement for any supports we provide. In the event this changes, an individual procedure will be developed to support the participant.

### Water Consumption

Employees must:

- Not leave taps running unnecessarily
- Turn taps off after use
- Turn the dishwasher on in the lunchroom second daily OR when it is full, which ever occurs first.
- Run the dishwasher on economy setting
- Report dripping taps, running toilets etc

### Electricity Consumption

As part of our 'Switch of Campaign' employees must:

- Turn lights off when last leaving the office at the end of the day
- Turn down brightness settings on all screen devices
- Disable screen savers
- Close applications on desk tops that you are not actively utilising
- Close doors/windows when air cooling or heating is on
- Report broken or flickering lights

### Reporting

If you observe any of the following immediately verbally report the situation to your manager / team leader and complete an incident/accident report identifying the concern/hazard.

- An actual and/or potential environmental hazard
- A sustainability inefficiency/issue
- Seemingly wilful waste of resources
- A breach in compliance with this policy

### Ideas and Suggestions for improvement

Employees are always encouraged to share their ideas and suggestions to improve any of NCC's practices. This can be done so verbally to your team leader or manager. It can be done so in the SIL properties and office by utilising the suggestion boxes, raised at meetings etc.

# Vehicle and Transportation



**Current Version**

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

**Modification History**

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Inclusion across community
1.1	5/2023	Natashia Telfer	CEO	Updates to claiming KMs in line with Brevity features

**In conjunction with:**

- Code of Conduct
- Daily Operations
- Brevity App Onboarding Framework
- Record Keeping Policy Framework
- Disciplinary Policy
- [Pay, Bonuses and Leave Policy and Guidelines.docx](#)



## Use of Personal Vehicle Policy

### **POLICY STATEMENT**

National is committed to providing quality care in an environment of professional practice, ensuring the safety, health and well-being of staff and client/participants when staff are required to use personal vehicles for client/participant transportation

### **SCOPE**

This policy applies to all National employees that partake in transport/escort services.

### **POLICY**

#### **National**

While National will provide client/participants with transportation services, it will be staff responsibility to ensure their vehicle is kept clean and meets ACT Road Transport Authority guidelines.

#### **National is responsible for the following:**

- Providing employees with adequate information regarding National protocol in the event of a motor vehicle accident.
- Ensuring staff are given location details, picking the client/participant up and destination
- Staff allocated a transport shift have a vehicle and can complete the transport shifts
- In the event of a motor vehicle accident National is required to notify relevant third parties (case managers, carers, family, relevant authorities etc) and keep a record of accident.
- National to keep a copy of employee driving details for the duration of their employment.
- Checking kilometres are within reason
- National will pay all employees who are not paid above award wage for eligible KMs as per the Nurses Award 2010

#### **The employee is responsible for:**

- A full ACT drivers licence, a copy to be provided to Agency
- Recommended up to date Comprehensive insurance policy, a copy to be provided to Agency
- The maintenance of their vehicle, including current registration of vehicle
- Abiding by ACT and surrounding NSW region road rules
- Recording kilometres and submitting to NATIONAL by Sunday 5pm
- To notify National of driving infringements as they occur or may be pending court dates
- Should an employee incur any traffic infringements and/or charges during work hours, they are responsible for this infringement charges and liable for payment and any charges incurred.
- Abiding by manual handling policies (see Manual Handling Policy) and assisting client/participants safely in and out of vehicle





## Motor Vehicle Accident Procedure

In the event of a Motor Vehicle Accident, where it is safe to do so, employees must take appropriate and immediate action to minimise the risk of further injury or damage to self, client/participant and/or other road users.

- Call emergency services, ACT law requires police presence to 2+ car accidents.
- Make an assessment to determine if an ambulance should be called for medical attention and assessment.
- Employee will notify National as soon as possible, and supply updates as requested.
- Employee must lodge Incident & Accident form to National within 24hours of occurring, unless medical circumstances prevent you from doing so. (*Refer to Incident and Accident Reporting Policy*)
- Upon returning to work after a motor vehicle accident National may require the employee to obtain a medical clearance

### CONTACTS

**National Contacts**

Daily Operations 0401 439 798 / 6242 4978

**ACT Police / Emergency Services**

6256 7777 / 000

**Work Safe ACT**

6207 3000

Worksafe.act.gov.au

**Work Cover NSW**

13 10 50

Website not applicable

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

### NDIS Commission

Registered NDIS providers are required to record and manage all incidents that happen in the delivery of NDIS supports and services in their internal incident management systems, and notify the NDIS Commission of reportable incidents. Please see Compulsory Reporting – NDIS Policy & Procedure.

### ACT Care & Protection Services

Centralised Intake Service: 6207 6956

Mandated Reporters: 1300 556 728 / [childprotection@act.gov.au](mailto:childprotection@act.gov.au)

General Public after Hours: 1300 556 729

Crisis Service: 1300 556 729

To be notified of any serious incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

### (DSS) Aged Care Complaints Scheme

1800 550 552



[Agedcarecomplaints.govspace.gov.au](https://agedcarecomplaints.govspace.gov.au)

To be notified within 24hours (after police) of any serious suspicion or allegation of abuse, incident reporting such as the death of, or serious injury to a aged care participant, significant damage to property or serious injury to another person by participant.

**Relevant Legislation and References:**

(Canberra Connect – reporting accident online form)

(ACT Road Transport Authorities)

Health Records (Privacy and Access) Act 1997

Working with Vulnerable People Act 2011

Human Rights Act 2004

Human Rights Commission Act 2005

National Disability Insurance Scheme Act 2013

Work Health & Safety Act 2011

Health Professionals Act 2004

Territory Records Act 2002

Information Privacy Act 2014

Official Visitor Act 2012

Disability Services Regulation 2014

Disability Services Act 1991



# Governance Frameworks

## Current Version

<b>Service Area</b>	Disability / Aged / Health / Community	<b>Version</b>	1
<b>Process Owner</b>	Governance Lead   RCO	<b>Date of Issue</b>	Sep-2022
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Sep-2023

## Modification History

Version	Date	Author	Approved by	Description of change
1	28.09.2023	Stacey Madden	CEO	New policy



## Risk Management Policy

### **POLICY STATEMENT**

National Community Care (NCC) is committed to ensuring that we empower and strengthen people's capacity to live in their own homes with individualised services that encompass their needs, wants, abilities and aspirations. At NCC we are committed to supporting participants and their families to achieve their very best in optimal health, independence and comfort through high quality, community care services. To help achieve this goal NCC is committed to managing risks which may prevent participants reaching this goal.

Each company is unique and the approach to managing risk needs to be appropriate and tailored to the activity, size, complexity and risk profile. A company's approach to risk management must be consistent with the *AS/NZS ISO 31000:2018 Risk Management Principles and Guidelines*.

### **PURPOSE**

A risk is defined as the effect of uncertainty on business objectives.

Risk management is the coordination of activities that direct and control the department regarding risks. It is commonly accepted that risk management involves both the management of potentially adverse effects as well as the realisation of potential opportunities.

In performing our daily activities and responsibilities, risk management can be described as the collection of deliberate actions and activities that we carry out at all levels to identify, understand and manage risks to the achievement of our objectives.

### **SCOPE**

This policy applies to all employees of National Community Care

### **POLICY**

#### **Employee responsibilities:**

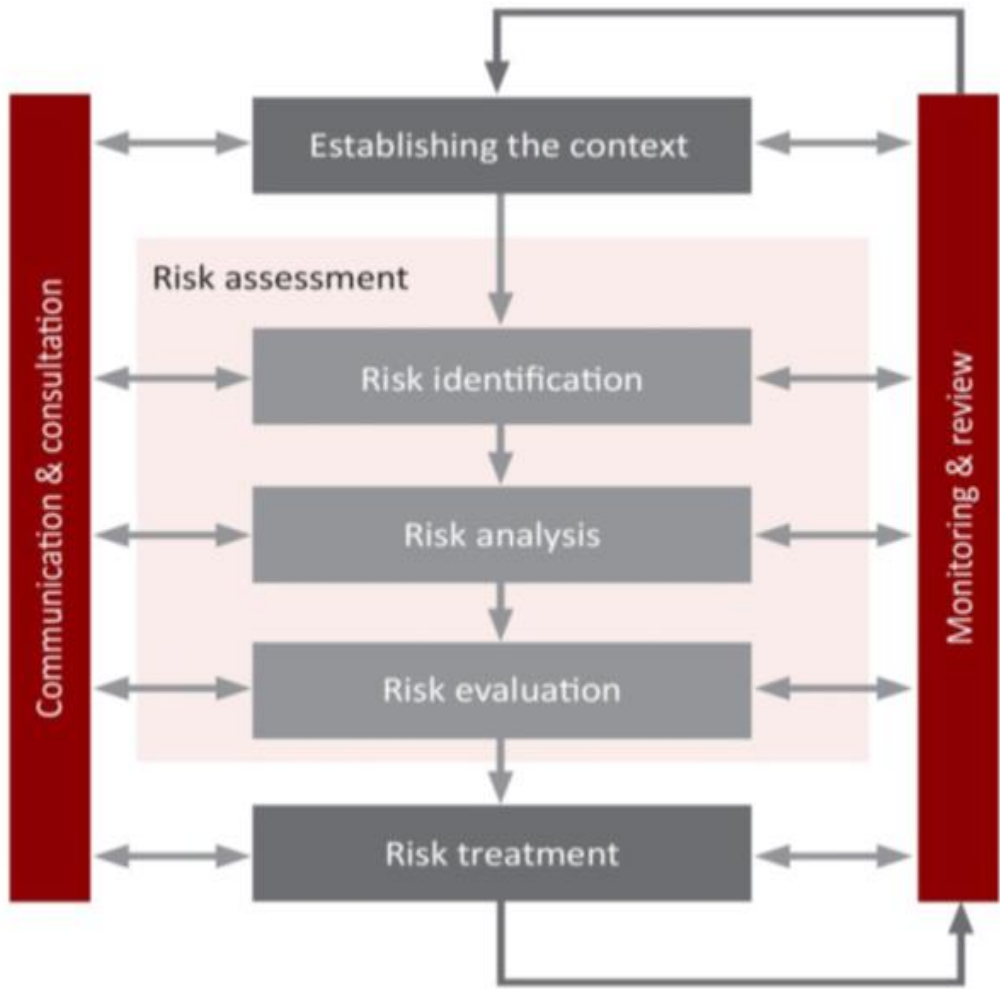
- recognise, communicate and respond to emerging or changing risks,
- contribute to the process of developing risk assessments,
- comply with relevant guidelines, instructions and policies as they relate to their area of work, and identify and escalate any risk.
- responsible for appropriately identifying, assessing and managing all risks to which they are exposed.
- identified risks are to be reported to your up line superior

#### **Management Responsibilities:**

- continual improvement in risk management and organisational performance
- identify type of risk and update risk register appropriately
- full accountability for risks, controls and risk treatments
- application of risk management in all decision making, whatever the level of importance and significance
- continual communication and consultation with stakeholders; and
- full integration of risk management in the company's governance structure.



**RISK MANAGEMENT PROCESS:**



**Risk Identification:**

Identify risks, it's sources and potential consequences

**Who's Responsible:**

All employees of NCC are responsible to identify and escalate any risk

**Current Risk Register categories:**

The following outlines the current categories in the risk register and who is responsible for updating the following risks categories.

**Reportable Risk-** COO and Clinical Team

**WHS Risk -** COO



**Operational Risk-** CEO/COO

**Clinical Risk-** Clinical Team

All risks will be added to the risk register as they become apparent to the above employee responsible. The Risk Register will be audited yearly in conjunction with the accident and incident register audit to ensure risks are being identified and updated as per this policy.

Furthermore, weekly Risk Meetings are to occur with Governance Lead and all Lead roles to identify all currently active risks in the register and review any patterns of incident to support in the mitigation of risk to participants, employees and organisation.

#### **REFERENCES**

NCC Risk Management Framework

Risk Management Templates

[1 - Community Risk Profile TO COMPLETE .docx](#)

[5 - Living Alone RISK ASSESSMENT .docx](#)

[1. New Participant CLINICAL Risk Profile\\_NCCv1.docx](#)

Living Alone Risk Assessment Policy

[See Participant Onboarding Policies and Guidelines](#)



## Risk Assessments Policy

### **POLICY STATEMENT**

National Community Care (NCC) is committed to providing a safe workplace environment and ensuring the safety, health and wellbeing of all employees and participants. This is supported by NCC with the use of the Risk Framework and matrix.

### **PURPOSE**

**Ethical Obligations** - It is desirable for employees of Ncc to work in an environment that is conducive to their safety and health at work.

**Legal Obligations** - The law imposes duties upon both Management and employees concerning Workplace Health and Safety

**Financial Obligations** - The cost of workplace injuries both in insured losses and uninsured losses makes it imperative that steps be taken by all levels of management and employees, whether they are from NCC Head Office or where work is being undertaken, to achieve the aims of the Workplace Health and Safety Policy. If an employee has any concerns in relation to their safety or the safety of others in the workplace, the employee is required to report them to NCC Management and the relevant broker and/or participant/participant, who will take all practicable steps to provide and maintain a safe work environment.

### **SCOPE**

This policy applies to all employees of National Community Care

### **POLICY**

#### ***National Community Care Registers***

- NCC implement annual risk framework reviews on the organisation.
- NCC maintain and incident/accident register, any identified risks are then added to the risk register and framework is applied to remove, and/or minimise the identified risk and/or outcome.

#### ***Individualised Risk Assessments***

- Upon the commencement of new participants, individualised risk assessments are undertaken to identify any risks. This assessment is valid for two years with a 6-month grace period thereafter if no changes are identified.
- A new assessment is required immediately when a new risk is identified and/or significant changes to the participants supports have occurred and/or serious incident.
- All complex clinical participants require the extensive risk assessment to be implemented.
- Participants, informal supports and formal supports may contribute to the risk assessment plan
- All key works must be aware of any identified risks and the action required to minimise a consequence. These will be outlined within the participants careplan/service guide as required.
- A family disaster plan is provided to the participant to complete for their records.

See [All Register - NCC.xlsx](#)



## Risk Identification Procedure

### Service Delivery

- 1 – A risk is reported to NCC Management by either an employee or participant verbally or in writing
- 2 – A review of the participants risk assessment is undertaken to determine if this risk was previously identified in the participant initial review, if not then the Clinical Team and CRO will attend the participants home of the risk being reported. Timeframe of scheduled visit will be determined by the consequences identified of said risk. (for example – light bulb out, no visit required, follow up with informal supports. However a medication incident may require a visit within 1 business day for review)
- 3 – A risk review will be undertaken to determine the likelihood of the new risk and the consequences (to the participant and any employee) if the new risk was to be realised.
- 4 – The risk will be rated against the current set of controls in place by NCC for all community-based care.
- 5 – If the risk rating cannot be reduced based on the current set of controls then the identification and implementation of new treatment(s) will be initiated.
- 6 – The identified treatment(s) will be given a completion date and will be implemented under the supervision of the Clinical Team and CRO.
- 7 – Once the treatment(s) have been completed this will be up dated in the participants service guide, the new risk assessment will be completed and the new controls will be communicated to all employees. In addition, the new control(s) will be reviewed against any other community participants to determine if these are appropriate for them and can also be implemented.
- 8 – The new risk is updated into the risk register, as well as all identified controls

### Non-Service Delivery

- 1 – A risk is identified or reported to any of NCC Executive.
- 2 – The risk is reviewed against the current [Operational RISK Register.xlsx](#)  
Currently only available to senior management.
- 3 – If a new risk has been identified, the risk will be reviewed by the NCC Executive to determine the likelihood and consequences of the risk being realised
- 4 - The risk will be rated against the current set of controls in place by NCC
- 5 – The new risk will be added to the .....
- 5 – If the risk rating cannot be reduced based on the current set of controls then the identification and implementation of new treatment(s) will be initiated.
- 6 – The identified treatment(s) will be given a completion date and will be implemented under the supervision of the CEO and CRO.





7 – Once the treatment(s) have been completed the risk will be reassessed to determine if the risk rating is acceptable, if not steps 5 and 6 will be undertaken again.

8 – Once the risk and it's rating is accepted by the Executive is will be reviewed on an annual basis, or as needed.



## Risk Management Framework 2024

### DOCUMENT CONTROL

<b>Managed by:</b> Guy Telfer	<b>Responsible position:</b> Risk Compliance Officer - National Community Care Pty Ltd
<b>Date Approved:</b> June 2023	<b>Next review date:</b> June 2024



**VERSION CONTROL RECORD**

<b>Version</b>	<b>Date</b>	<b>Status and changes (include an explanation of reason for change)</b>
V1	05/06/2015	Draft version completed
V1	10/06/2015	Version Endorsed by Executive Directors
V2	05/06/2016	Draft version completed
V2	10/06/2016	Version Endorsed by Executive Directors
V3	05/06/2017	Draft version completed
V3	10/06/2017	Version Endorsed by Executive Directors
V4	05/06/2018	Draft version completed
V4	10/06/2018	Version Endorsed by Executive Directors
V5	20/06/2019	Draft version completed
V5	22/06/2019	Version Endorsed by Executive Directors
V6	5/06/2020	Draft version completed
V6	5/06/2020	Version Endorsed by Executive Directors
V7	2/07/2021	Draft version completed
V7	5/07/2021	Version Endorsed by Executive Directors
V8	22/06/2022	Draft version completed
V8	23/06/2022	Version Endorsed by Executive Directors
V9	02/06/2023	Draft version completed
V9	07/06/2023	Version Endorsed by Executive Directors



## Purpose

The National Community Care Pty Ltd *Risk Management Framework 2023* (the Framework) provides the necessary foundations and organisational arrangements for managing risk across National Community Care Pty Ltd. The Framework outlines how National Community Care Pty Ltd ensures that it manages risks effectively and efficiently.

It illustrates how risk management is embedded in our systems to ensure it is integrated at all levels and work contexts. It describes the key principles, elements and processes to guide all employee in effectively managing risk, making it part of our day-to-day decision-making and business practices.

National Community Care Pty Ltd applies risk management across the entire organisation, as well as specific functions, programs, projects and activities. Implementation of the Framework contributes to strengthening management practices, decision making and resource allocation, while at the same time protecting the public interest and maintaining trust and confidence.

Implementation of the Framework requires all employee to apply risk management principles to fulfil their responsibilities, to ensure cost-efficient and effective service delivery.

## What is risk management?

A risk is defined as the effect of uncertainty on business objectives.

Risk management is the coordination of activities that direct and control the department with regard to risks. It is commonly accepted that risk management involves both the management of potentially adverse effects as well as the realisation of potential opportunities.

In performing our daily activities and responsibilities, risk management can be described as the collection of deliberate actions and activities that we carry out at all levels to identify, understand and manage risks to the achievement of our objectives.

## Benefits of risk management

The benefits of embedding risk management at all levels of the department are:

- effective management of adverse events or opportunities that impact on our purpose and objectives
- ability to make informed decisions regarding management of potential negative effects of risk and take advantage of potential opportunities
- improved planning and performance management processes — enabling us to focus on core business service delivery and implement business improvements
- ability to direct resources to risks of greatest significance or impact
- greater organisational efficiencies through avoiding 'surprises'
- creation of a positive organisational culture in which people understand their role in contributing to the achievement of objectives.

## AS/NZS ISO 31000:2018 Risk Management Principles and Guidelines

Each company is unique and the approach to managing risk needs to be appropriate and tailored to the activity, size, complexity and risk profile. A company's approach to risk management must be consistent with the *AS/NZS ISO 31000:2018 Risk Management Principles and Guidelines*.

The following risk management principles, framework and processes have been adopted from *AS/NZS ISO 31000:2018 Risk Management Principles and Guidelines*.





## Principles of risk management

The 11 **principles of risk management** state that risk management:

- creates and protects value;
- is an integral part of the company's processes;
- is part of decision making processes;
- explicitly addresses uncertainty;
- is systematic, structured and timely;
- is based on the best available information;
- is tailored to the company;
- takes human and cultural factors into account;
- is transparent and inclusive;
- is dynamic, iterative and responsive to change; and
- facilitates continual improvement of the company.

To further enhance their performance in managing risk National Community Care Pty Ltd should also apply the following approaches:

- continual improvement in risk management and organisational performance;
- full accountability for risks, controls and risk treatments;
- application of risk management in all decision making, whatever the level of importance and significance;
- continual communication and consultation with stakeholders; and
- full integration of risk management in the company's governance structure.

## Tools – risk registers

The risk register enables employee to document, manage, monitor, review and update strategic, corporate and operational risk information. Risk register reporting allows management to monitor and review risks in alignment with the strategic plan, the company's operational plans, programs of change and other cascading plans.

Information from the risk management process is recorded, reported and monitored using National Community Care Pty Ltd risk register.

## Risk reporting

As there is no one single risk report that meets the decision-making needs of an organisation, risk reports are to be tailored by the accountable area to support management decision making during the planning and review processes.

- Risk reports draw information from the risk registers and, depending upon the requirements, may include:
  - a demonstration of the link between objectives and risks
  - priorities, based on the risk rating, accompanied by information on key controls and treatments needed to modify the risk
  - risks that are getting worse, success of treatment plans and risks that require additional attention
  - new risks that may still need to be fully considered and understood
  - potential areas that require urgent attention
  - main areas of exposure

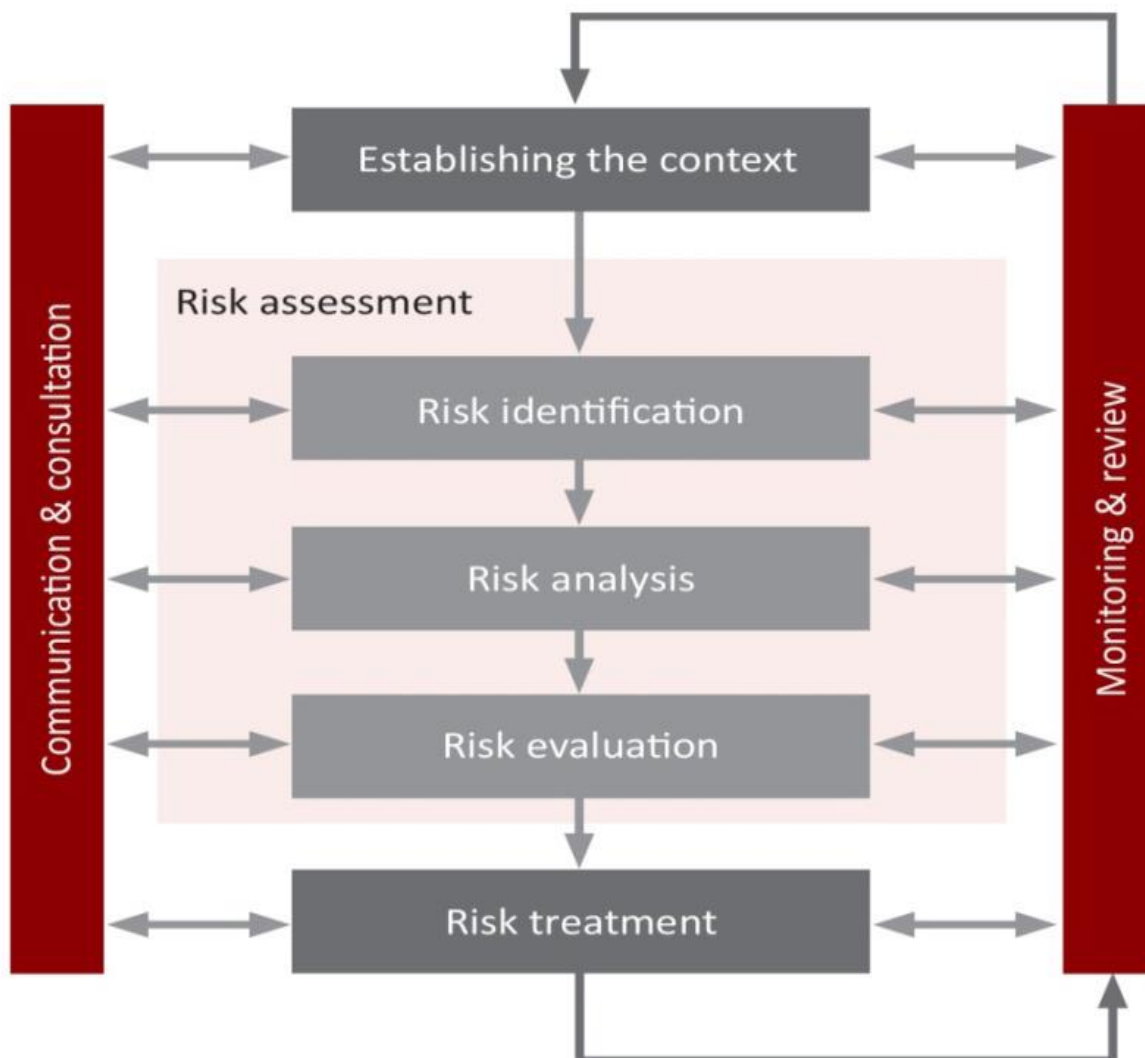


- systemic control analysis
- untreated risks and risk treatments that are overdue
- risk owners.

### Emerging Risks

Where new risks are identified outside of normal business planning and review cycles, the relevant risk plan should be updated immediately and, depending on the consequence and likelihood of the risk, it should be escalated through the appropriate line area as a matter of priority

### Risk management process



The risk management process is designed to ensure that risk management decisions are based on a robust approach, assessments are conducted in a consistent manner, and a common language is used and



understood across National Community Care Pty Ltd Consistent with AS/NZS ISO 31000, the risk management process consist of seven steps, as outlined in the table below.

Process Step	Description	Process
Communication and Consultation	<ul style="list-style-type: none"> <li>Involving stakeholders (internal and external) and information sharing throughout the risk management process, vertically and horizontally across the department.</li> </ul>	<ul style="list-style-type: none"> <li>Context is appropriately defined.</li> <li>Employee that are involved throughout the risk process understand the basis for decisions and actions required.</li> <li>Lessons learnt are shared and transferred to those who can benefit from them.</li> </ul>
Establish Context	<ul style="list-style-type: none"> <li>Understanding the department's objectives and defining the external and internal environment within which the department operates.</li> </ul>	<ul style="list-style-type: none"> <li>Understand factors influencing the ability to achieve objectives.</li> <li>Determine boundaries within which the risk management framework operates.</li> <li>Define risk criteria to ensure risks are assessed in a consistent manner.</li> </ul>
Risk Identification	<ul style="list-style-type: none"> <li>Identifying risks, its sources, causes and potential consequences.</li> </ul>	<ul style="list-style-type: none"> <li>Generate a comprehensive list of threats and opportunities based on those events that might enhance, prevent, degrade, accelerate or delay the achievement of objectives.</li> </ul>
Risk Analysis	<ul style="list-style-type: none"> <li>Comprehending the nature of the risk and determining the level of risk exposure (likelihood and consequence).</li> </ul>	<ul style="list-style-type: none"> <li>Provide an understanding of the inherent (level of exposure should controls fail) and controlled risk (level of exposure with controls in place).</li> <li>Assist with identifying ineffective controls.</li> <li>Inform risk evaluation and guide risk treatment.</li> </ul>
Risk Evaluation	<ul style="list-style-type: none"> <li>Comparing the risk analysis with the risk criteria to determine whether the risk is acceptable or tolerable.</li> </ul>	<ul style="list-style-type: none"> <li>Determine whether the controlled risk is acceptable.</li> <li>Determine if controlled risks need further treatment.</li> <li>Identify priority order in which individual risks should be treated.</li> </ul>
Risk Treatment	<ul style="list-style-type: none"> <li>Selecting one or more options for modifying the risk.</li> <li>Reassessing the level of risks with controls and treatments in place (residual risk).</li> </ul>	<ul style="list-style-type: none"> <li>Identify treatments for risks that fall outside the department's risk tolerance.</li> <li>Provide an understanding of the residual risk (level of risk with controls and treatments in place).</li> </ul>





		<ul style="list-style-type: none"> <li>Identify priority order in which individual risks should be treated, monitored and reviewed.</li> </ul>
Monitor and Review	<ul style="list-style-type: none"> <li>Determining whether the risk profile has changed and whether new risks have emerged.</li> <li>Checking control effectiveness and progress of the treatment plan.</li> </ul>	<ul style="list-style-type: none"> <li>Provide currency of risk information</li> <li>Identifying emerging risks.</li> <li>Provide feedback on control efficiency and effectiveness.</li> <li>Identify whether any further treatment is required.</li> <li>Provide a basis to reassess risk priorities.</li> <li>Capture lessons learnt from event failures, near-misses and success.</li> </ul>

### Monitoring, review and continual improvement of the Framework

Risk management should support organisational performance through indicator based risk reviews, progress measurement against the risk management plan, risk framework appropriateness and effectiveness and risk reporting. Continual review of the framework should be based on results of monitoring and reviews, with decisions relating to how the framework and plan can be improved to support management of risk and an improved risk management culture.

Some of the processes that support continuous improvement and review of the Framework include:

- regular assessment of the quality of risk management processes and artefacts prepared by business areas to identify opportunities for improvement
- a baseline and ongoing risk management culture survey data to inform improvement, communication and training requirements
- regular reviews of models, frameworks, and standards used in other organisations and jurisdictions to ensure that our Framework continues to reflect contemporary best practice
- ongoing training and development for all employee to ensure that National Community Care Pty Ltd is equipped with a sound knowledge and skills base
- inclusion of, and measurement against, performance measures relating to National Community Care Pty Ltd performance with regard to risk management and other key governance processes in Corporate Strategy and Performance's operational plan.

Management will review the Framework annually and will work with all relevant areas to ensure that the Framework and associated business processes continue to meet local needs as risk management matures and improves.

### Employees

All employees are required to comply with National Community Care Pty Ltd Risk Management framework and apply risk management processes within their work unit.

Employees responsibilities are to:

- recognise, communicate and respond to emerging or changing risks,
- contribute to the process of developing risk assessments,
- comply with relevant guidelines, instructions and policies as they relate to their area of work, and



- identify and escalate any risk.
- responsible for appropriately identifying, assessing and managing all risks to which they are exposed.

### Other Risk Terms

The following provides an overview of other risk terms

Residual Risk	The risk remaining after risk treatment; also known as retained risk. Can include unidentified risk.
Risk	The effect of uncertainty on objectives. An effect may be positive or negative. Objectives may be related to aspects such as financial, health and safety or environmental and may apply at strategic, operational project or process related levels.
Risk Analysis	Process to understand the nature of the risk and to determine the level of risk.
Risk Attitude	The organisation's approach to assess and pursue, retain, take or turn away from risk.
Risk Control	Measures taken to modify the risk or reduce an undesired consequence.
Risk Criteria	Terms of reference against which the significance of risk is evaluated. Based on organisational objectives and internal and external contexts. Risk criteria can be derived from standards, laws, policies and other requirements.
Risk Evaluation	The process of assessing risk analysis results to determine whether the risk and/or its magnitude is acceptable or tolerable. Risk evaluation assists the decision about risk treatment and needs to consider the risk appetite and risk tolerance of the organisation.
Risk Event	An occurrence or change of a particular set of circumstances. May have one or more occurrences and can have several causes. An event can consist of something not happening and may also be referred to as an 'incident'.
Risk Identification	The process of finding, recognising and describing risks. Involves the identification of risk sources, events and potential consequences. Can involve historical data, theoretical analysis, informed and expert opinions and stakeholder needs.
Risk Management	The combination of organisational systems, processes and culture which facilitate the identification, assessment, evaluation and treatment of risk to achieve an appropriate balance between realising opportunities while minimising losses in the pursuit of strategic objectives.
Risk Management Framework	Set of components that provide the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management throughout the company.



<b>Risk Owner</b>	A person or entity that has the accountability and authority to manage a risk.
<b>Risk Profile</b>	A description of any set of risks. The set of risks can contain those that relate to the whole organisation or part of the organisation.
<b>Risk Management Process</b>	Systematic application of management policies, procedures and practices to the activities of communicating, consulting, establishing the context, and identifying, analysing, evaluating, treating, monitoring and reviewing risk.
<b>Risk Register</b>	Record of information about identified risks.
<b>Risk Strategy</b>	A risk management strategy (may be referred to as the risk plan or risk policy) that outlines and describes the key elements of the risk management framework. It specifies the approach, the management components and resources to be applied to the management of risk.
<b>Risk Tolerance</b>	The company's readiness to bear the risk after risk treatment in order to achieve objectives. Risk tolerances are based on the maximum level of acceptable risk and may be expressed in various ways depending on the nature of the risk.
<b>Risk Treatment</b>	Process to modify risk, may include deciding to take, retain, avoid, remove, change or share the risk. Risk treatments that deal with negative consequence may also be referred to as risk mitigation.



## Operational Insurance Policies and Renewals

### **POLICY STATEMENT:**

In fostering a safe and harmonious work environment, National seeks to provide the best quality insurance coverage for its employees, care recipients.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

In the event of an accident or incident, National has the appropriate levels of insurance coverage to ensure their staff and clients, as well as general members of the public are covered where required.

National Currently holds the following insurance policies:

- Workers Compensation
- Public Liability Insurance
- Professional Indemnity: Medical Malpractice
- Business Assets
- Cyber Security

### ***National Responsibilities:***

National will continue to assess the best practice levels of cover in line with the requirements of the National Insurance Disability Quality Safeguards Commission and other brokered service providers to ensure the best quality insurance at the best price is purchased.

National regularly tests the market to continue to ensure that its coverage remains the best available in the current environment.

By best coverage, this includes the quality of the insurance such as claims handling, assistance provided and responsiveness to any notification that is provided to them for a potential claim.

National often source this insurance through an insurance broker and this insurance broker provides National advice in relation to the quality of these processes to ensure it is not only value for money but the best coverage in the event of a notification leading to a claim.

National undertakes 6 monthly reviews of the insurances and their ongoing insurance requirements to make sure it has the appropriate cover in place and annual renewals as part of its ongoing insurance program.

### **Key Personnel Contacts:**

#### **NCC CFO**

Lisa Walker

0413 955 956



# Operational Reviews, Auditing and Quality Assurance

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.4
<b>Process Owner</b>	Governance Lead   Clinical Team   CEO	<b>Date of Issue</b>	Feb 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Feb 2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2015	Natashia Telfer	Employsure	New policy
1.1	12/2019	Tahla Small	Employsure	COVID Checks added to policy
1.2	7/2021	Natashia Telfer	GM	Implementation of MOA, added to policy
1.3	04/2022	Natashia Telfer	CEO	Inclusion of External consultancy services
1.4	2/2023	Natashia Telfer	CEO	Restructure of policies (content unchanged)
1.5	2/2024	Natashia Telfer	CEO / GM	Review. Unchanged



## Quality Assurance Policy

### **POLICY STATEMENT**

National promotes high standards of behaviour and conduct for all employees and takes appropriate corrective action where those standards are not met. National believes that to promote good employee relations it is necessary to demonstrate that employees will be treated fairly, reasonably, promptly, impartially, and consistently in matters relating to discipline.

### **SCOPE**

This policy applies to all employees of National.

### **PURPOSE**

Quality Assurance is an organised process that evaluates, assesses and seeks to improve an aspect of National Community Care service delivery to participants and community. Such activities often involve the collection, use and disclosure of health, personal and sensitive information for the purpose of funding, management, planning, monitoring improvement or evaluation of provided services. Common activities include the ongoing monitoring of the incident register, root cause analysis, medical record review and clinical audit. Activities may include activities involving employees, participants and members of the community.

### **POLICY**

Regular and random Quality Assurance reviews will be undertaken to ensure employees are undertaking the appropriate care, documenting accordingly and client/participants can openly raise concerns and provide feedback. This provides opportunities for National to ensure that employees are being provided the appropriate information and equipment to ensure they can undertake the work they have been engaged to do and most importantly, that the participant is safe, respected, supported and heard. These may be undertaken by the clinical coordinator and/or NCC Management. Any feedback including participant changes, training or supports that the employee needs will be provided following these reviews. Several measures can include:

#### **Organisational Structure, Roles and Responsibilities**

National Community Care have implemented roles appropriate to size and proportion of the operational requirements to support appropriate quality assurance measures. This includes General Manager, Governance Lead, Clinical Team, Daily Operations Lead, People + Culture Lead.

#### **NCC - Moving on Audits Platform (MOA)**

National Community Care have implemented a comprehensive audit program is designed to streamline compliance and promote best practice within our services while gauging NCC's growth and improvements. The program is designed to cover off the relevant standards through scheduled monthly audits. Auditing schedules are tailored for individual service types. This system is managed by National Management and run on a web-based platform [www.moa.com.au](http://www.moa.com.au). Each audit can cover a specific topic and may comprise several parts including:

- Structure and policies
- Reflective questions



- Employees practice
- Interview
- Employees pulse
- Consumer pulse

### Internal Audit Reviews

National strive to maintain all operations in line with best practice. As such, we implement regular reviews of practice with a multifaceted approach to cover internal processes such as internal employee file audits, participant file audits, incident report reviews within weekly Risk Meetings.

### External Consultant Audit Reviews

National strive to maintain all operations in line with best practice. As such, we implement a variety of external consultancy companies from various related sectors to provide us with a snap shot report and recommendations in areas we can look to improve. Examples of these over the past have included:

- 2022 Clinical Consultant Risk review: Jacky Yanik: *Clinical Care Solutions*
- 2023 Risk Consultant: Sally Branson: *Sally Branson Consulting Group*
- 2023 Infection Control Risk Review: Wendy Dawn Beckingham: *Infection Prevention Consultant*

### Employure Employment Advisory

Ensures each time NCC may be faces with a serious concern such as performance management, termination etc, that best practice and process is adhered to with the 24/7 support of Employure.

### NCC - Participant Welfare Calls

Implemented in the height of ACT COVID, providing participants with an extra layer of communication allowed space to capture any additional feedback or concerns and comments during the lockdown periods. Is feedback was captured within the appropriate registers and/or incidents if serious.

### Performance Reviews

A probationary period of 3 months from employment start date for all employment. A performance review will take place with National Management Team and is at the discretion of National to extend the probationary period to 6 months before making a suitable determination of permanent employment in line with client/participant requirements and preferences.

The Employer's policy is to monitor your work performance on a continual basis so that we can maximise your strengths and help you with any development areas as they arise to ensure productivity and support employee self-development.

Additional Formal Performance Management may occur in the event concerns have been identified including undisclosed information such as APRHA or WWVP conditions.

For auditing purposes and best practice, National Community Care is required to conduct informal performance appraisals within the first six months of employment and yearly ongoing in a formal capacity, using Nationals formal appraisal tool available within employee app. This tool is a self-reflection attended by the employee on their performance, skill and technical level, the employee will identify any areas requiring further development in which management will review and action. Employees will have the option to meet with a senior member of the management team to discuss their self-reflection, similarly management may elect to have a meeting to provide feedback to the employee. Informal performance reviews will occur at random for the purpose of monitoring employee performance levels with a view to maximising the effectiveness of individuals.



Client/Participants and their representatives will have the ability to assist with performance reviews through providing both formal and informal feedback and comments, logged in Nationals comments complaints and feedback register and documented accordingly in relevant person notes on CEIRA Admin Panel.

### **Skill Set**

(See Recruitment Policy):

Upon employment, candidates must possess a particular level of skill set to be an eligible candidate for National Employment. This is outlined in the above-mentioned policy.

### **Mandatory Training Register**

Mandatory training includes Manual Handling, Infection Control, Fire Safety, Mandatory Reporting, CPR and First Aid, Working With Vulnerable People Card, National's purpose built Roster System 'CEDAR' keeps all training records and is updated by the National HR Manager. It is the employee's responsibility to ensure their employment requirements are maintained. The Roster system is programmed to notify all employees 2 weeks prior of pending expiry dates to allow time to complete refresher training modules on our training platform Altura and/or annual specialised training sessions. Upon commencement of employment with National, all mandatory modules outstanding must be completed within 6 weeks of commencement within employee own time in line with meeting employment criteria. Upon completion of training updates, and certificate is provided to NATIONAL, updates are made in the training register accordingly to reflect this. In the event the training is not updated by the employee, employee may be stood down until employment requirements can be met. This will be monitored by the HR Manger upon the 2-week notice email dispatched whom also received the 2-week notification.

Payment for employees 12 months + for all mandatory training undertaken within National is paid by National to attend.

### **Influenza Vaccinations/COVID Vaccinations**

Each year National provide all employees with Influenza and COVID-19 Vaccinations. In line with Territory recommendations, NATIONAL have made this a requirement and employees may be required to hold this evidence on their persons if entering any Aged Care Facilities to deliver community services. In the event, an employee has a medical reason and cannot undertake the immunisations, the employee would be excluded from attending services that have the mandatory requirement in place.

### **NCC - Kilometre Claiming Checks**

In line with National Community Care Kilometre Policy, all employees are entitled to claim kilometre reimbursement for any travel between client/participants with 30 minutes or less. All kilometres with participants are required to be documented on the participant's shift docket and have the client/participant sign the docket at the completion of the shift. All Kilometres are to be submitted to National by Sunday 5pm each week. There is a Kilometre Tracking Tool available to all employees through your employee portal, alternatively you can email or SMS through your weekly kilometre log. National will select 2 random submissions for quality assurance checks each week. National will be checking employee dockets to ensure kilometres are documented on the docket and signed by the client/participant. Kilometres will be checked via Google Maps to ensure claims are within a reasonable average range. In the event the kilometres claimed are excessive, National will contact the employee and request an explanation to ensure the claim is not fraudulent.





### **APRHA Registration Checks**

Upon commencement of employment, all registered employees undergo APRHA checks by our HR Manager. This is through <https://www.ahpra.gov.au/> Additionally each year all employees whom are Registered Nurses will be required to supply evidence of their APRHA Certificate for the coming registration period. Those who do not supply before 31<sup>st</sup> May will have their employment placed on hold until they produce the required documentation.

All information regarding the employee's registration will be documented accordingly in the employee's roster system profile. Additional random registration checks will be implemented on a monthly basis implementing the above process. In the event undisclosed restrictions or conditions are identified on the audit, National will be required to commence the performance management process with the identified employee.

### **WWVP Card Holder Checks**

Upon employment, all candidates are required to hold an ACT unconditional Working with Vulnerable People card. Employees understand their contractual obligation to report any restrictions and/or conditions that may be placed on the ability to hold a WWVP card. This is also identified within all employment on-boarding induction processes. National undertake spot checks to ensure participants carry their WWVP card on their persons while delivering services.

### **Client/Participant, and/or Employee Concerns, Complaints & Feedback**

National ALL Register: National Community Care manage a register inclusive of all Incident and Accident overviews, Feedback, Complaints, Continuous Improvements Log and Risk Matrix. This register is an implementation to ensure processes and actioning has been conducted within the appropriate time frames. This is overseen by National Management through the secure shared drives.

### **System Generated Reports**

Scheduling system has the functionality to draft reports to snap shot employee behaviours. For example – an employee clocking consistently late. Or a pattern of incident reports with a single participant. Etc

### **NCC - NDIS Registration Auditing Process**

NCC engaged CPG Global – an auditing company to undertake National Community Care' registration audit requirements. NCC have engagement CPG only within this space.



## NCC Strategic Planning

National Community Care have implementing strategic planning at the commencement of each year to undertake a number a of reviews including but not limited to:

taking stock of what we have achieved, what requires further development, what National's strengths and weaknesses are, Client satisfaction, employee satisfaction, ensure the company vision is still in line with what National is providing. This process allows National to establish the direction in which NCC is headed within the year ahead.

This process includes all directors initially, then National invite key personnel to have input and provide specialised area of expertise. Key personnel may include HR Manager, Team Leaders, Clinical Coordinators, Service Coordinators. National will also take into consideration any identified weaknesses and strengths from the previous year, employee surveys and feedback, client/participant surveys and feedback to ensure a collective approach in planning the year ahead.

National implement 5 step process to this planning day:

1. Plan and Analyse
2. Prioritise objectives
3. Develop a strategic plan.
4. Execute and manage plan.
5. Review and revise the plan.



The Strategic Plan is to be done in January and reviewed in December of each calendar year.

## NCC - Continuous Improvement Methods

National Community Care implements and undertakes various methods to ensure ongoing continuous improvements are a part of NCC's daily operations. These methods can include, but are not limited to:

- Client Surveys
- Employee Surveys
- Feedback forms
- MOA (see in auditing)
- Ongoing Reviews of policies and processes
- Ongoing Reviews of client care guides
- Ongoing employment performance reviews
- Ongoing employment professional development

These methods are undertaken at least annually via various mediums including email, paper based, phone, face to face meetings both informal and formal.



# Fraud, Anti-Bribery & Corruption

## Current Version

<b>Service Area</b>	Disability / Aged / Health / Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   RCO   GM	<b>Date of Issue</b>	02/2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	02/2026

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	10/2015	N.Telfer	Employsure	Creation
1.1	03/2023	N.Telfer	Employsure	Inclusion of Procedures and Processes
1.1	02/2024	N.Telfer	NCC - CEO	Review. NIL change



## Gifts and Entertainment Policy

### **POLICY STATEMENT**

National Community Care is committed to safeguarding participant money and property, and best interests ensuring that any gifts or offers of are managed in a manner that protects the security of their money & property while facilitating each participant to use as they wish.

### **SCOPE**

All National employees and associates.

### **POLICY**

NATIONAL acknowledge connections to participants and their families is essential to the reputation we hold. As such, NATIONAL have taken a reasonable approach to managing both participant and employee safety in such circumstances.

**Employee Responsibilities:** employees are accountable for:

- declaring all non-token offers of gifts, benefits and hospitality;
- declining non-token offers of gifts, benefits and hospitality, or where an exception applies under this policy, seeking approval to accept the offer; and
- the responsible provision of gifts, benefits and hospitality.

For clarity, please see NATIONAL definitions below:

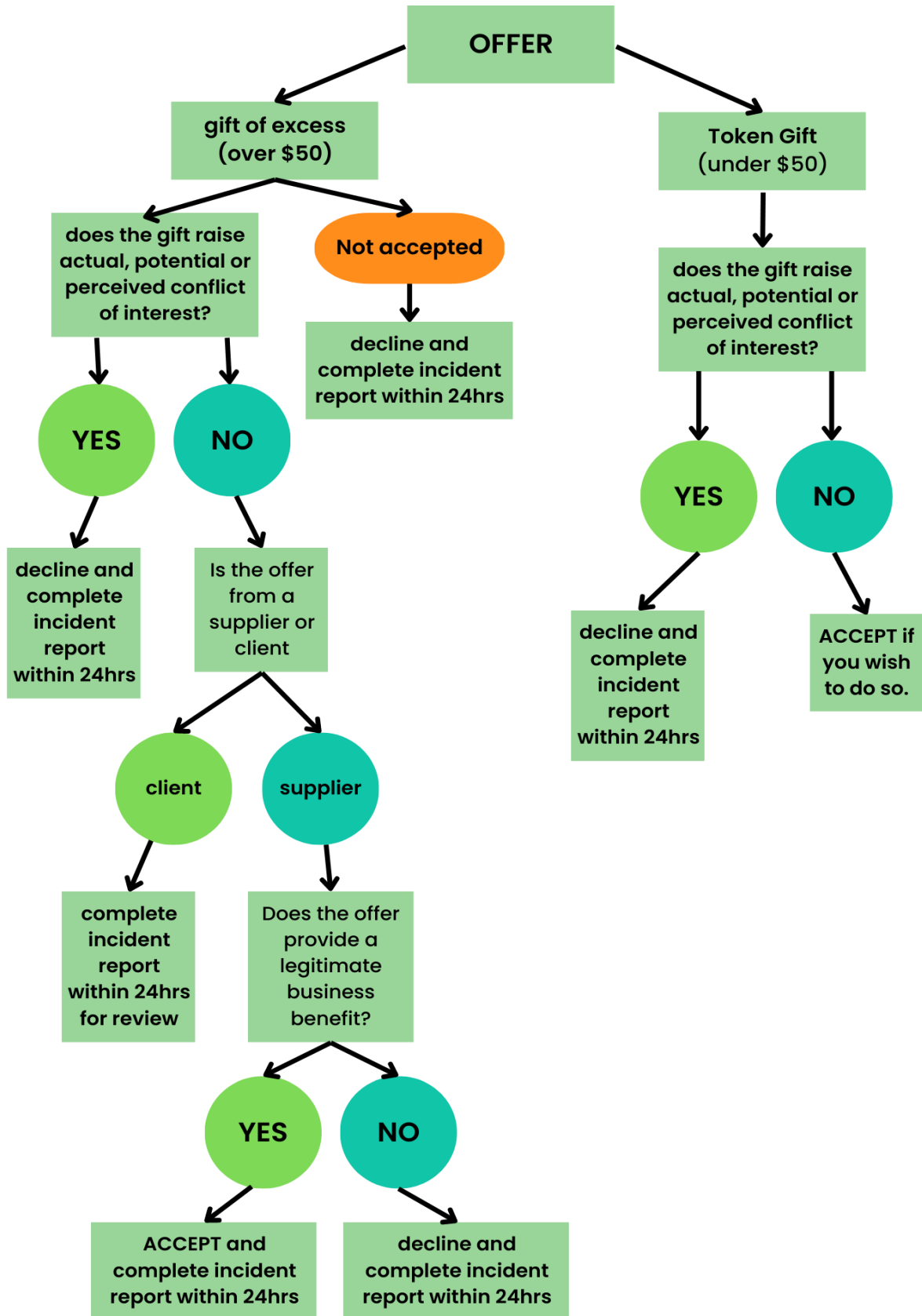
**Token Offers** – gifts from a participant and/or their informal supports can include offer of a gift, benefit or hospitality that is of inconsequential or trivial value to both the person making the offer and the individual. For example – a hot cross bun at Easter, it may include promotional items such as pens and note pads, and modest hospitality that would be considered a basic courtesy, such as light refreshments during a meeting/shift. The minimum accountabilities state that token offers cannot be worth more than \$50.

Employees may generally accept token offers without approval or declaring the offer on the department's register, as long as the offer does not create a conflict of interest or lead to reputational damage.

**Gift of Excess** - gifts from a participant and/or their informal supports can include offer of a gift, benefit or hospitality that is in excess of \$50. Gift of excess also includes cash gifting of any value. For clarity, this can include, but is not limited the following examples: cash gifts, gift cards, vouchers, lotto and/or scratchies, jewellery, valuable items that belong to the participant and/or household of the participant and/or any item over the value of \$50.00.



Please refer to the following instructional chart –





## Fraud, Bribery and Corruption Policy

### **POLICY STATEMENT**

National Community Care (NATIONAL) is committed to ensuring information available to NATIONAL Employees and Associates regarding the organisations legal responsibilities and position on fraud, bribery and corruption.

To establish procedures and protocols designed to assist compliance with this policy.

### **PURPOSE**

The purpose of this policy is to protect participant, NATIONAL and its Employees from breaches of anti-corruption laws by:

- clearly setting out the company's position on Fraud, Bribery, Corruption and Facilitation Payments and related improper conduct;
- clarifying the responsibilities of NATIONAL and its Employees to observe and uphold the prohibition on bribery and related improper conduct; and
- implementing and enforcing effective systems to combat corrupt behaviour.

Rejecting bribery and corrupt behaviour will benefit the organisation as a whole by protecting NATIONAL and employee reputation and maintaining the confidence of participants and organisations with whom it conducts business.

### **SCOPE**

This policy applies to all employees of National

### **DEFINITIONS**

**NATIONAL** National Community Care, National Nursing Agency, National Healthcare Services, Team National, Calista Collective.

**Associate** refers to third party individual or organisation who is not an employee of NATIONAL

**Bribe or Bribery** a payment or anything of value given, offered or promised in order to improperly influence a third party

**Gift** is a payment or anything of value given, offered, or promised by a participant and/or informal support of participant.

**RCO** Risk Compliance Officer

**GLP** Governance Lead

**Corruption** is defined as corrupt practice that covers a wide array of illicit behaviour, including Bribery, extortion, fraud, nepotism, graft, speed money or facilitation payments, pilferage, theft, embezzlement, falsification of records, kickbacks, influence peddling, Money Laundering and campaign contributions.

**Money Laundering** The process by which a person or entity conceals the existence of an illegal source of income and then disguises that income to make it appear legitimate.

This also includes situations where a person or entity receives funds where it is known, suspected or it would be reasonable to know or suspect that the funds are from illegal activities, or if the person is negligent as to whether that is the case.

### **POLICY**



It is NATIONAL's policy to conduct its business in an open, honest, fair and ethical way. NATIONAL takes a zero-tolerance approach to all instances of Bribery and Corruption and requires NATIONAL Employees to act professionally, fairly and with integrity at all times.

NATIONAL is committed to complying with all applicable anti-corruption laws in all jurisdictions in which NATIONAL businesses operate. This policy sets out the responsibilities of all NATIONAL Employees and Associates in observing and upholding our position on bribery and corruption. It provides information and guidance to those working for us on how to recognise and deal with bribery and corruption issues.

***NATIONAL will not tolerate any Employee or Associate being involved in any level of Bribery or Corruption irrespective of whether the Bribery or Corruption takes place in the public or private sector.***

- Under no circumstances will NATIONAL approve any offers made to win business or influence a business decision in NATIONAL's favour.
- NATIONAL Employees and Associates must not give, offer, promise, accept or request a bribe and must not cause or permit a Bribe to be given, offered, promised or accepted.
- NATIONAL Employees and Associates are required to report any circumstances which are, or which they reasonably suspect may be, in breach of this policy.
- All reported incidences of actual or suspected bribery or corruption will be promptly and thoroughly investigated and dealt with appropriately.
- The Anti-Bribery Checklist attached to this policy provides a summary of some key considerations individuals should refer to in considering whether their actions comply with this policy. The overall context and circumstances of each case will be considered in determining whether or not specific behaviour has been inappropriate or in breach of this policy.
- If Employees have any suspicions, concerns or queries regarding this policy or whether Bribery or Corruption has occurred, they should raise these with the Risk Compliance Officers / Governance Lead, noting the Whistle Blowers Policy and privacy and confidentiality policies are enacted.

## Prohibited Conduct

### Bribery and Corruption

It is illegal to pay or receive a Bribe whether paid or received directly or indirectly (i.e., through an intermediary such as a close associate or family member). There is no set monetary threshold that defines a payment as a Bribe. A Bribe can include money or anything of value where there is an intention to improperly influence the actions of a Third Party. It also covers payments or gifts as a reward for the improper actions of a Third Party. There is no need for the Bribe to be successful to be viewed as corrupt, the offering or accepting of it is generally enough to amount to a criminal offence.

### Facilitation Payments

Facilitation Payments made anywhere in the world are prohibited by NATIONAL and you must not make these types of payments regardless of local custom or law.

If Employees have any suspicions, concerns or queries regarding a payment, they should raise these with the CFO, GLP and RCO.



### Secret Commissions and Other Acts of Corruption

All Secret Commissions and other acts of Corruption are prohibited including fraud, embezzlement, Money Laundering, extortion, nepotism, graft, speed money pilferage, theft, embezzlement, falsification of records, kickbacks and other forms of influence peddling. This includes reimbursement fraudulent claims such as kilometres, expenses etc.

### Charitable Donations

NATIONAL only makes charitable donations that are legal and ethical under local laws and practices. Charitable donations over an amount determined by the CFO can only be offered or made on behalf of NATIONAL upon dual agreement of both CEO and CFO positions.

In the event a participant / client / brokerage and/or fellow service provider wish to donate items to NATIONAL for the purpose of participant use (at no expense to participant), a review of items and circumstances will occur by management to determine the risk associated with such a donation. Regardless the outcome, a declaration of gift form must be completed along with the gift items entered in the gift registry within the ALL Risks spreadsheet. (see form attached to this policy- [Fraud and Corruption - Gift Declaration.docx](#))

### Gifts, Entertainment, Travel Expenses and Corporate Hospitality

NATIONAL recognises that accepting or offering gifts, entertainment or hospitality of moderate value may be customary and in accordance with some cultural customs. However, all business gifts, hospitality, business entertainment and travel expenses must comply with the NATIONAL Code of Conduct and must be appropriate in the context of the relevant relationship and must not be offered or accepted in circumstances which could be considered to give rise to undue influence. For clarity, this could be a simple kind gesture of an easter egg at Easter.

Provision of business gifts, hospitality and business entertainment to any Government Official or his or her close associates or family may be considered a Bribe, depending upon the context and all the circumstances. Such gifts, must be considered by CEO and CFO.

It may be a breach of this policy if gifts, invitations or hospitality:

- are provided to a single individual or single organisation on multiple occasions;
- that would normally be appropriate are received in a context that makes them inappropriate (eg the provider is in the process of a competitive tender for the relevant division); or
- include cash, loans or cash equivalents (such as gift certificates or vouchers).
  - The offer or acceptance of gifts, entertainment or corporate hospitality is generally not prohibited where:
    - it is done for the purpose of general relationship building only;
    - it cannot reasonably be construed as an attempt to improperly influence the performance of the role or function of the recipient;
    - it complies with the local law of the jurisdiction in which the expenditure is made;
    - it is given in an open and transparent manner; and
    - it complies with any financial limit on gifts, entertainment or hospitality that may be accepted or offered





that has been set by NATIONAL or its businesses.

## Reporting, Training and Compliance

### **Record Keeping**

All payments made or received by NATIONAL must be accurately recorded in NATIONAL's books and records. All financial transactions must be authorised by appropriate management in accordance with internal control procedures.

All finance paperwork and records, such as contracts, invoices, receipts, bank statements or commission or rebate slips relating to an Associate should be retained and securely stored for at least 7 years.

The falsification of the Company's accounting records may constitute a criminal offence under applicable legislation for the Company and individuals involved in addition to giving rise to civil penalties and claims.

### **Reporting Non-Compliance or Concerns**

All NATIONAL Employees are encouraged to raise concerns about any issue or suspicion of Bribery, Corruption, Secret Communications or other at the earliest possible stage. NATIONAL takes all reported concerns seriously, as even the appearance of a breach of anti-bribery and corruption laws can have a serious impact on the reputation of the company.

- If an Employee is unsure whether a particular act constitutes Bribery or corruption, or has any other queries, these should be raised with the Employee's line manager, the RCO, COO, GLP, CLP. You can also refer to the Anti-Bribery Checklist attached to this policy.
- Concerns should be reported by following the procedure set out in the Whistleblowing policy.
- All matters will be dealt with in confidence and in strict accordance with any applicable legislation which protects the legitimate personal interests of Employees. NATIONAL is committed to ensuring that no NATIONAL Employee suffers detrimental treatment as a result of refusing to take part in conduct that may constitute Bribery or Corruption or raises a genuine concern in respect of any such conduct.
- Employees should tell the RCO role as soon as possible if they are offered a Gift or Bribe by a participant, third party, are asked to make one, suspect that this may happen in the future, or believe that they or NATIONAL are a victim of another form of unlawful activity.

### **Training and Communication**

Training on this policy forms part of the induction process and ongoing training program for all NATIONAL Employees. Management at all levels are responsible for ensuring those reporting to them are made aware of and understand this policy and are given adequate and regular training on it.

### **Consequences for Breaches of Anti-Corruption laws**

**Consequences for individuals:** If an Employee commits an act of Bribery or Corruption, the individual Employee could be imprisoned, disqualified from acting as a director and/or face significant monetary fines



(which NATIONAL will not pay). Any Employee who, in the reasonable opinion of NATIONAL, has committed an act of bribery or corruption will also be subject to disciplinary action and if the corrupt act is proved, on the balance of probabilities, their employment or engagement with NATIONAL will most likely be terminated.

**Consequences for NATIONAL:** In addition to the above, if an Employee or Associate is found by a competent court or regulator to have committed an act of bribery or corruption, NATIONAL could receive an unlimited fine, be prevented from bidding for government contracts and lose the ability to trade in certain jurisdictions. NATIONAL could also face damage to its corporate brand and reputation, loss of business, legal action by competitors, litigation or substantial investigation expenses.

In addition, under certain anti-corruption laws, the directors and senior officers of NATIONAL can be held personally liable for the breaches committed by Employees and Associates and face significant fines and/or imprisonment.

**Consequences for Associates:** NATIONAL will avoid or cease doing business with any Associates who do not commit to doing business without Bribery or who are later found to have engaged in Bribery or corrupt practices.

#### **Enforcement and Discipline**

NATIONAL views Corruption and Bribery very seriously. NATIONAL will appropriately investigate all allegations of Corruption and Bribery and take legal and/or disciplinary action in all cases where it is considered appropriate. Results of investigations will be confidentially reported to the CEO and, if appropriate, to the police, for action.

A breach of this Policy will result in an Employee facing disciplinary action, up to and including dismissal. Where a case is referred to the police or a relevant regulatory authority or other law enforcement agency, NATIONAL will co-operate with the criminal investigation which could lead to the Employee being prosecuted.

All Employees and Associates are required to cooperate with any internal or external investigations and to ensure that any information in connection with such investigations is kept strictly confidential.

#### **Risk Assessment, Monitoring and Review**

The roles in which oversee duties of the Risk Compliance Officer (COO, GLP) shall consult with the Heads of each Department (in particular the HR, Finance, Clinical, Service Delivery, Training) to develop, monitor and update appropriate bribery prevention procedures, internal control procedures and audit processes.

#### **Risk Identification:**

Identify risks, it's sources and potential consequences

#### **Who's Responsible:**

All employees of NATIONAL are responsible to identify and escalate any risk

#### **Current Risk Register categories:**



The following outlines the current categories in the risk register and who is responsible for updating the following risks categories.

**Reportable Risk-** COO and Clinical Team

**WHS Risk -** COO

**Operational Risk-** CEO/COO

**Clinical Risk-** Clinical Team

All risks will be added to the risk register as they become apparent to the above employee responsible. The Risk Register will be audited yearly in conjunction with the accident and incident register audit to ensure risks are being identified and updated as per this policy.

## Referring Policies and Assessments

NATIONAL SIL Participant Finances Policy

NATIONAL Risk Register

NATIONAL Code of Conduct

Risk Management Policy and Framework

[Fraud and Corruption - Gift Declaration.docx](#)

[1 - Community Risk Profile TO COMPLETE .docx](#)

[5 - Living Alone RISK ASSESSMENT .docx](#)

[2. New Participant CLINICAL Risk Profile NATIONALv1.docx](#)

[Living Alone Risk Assessment Policy \(Participant Onboarding Policies and Guidelines\)](#)



## Anti-Bribery Checklist

### The DO's

- ✓ ensure that the giving or accepting of any gift, entertainment or hospitality is done in an open and transparent way and in compliance with the Gifts and Entertainment policy;
- ✓ ask yourself: would I be comfortable telling my line manager about this?
- ✓ ask yourself: is it reasonable and would NATIONAL be willing to reciprocate by giving such gifts, entertainment or hospitality?
- ✓ accept or give occasional, modest gifts and entertainment that are legitimately provided or accepted as a way of fostering business relationships between NATIONAL and Third Parties, after advising or consulting with your line manager;
- ✓ carry out due diligence checks on Associates including:
  - checking the identify of Associates, including directors, shareholders and related bodies corporate of Associate companies and offices and directorships held by individuals;
  - checking that they are legitimate and trustworthy using online search engines such as Google as well as official sources such as company and credit registers, registration checks and relevant regulatory sites or publications and reference checks;
  - checking that they are not known to have been involved in any corrupt activity or bribery;
  - checking the bribery risks in the location and country the Associate operates;
  - checking the legitimacy and risks of the Associate's other businesses, business partners or joint ventures;
  - checking the nature of the proposed project or transactions;
- ✓ advise of NATIONAL's requirement, and obtain the agreement of third parties (particularly associate and joint venture partners or entities) to adhere to NATIONAL's Anti-Corruption and Bribery Policy as part of the engagement process;
- ✓ keep all paperwork and records evidencing the checks you have carried out on associates for at least 7 years from the date of the project or transaction;
- ✓ keep all finance paperwork and records, such as contracts, invoices, receipts, bank statements or commission or rebate slips with the Associate for at least 7 years;
- ✓ ensure that all payments made or received by NATIONAL are accurately recorded in NATIONAL's books and records;
- ✓ ensure that all financial transactions are authorised by appropriate management in accordance with internal control procedures.



### Check with the Compliance Manager

- ? if a third party has given you, or has offered to give you, gifts or hospitality of more than a nominal value and you are concerned that refusal will cause offence;
- ? if you are invited to any event that is being funded by a third party which includes overseas travel;
- ? before engaging with any new third party or agent that the Compliance Manager is satisfied with the checks you have carried out on that intermediary or agent.

### The DO NOTs

- accept a gift of cash, regardless of value;
- accept a gift of a holiday;
- accept gifts or hospitality given by a third party to your relatives or friends, regardless of value, except that relatives (eg your partner) may attend events with you, where your attendance at the event does not breach this policy and their attendance is appropriate in the context of the event;
- offer gifts or hospitality to friends or relatives of third parties (other than as excepted above) as this could be seen as trying to win or secure contracts;
- permit a third party to sponsor or fund a personal event for you (e.g. free catering for a wedding or party)
- accept tickets to sporting, cultural or social events if the host is not present at that event;
- offer or accept a gift or hospitality that could influence, or be perceived to influence, your decision making process on behalf of the business, or a third party's decision making process, including when you are negotiating on behalf of NATIONAL or looking to win contracts for NATIONAL;
- offer or accept a gift, hospitality or entertainment during an active tender process or contract negotiations with that third party regardless of the value or nature of the gift, hospitality or entertainment;
- accept gifts or hospitality if you think it might impair your objective judgment, influence your decision making or create a sense of obligation;
- offer or accept gifts or hospitality if there is a risk they could be misconstrued or misinterpreted by others for example lavish gifts and entertainment;
- offer or accept gifts or hospitality that are not reasonable or proportionate. Refer to the Gifts and Entertainment policy (if any in your country of business) for further details.
- make a payment to an agent or intermediary which you know or suspect may be used or offered as a bribe;
- use an agent or intermediary that is found from checks to have poor references or an unsatisfactory reputation;
- seek to hide a payment or disguise the nature of it made to or by NATIONAL.



---

**DECLARATION MADE BY RECIPIENT OF A REPORTABLE GIFT OFFER**

---

**1. Date offered:**

---

Offered to: [insert name and position title]

---

**2. Offered by:** Organisation or Individual Stakeholder

---

Name and title of person making offer:

---

Type of organisation: (e.g. supplier, prospective tenderer, industry stakeholder with commercial interest, not-for-profit stakeholder, etc.)

---

Reason gift was offered:

---

**3. Description of gift:**

---

**4. Estimated value of gift: \$**

---

**First time offer**  OR **previous offer(s)** received from this source (individual or organisation) in the last 12 months

---

Estimated cumulative value of gifts offered by this source (individual or organisation) in the last 12 months: \$ .....

---

Do you believe that the gift may be of cultural, historic or other significance? Yes  No

---

The gift offer was: **declined**  OR **accepted on behalf of the Authority**

---

**5. Prohibited? Accepted or declined?**

---

The gift offer was: declined  OR accepted **on behalf of the Authority**

---

**Comments (if any)**

---

**Signature of employee:**

---



---

I confirm that the information I have provided is true and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**OFFICE ONLY**

---

**Noted by 'responsible person' (as authorised delegate):**

**Noted**  I have noted the contents of the above declaration.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

***Office use:***

**A. Gifts register:** confirmation that the register has been updated.

**B. Remedial action:** any remedial action to be taken (e.g. letter to frequent offer or about policy requirements).

**C. Accepted gifts:** if the gift was accepted:

- (i) how the Authority will use or dispose of the gift in accordance with the policy and supporting procedures;
- (ii) if the gift (or its proceeds) are being donated, details of the organisation receiving the donation; and
- (iii) signature (dated) of the person(s) authorising these decisions, including their name and title/position no.

**D. Assets register:** confirmation that, if applicable, the assets register has been updated

---

**GIFTS REGISTER UPDATED:**

Updated

---

Signature:

---

Name:

---



---

Role:

---

Date:

---

**RISK ASSESSMENT REMEDIAL ACTION:**

---

Remedial action undertaken (list details):

- Identified in the Gift register
- 

---

Signature:

---

Name:

---

Role:

---

Date:

---

---

**ACCEPTED GIFTS:**

---

i) List how the Authority will use or dispose of the gift in accordance with the policy and supporting procedures below:

---

ii) if the gift (or its proceeds) are being donated, details of the organisation receiving the donation; and

---

iii) signature (dated) of the person(s) authorising these decisions:

---

Signature:

---

Name:

---

Role:

---

Date:

---





# Vital Signs Policy, Guidelines & Framework

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	January 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	January 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	01/2024	Stacey Madden	CEO	New Policy

## In conjunction with:

- All Clinical Care Plans



## Vital Signs

### **POLICY STATEMENT**

The purpose of this policy is to provide staff with clear guidelines pertaining to the measurement of vital signs, documentation, and escalation in the community setting when participant observations are outside of their normal parameters.

### **SCOPE**

All employees of National Community Care

### **POLICY**

### **DEFINITION**

Vital signs are measurements of the body's most basic functions, consisting of temperature, pulse /heart rate, respiratory rate, blood pressure and oxygen saturations. The results assist with assessments and aid with early warning sign of a deterioration. When recognition of acute deterioration is recognised quickly, appropriate action and response can occur.

### ***Employee Responsibilities:***

- Understand the reason for taking vital signs.
- Document any recorded vital signs as per NCC policy; ***Documentation and Record Keeping Policy and Guidelines***
- Understand what to do when vitals are outside of the participants usual parameters.

### **TRAINING REQUIREMENTS**

Team National Basic Skills Training

**PLEASE NOTE- THE BELOW PARAMETERS ARE A GUIDE ONLY. PLEASE REFER TO PARTICIPANTS INDIVIDUAL CLINICAL CARE PLAN FOR PARAMETERS SET BY THE PARTICIPANTS HEALTH PRACTITIONER. WITHIN BUSINESS HOURS PLEASE CALL PARTICIPANTS GENERAL PRACTITIONER IF VITALS SIGNS OUTSIDE OF PARTICIPANTS NORMAL PARAMETERS OR NCC ON CALL OUTSIDE OF BUSINESS HOURS.**

### **Blood Pressure and Heart Rate**

1. Gain participants consent to take blood pressure.
2. Ensure participant is sitting/lying down, and no clothes are covering the arm on which you will measure the blood pressure.
3. Choose correct size cuff. Participants in the community will have cuffs specifically for themselves.
4. Place cuff on participants arm, by putting the arm through cuff loop.
5. Position cuff- the bottom edge of the cuff should be 1-2 cm above the elbow and the air tube should be located on the middle of the participant's inner arm.
6. Close the cuff firmly using the Velcro fastener.



7. Press the start/stop (Omron machine) or power button (Welch Allyn machine) to get blood pressure reading.
8. Document heart rate and blood pressure results from machine.
9. Remove cuff.
10. Clean cuff and machine after use with disinfectant wipes or glen20 spray.

Blood Pressure	Systolic (top number) mmHg	Diastolic (bottom number) mmHg
Low	Less than 90	Less than 60
Optimal	Less than 120	Less than 80
Normal	120-129	80-84
Normal to high	130-139	85-89
High	Greater than 140	Great than 90

**Please note that above is a guideline only. Please refer to participants care plan with individual parameters set by the participants health professional (i.e., general practitioner). If the participant has no care plan than use guide above to assist with normal parameters.**

If blood pressure is outside of participants documented normal parameters wait 5 minutes and re-check, please follow individual participants care plans. If the participant has no clinical care plan and still outside of normal parameters contact participants General Practitioner within business hours and NCC outside of business hours.

### **Temperature**

#### **Braun Welch Allyn machine**

1. Remove Thermometer from cradle. Thermometer will automatically turn on.
2. Attach new probe cover.
3. Wait for the ready indicator- light around measure button will turn green, thermometer will beep once, and three lines will appear on display.
4. Place thermometer snugly in participants ear canal and press the measure button.
5. A long beep will sound, and the measurement will come up on the screen.
6. Remove from participants ear canal, remove used probe cover.
7. Document result
8. Clean Thermometer after use with disinfectant wipes or glen20 spray.

#### **Covidien Genius 3 machine**

1. Remove Thermometer from base.
2. Press the scan button to turn on, attach probe cover, once done the thermometer will display dashes to indicate ready for use.
3. Place in ear canal, once positioned press and release the scan button. Wait for three beeps, temperature will be displayed on screen.
4. Remove from ear canal and discard probe cover by pressing the blue eject button.
5. Document results.
6. Clean Thermometer after use with disinfectant wipes or glen20 spray.



### **Normal Temperature**

36.5-37.5 degrees

### **Symptoms of fever**

- Feeling unwell
- Feeling hot and sweaty
- Shivering or shaking
- Chattering teeth
- Flushed face

### **Management of Fever**

Encourage participant to drink plenty of water.

Avoid tea and coffee as these can cause slight dehydration.

Sponge exposed skin with tepid water.

Encourage plenty of rest.

Administer Paracetamol under the guidance of the RN (if the Participant has this in a Webster pack with a signing sheet. this will need to be checked with an RN.

Call general practitioner if above does not drop temperature.

### **Oxygen Saturations and Heart Rate**

1. Press power button to turn on pulse oximeter.
2. Insert one finger, nail side up into the finger opening of the pulse oximeter.
3. The pulse strength indicator will show in little bars on the left of the screen as the pulse oximeter begins to measure oxygen saturation and heart rate.
4. After a few seconds, the oxygen saturation and heart rate readings will be displayed on the screen.
5. Document results.
6. Remove pulse oximeter.
7. Clean pulse oximeter after use with disinfectant wipes or glen20 spray.

### **Normal Oxygen Saturation:**

Oxygen saturation is a measurement of how much oxygen is in the blood. Normal range is between 95-100%

Low Oxygen levels can indicate underlying disease or infections and the GP should be notified.

If participants reading is below their normal documented in their clinical care plan, re-check on another finger, if still outside of parameters, please follow individual participants care plan. If participant does not have clinical care plan, call NCC. If Oxygen Saturation below 90%, call 000.

### **Heart Rate:**

Heart rate is measured in beats per minute. It can be measured using an automated device such as a pulse oximeter or blood pressure machine, or it can be measured manually for 60 seconds. If participants heart rate is above 100 beats per minute or below 60 beats per minute, repeat with manual monitoring. If still outside of parameters, please follow the participants individual clinical care plan. If the participant does not have a clinical care plan, please call NCC.

### **Respiration Rate**



Respiratory rate is measured in breaths per minute. The rate should be counted for a full minute while the participant is at rest. Do not let the participant know that they are getting their respiratory rate counted as this can affect the results. For example, this can be best done while making them a cup of tea, so they do not notice you are counting their respiratory rate.

### **Normal Respiratory Rate**

12-20 breaths per minute

If Respiratory rate above 20 breaths per minute, follow individual clinical care plan, if participant does not have one, call NCC.

If respiratory rate below 12, call 000

### **REFERENCES**

Better Health Channel [Fever - Better Health Channel](#)

Braun Welch Allyn Pro 6000, [PRO6000 QRG 31IMPRQE190 09JUL14 GB \(welchallyn.com.au\)](#)

Covidien Genius 3, Cardinal Health, 2023 [cardinal-health-genius-3-user-manual-2.pdf \(cardinalhealth.com\)](#)

Omron [HEM-7121-AU C M \(omronhealthcare-ap.com\)](#)

Rossamx Oximeter [RI IB SB100 EN TP.pdf \(rossmax.com\)](#)

Heart Research Institute [What is normal blood pressure by age? • Heart Research Institute \(hri.org.au\)](#)

**National Health standard 8, Recognising and responding to the deteriorating patient.**



# Oral Hygiene Policy, Guidelines & Framework

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	January 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	January 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	12/2023	Stacey Madden	CEO	New Policy

## In conjunction with:

- Ventilation Policy
- Stoma Management



## Oral Hygiene

### **POLICY STATEMENT**

People with a disability are at higher risk of poor oral hygiene. The purpose of this policy is to ensure all participants receive oral hygiene support relevant to their individual needs and preferences.

### **SCOPE**

All employees of National Community Care

### **DEFINITION**

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the craniofacial complex (head, face, and oral cavity). Oral health means the health of the mouth. No matter what your age, oral health is vital to general health and well-being (FDI World Dental Federation)

### **POLICY**

National staff are to support each participant to achieve optimal oral health care by assisting with the following:

- Encourage participants to look after their teeth and gums.
- Ensure participants have the items they require to care for their teeth e.g., toothbrush, dental floss aids, toothpaste.
- Ask participants what support they need to care for their teeth.
- Set up and assist (as needed) to brush teeth for two minutes twice a day, toothbrushing helps remove food and plaque which can lead to tooth decay and gum disease if not removed.
- Effective brushing also aids in removing bacteria that can lead to chest infections such as pneumonia, bronchitis and community acquired pneumonia.
- Support participants to floss once a day.
- Support participants to clear food from their mouth after eating e.g., offer water or mouthwash.
- Support participants to stay well hydrated.
- Support participants to attend regular dental appointments (at least 12 monthly, NDIS, 2021), this allows for early detection and treatment of oral health issues.
- Discuss with participants about their mouth care and as if they have any worries or pain.

### ***Participants with PEG, PEJs and Tracheostomy tubes***

It is important to maintain oral hygiene even when a participant is “nil by mouth”, for the following reasons:

- There is a strong link between poor oral hygiene and serious illnesses, such as hypertension, stroke, and pneumonia.
- Dental plaque accumulates rapidly in patients in the acute care setting, this in turn increases the patient’s predisposition to oral colonisation by microbial pathogens. Micro aspiration of colonised pharyngeal secretions around an imperfect tracheostomy seal can contribute to nosocomial pneumonia and ventilated acquired pneumonia (VAP).



- Research has shown that mechanical and chemical removal of plaque reduces the incidence of nosocomial pneumonia or VAP in ventilated patients.

Oral Hygiene should include:

- Please review participants individual care plans as some participants have individual oral hygiene regimes.
- Gentle brushing of the teeth, gums, tongue, and palate, preferably with a soft toothbrush and mild toothpaste.
- Mouthwash may be used when recommended by an appropriate specialist i.e., Speech Pathologist; however, caution should be used to avoid aspiration.
- Swabs may be used in place of rinsing where appropriate.
- Regular review by a dentist/hygienist is recommended for these patients.

**Employee Responsibilities:**

- Understand good oral hygiene practices.
- Document any concerns regarding oral hygiene, and report concerns.
- Know when to refer to other health care professionals:
  - Speech Pathology, indications for referring are as follows, gagging when brushing teeth, not being able to clear food after eating/chewing.
  - Occupational Therapist can aid participants to handle a toothbrush or dental cleaning aids as recommended by dentist as well as support to learn oral hygiene skills.
  - NDIS behaviour support practitioners, support and provide strategies to manage anxiety and

**Emergency out of hours Dental Care**

**Accessible dental services:**

**ACT Canberra Health Services- Dental Services [Dental services - Canberra Health Services \(act.gov.au\)](https://act.gov.au) , for an emergency appointment please call central health intake (02) 5124 9977**

**TRAINING REQUIREMENTS**

Team National Oral Hygiene training in association with ventilation training.

**Relevant Legislation**

NDIS Code of Conduct

NDIS Guidelines

**REFERENCES**

FDI World Dental Federation. (2020). [FDI's definition of oral health | FDI \(fdiworlddental.org\)](https://fdiworlddental.org) Retrieved from FDI World Dental Federation

Oral Health Practice Alert, [Practice alert: Oral health \(ndiscommission.gov.au\)](https://ndiscommission.gov.au)

[Clinician's guide: Caring for people with gastrostomy tubes and devices \(nsw.gov.au\)](https://nsw.gov.au)

[Tracheostomy Care Clinical Practice Guide \(nsw.gov.au\)](https://nsw.gov.au)





# Clinical Care Guidelines & Framework

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2020	Tahla Small	CEO	New policy – re kit bags
1.2	2/2021	Tahla Small	CEO	On-call / on-shift resource

## In conjunction with:

- All National Frameworks



**PLEASE NOTE:**

All National Community Care Clinical Policies are reviewed annually and written in line with current best practice information at hand. National Community Care is to operate directly under these policies unless brokered policy applies.

However, services undertaken within facility / healthcare settings will need to consider and apply facility/ healthcare setting policies and procedures within the relevant locations.

Current Clinical Roles

National Community Care Directors – Natasha Telfer (CEO) / Lisa Walker (CFO)		
General Manager – Tahla Moore		
Community Team Lead – Clair H		
<b>SIL / Onsite Consumables</b>	<b>Clinical Admin/ Quality Assurance</b>	<b>Clinical Client Relations/ Training</b>
Clinical team Onsite teams	Clair H Based in office + Community	Clinical Team / Clair H Based in AH + Community
Community RN Team/ Clinical Service Delivery		
Community Carers		

Clinical On-Call Procedure

**Scope**

All Senior Nurse employees. **Noting** this is not the in-take duties for NCC daily operations.

**Purpose ONE**

**On-shift Support:** In line with the registered nurse employment contract, employees can be rostered to participate in Clinical on shift services for community client/participants. This is a 24hour service – if a carer requires on shift clinical advice from within the community. RN/ENs will be required to provide employees with S8 Drug checks, support, guidance, advice regarding a variety of situations.

**Requirements**

- Provide clinical judgement to employee calling for advice.
- Document all calls received
- All schedule 8 drug checks to be recorded by RN and the administering carer onsite with the participant.
- Should the participant require care beyond the scope of the attending employee, advise the appropriate actions: ambulance, follow up GP, CALMS etc.
- Notify intake line of any serious incidents and document within Brevity.

**Employee Entitlements**



RNs on shift within a SIL Property are on active duties, as such is not considered 'on-call' and no additional entitlements are applicable.

### Purpose TWO

**Ad-Hoc Support:** From time to time, NCC may be required to implement on-call services for complex clinical clients within the community and/or on interstate outings. These circumstances are adhoc and implemented by NCC management where high risk is identified. The employee attending the complex clinical client may require non-face-to-face consultation services in relations to CLINICAL advice.

### Requirements

- Collect the on-call folder and related client information. Collect the clinical bag from NCC prior to on call commencing.
- The NCC RN phone will be diverted to the identified-on call phone – upon diversion, a phone call to confirm commencement and conclusion of on call duties.
- On standby for active on call / call outs. All workplace policies and procedures remain active when an employee is on call (Must not be under the influence of drugs or alcohol and must maintain ability to drive a motor vehicle).
- All calls are to be documented on the on-call progress note template (located in the on call folder) the following is to be included date, time, client/participant, situation, action / intervention and RN/EN name and signature.
- All incidents/accidents/ injuries etc which are reported to on call are to be a phone call to National when appropriate (within 2-4hrs) and documented in Brevity accordingly.
- All queries or concerns which are out of the employees' scope are to be up lined to Executive Management.
- Clinical Call outs - RNs/ENS are required to call one of the following, Clinical coordinator or NCC mobile, to discuss the client/participant, situation and intervention to gain approval for call out.
- Smart casual attire is to be worn in the event of a call out in line with the 'uniform policy'
- A written handover is to be attended between community on call and the Clinical Team and General Manager to ensure all relevant information/incidents or follow ups are attended – this is to be emailed to [tahla@teamnational.com.au](mailto:tahla@teamnational.com.au)

### Employee Entitlements

RNs employed as Level 4 and above, have inclusive on-call responsibilities and remunerations built in to the employed role.

Employees required to be on call when not on a rostered shift, shall be entitled to the following allowances applicable to their rostered on call period:

Excerpt from the Nurses Award 2010:

#### 17.2 Wage-related allowances

##### (a) On-call allowance

[17.2(a)(i) varied by [PR740715](#) ppc 01Jul22]



(i) An on-call allowance is paid to an employee who is required by the employer to be on-call at their private residence, or at any other mutually agreed place. The employee is entitled to receive the following additional amounts:

<b>Between rostered shifts or ordinary hours on:</b>	<b>\$ per 24-hour period or part thereof</b>
Monday to Friday inclusive	24.09
Saturday	36.29
Sunday, public holiday or non-rostered day	42.34

(ii) For the purpose of clause [17.2\(a\)](#) the whole of the on-call period is calculated according to the day on which the major portion of the on-call period falls.

Reference: [https://awardviewer.fwo.gov.au/award/show/MA000034#P581\\_28245](https://awardviewer.fwo.gov.au/award/show/MA000034#P581_28245)



## Community Nurse Clinical Responsibilities Policy

### **PURPOSE**

The purpose of this is to provide the registered nurses working within the community across aged care clients, NDIS participants and private clients have a clear framework to follow, comprehensive policies and procedures to guide their practice.

### **SCOPE**

All registered nurses participating in Community Client Care.

### **POLICY**

To ensure all Registered Nurses have a clear framework to operate within to provide quality supports to Clinical Clients and National Care team and up lining through appropriate channels.

### ***Clinical Client Oversight***

Clinical client oversight of general health and wellbeing, supply management, forms, and charts, liaising with allied health professionals will be delegated to one of the community registered nurses. It will be responsibility of the assigned registered nurses to attend the following duties:

- Weekly and general health welfare call – when appropriately identified eg- COVID pandemic.
- Monthly drop off to the home of individualised charts and forms (collecting historical charts and forms for archiving where applicable).
- Monthly Clinical supply ordering (only for the clients identified).
- Moving on audit surveys – these will be emailed to RNs when required.
- Bi - Monthly client satisfaction surveys.
- Quarterly clinical care plan review and service guide update.
- Quarterly Waterlow pressure injury assessment, Falls risk assessment and pain assessment.
- Annual risk assessment.
- Following up all reported incidents and accidents > escalating incidents to NCC.
- Reporting maintenance or hazards identified within the home to NCC and identified support coordinator.
- Re stocking of RN Kit bag and spare charts and forms within the kit bag folder.

### ***Incident reporting / Maintenance reporting – Procedure***

It is the responsibility of all community registered nurses within the team to identify and notify via phone NCC of all incidents, hazards, and maintenance reports, followed by an email notification with the report attached.

Administrative RN tasks can include following up, actioning and signing off on incident reports from within the community and updating NCC of actioning. Completed incident forms to be sent to NCC for register data submission by Administration and archiving.



Weekly Tasks

**Weekly Covid 19 & General Health Welfare Call – Procedure**

Once a week all clinical community clients / participants are to receive a welfare call from their designated registered nurse. The purpose of this is to reduce missed medical emergencies or health concerns which otherwise would not have been identified and to provide a check in for the client / participant to voice any concerns that they might have.

The welfare call is to be documented on the welfare call is to be documented on this form, scanned to client / participant folder on sharepoint.

All calls are to be made between 9am-4pm weekdays, you are required to introduce yourself and the purpose for your call by asking the following questions.

QUESTION		ANSWER	ACTION REQUIRED Y/N	ADVICE PROVIDED
1	Do you have any cold or flu like symptoms?			
2	Have you been to any COVID 19 exposure sites?			
3	Do you have any concerns about your general health or wellbeing?			
4	Do you have any concerns or feedback?			
5	Do you require any additional services to be implemented?			

If action or advice is required - up lining the situation immediately to National Community Care Directors, followed by an email which must be within 24 hours of verbal notification.



## Monthly Tasks

### ***Monthly Individualised Charts and Forms – Procedure***

At the beginning of each month (first week) all clinical clients are to receive a re-stock of their identified individualised charts and forms, this includes ensuring the following basics are available within the care folder.

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to print off all required forms for clients / participants for the month ahead. All forms and charts are to be placed in a plastic sleeve and an email to be sent to next assigned RN visiting the client to collect and place in care folder.

All scanning of clinical community clients completed forms and charts will be attended on the Wednesday.

### ***Monthly Clinical Supply Ordering***

It is the responsibility of the Clinical Team in the office on Wednesdays attend a stock take monthly 2nd Wednesday of each month on the community clinical supplies.

It is the responsibility of the Clinical Team in the office on Wednesdays to coordinate with clinical participants who have requested NCC assist with their monthly ordering of consumables. All consumable templates for those whom NCC assist are in sharepoint in the participants folder. It is the responsibility of the Clinical Team and/or community attending Nurses to check in with Community Nurse Team for RN Kit Bag Supplies and ensure a minimum supply of PPE for a duration of 10 days is always on hand and in stock at SIL property and head office.

### ***Moving on Audit (MOA) surveys***

Each month NCC will email out moving on audit surveys to be completed, these will be email to the Registered Nurse assigned to clinical operations. Surveys are to be conducted via phone call (during Covid) and face to face when appropriate and safe to conduct. All surveys are to be returned to Clinical Coordinator by the requested date and all concerns are to be escalated to management.

## Bi-Monthly Tasks

### ***Bi - Monthly client satisfaction surveys***

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to undertake bi-monthly client satisfaction surveys across all clients and participants (minimum of 10%) to be attended. All surveys are to be returned to Clinical Coordinator by the requested date and all concerns are to be escalated to management.

RN is requested to use empathy and best judgement when determining participants to take part. For example – a client moving into palliative care may not be appropriate OR a client isolated due



to COVID and ACT Health restrictions may not be happy to participant. However, these participants may serve well to receive a welfare check to ensure they are OK.

## Quarterly Tasks

### ***Quarterly clinical care plan review and service guide update***

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to monitor all care plans, add amendments as changes occur and conduct 3rd monthly fill care plan review and send to participant / NOK / Guardian for input and approval.

The care plan is to be delivered to the participant and old care plan removed, send NCC a summary of all changes, which will be communicated to staff via email.

The registered nurse calendar is to be updated with date of next due care plan and shared with the Clinical coordinator.

### ***Quarterly Waterlow pressure injury assessment, Falls risk assessment and pain assessment***

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to delegate to the other RNs on the team to undertake 3rd monthly routine assessments (Waterlow pressure injury, falls risk and pain assessment).

Once received the Registered nurse is to review and action as required. Assessments are to be scanned to the participants folder on SharePoint.

The registered nurse calendar is to be updated with date of next due and share the calendar with the Clinical coordinator.

## Annual Tasks

### ***Annual risk assessment – Procedure***

It is the responsibility of the Registered Nurse assigned to clinical operations in the office on Wednesdays to delegate to the other RNs on the team to undertake the Annual risk assessment – template located on SharePoint. Once received the Registered nurse is to review and identify all risks and inform NCC via phone and email follow up.





## Clinical Care Kit Bags

### ***Who is responsible for supplies***

Orders by Clinical Team, however all Clinical Kit bags are the responsibility of the holding Registered Nurse.

### ***Ordering Supplies, documenting use of supplies***

Registered Nurse is responsible for conducting stocktake 2nd Wednesday of each month and developing an order list. Stocktake is also to be conducted weekly of a Friday by night shift and added to the order list as needed. The list is to be sent to caitlin@nationalcommunitycare.com.au to be reviewed and placed.

### ***Supply charges and Invoicing***

All registered nurses are responsible for reporting any supplies that they use from their kit bag for a client / participant. NCC will then manually invoice for all items used via scheduling system

### ***Reporting damaged or faulty Clinical equipment***

All registered nurses are to report all damaged or faulty clinical equipment to Clinical Team via phone call and followed up with an email.

#### **Contents:**

Is to be stocked with the following equipment

- Thermometer and if required probe covers,
- Oxygen saturation probe,
- Manual blood pressure cuff,
- Stethoscope,
- Neurological torch,
- Small sharps container

#### **The following documents are to be in the on-call/Community RN Kit folder:**

- Progress notes at least 10 pages (hole punched)
- Medication incident forms at least 10 pages (hole punched)
- Incident forms at least 10 pages (hole punched)
- Client care plans – in alphabetical order of surname
- On call log – front of folder

#### **The following wound supplies are to be in the bag:**

- Gloves (sterile) 5pkts
- 1x box of gloves: dependant on RN hand size
- 10x 10ml syringes
- 5x 3ml syringes
- 10x alcohol prep pads
- 10x water for irrigation sachets
- 10x water for injection ampules
- 1x box Allevyn Adhesive 7.5cm (Small)
- 1x box Allevyn Adhesive 12.5cm (Medium)
- 1x box Allevyn heel
- 10x Sterile Lubricant
- 5x dressing packs
- 1x pkt of gauze
- 1x re-usable scissors
- PPE – face masks (5)



# Complex Bowel Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Approved by</b>	<b>Description of change</b>
1.0	5/2020	Tahla Small	CC	New policy

## In conjunction with:

- NCC Policies



## Complex Bowel Care Management

### **POLICY STATEMENT**

To ensure that all client/participants receive effective bowel care management interventions to prevent risks associated with constipation and bowel obstructions, through individualised bowel care plans.

### **SCOPE**

This policy applies to all National registered nurses and employees deemed competent in bowel care management.

### **POLICY**

An individualised bowel management approach for client/participants, incorporating risk factors and diagnoses to establish a preventative regime and an emergency response to complex bowel incidents.

### **Registered Nursing Staff Responsibilities**

- Assist with establishing a complex bowel regime in collaboration with the general practitioner, client/participant and or next of kin.
- Implementing complex bowel regime, assessing effectiveness of regime and providing feedback to general practitioner.
- Monitoring of client/participant's bowel movements, implementing the emergency regime to prevent constipation and bowel obstruction by intervening on day 3 bowels not open as per regime and up lining to general practitioner if not effective.
- Conduct a physical assessment, including an abdominal examination, auscultation for the presence of bowel sounds, palpate for any tenderness or tightness, look for signs of distention. (NSW Health 2017).
- Rectal examination – must be authorised by the general practitioner and consent gained by client/participant and or next of kin / guardian (NSW Health 2017).
- Communicate openly with client/participant and next of kin and maintain clear documentation on bowel management and interventions attended.

### **Care Staff Responsibilities**

- Document all observed and reported bowel movements in the client/participants 'Bristol bowel chart' according to the classification guide.
- Report any abnormalities such as black stool, blood or blood clots, loose bowel motions etc to the registered nurse and document in the bowel chart.
- Assist with interventions as required or delegated by a registered nurse, such as re-positioning for a microlax.
- Administer identified regular bowel regimes only in which the employee has been specifically trained and buddied in individualised competencies. For clarity – this does not include constipation procedures / ad hoc requests, as this treatment must be escalated for treatment by nurse and/or GP.
- Administer identified regular bowel regimes only in which the employee has been specifically trained and buddied in individualised competencies. For clarity – this does not include constipation procedures / ad hoc requests, as this treatment must be escalated for treatment by nurse and/or GP.

### **Training Requirements**



- Registered Nurses are required to undertake and be able to demonstrate if required twenty hours of ongoing continuing professional development (CPD) as per professional registration requirements set by The Australian Health Practitioner Regulation Agency. National encourages its registered nurses to attend a module on complex bowel management.
- Annual training on complex bowel requirements as per the training calendar.
- Annual external education session, on bowel management.
- Community employees to have a watch and learn through NCC buddy shift or shifts and demonstrate this skill during a buddy shift with a registered nurse.
- Attend individualised client competency at client discretion with assessed competency.

*Types of Bowel Care and Scopes of Practice*

	Carer	Registered Nurse	Requirement
<b>Aperients</b>	✓	✓	Must be listed in care plan at GP directive
<b>Suppositories</b>	✓	✓	Must be listed in care plan at GP directive
<b>Enemas</b>	✓	✓	Must be listed in care plan at GP directive
<b>Fleet Enemas</b>		✓	Must be listed in care plan at GP directive
<b>Colostomy Care</b>	✓	✓	As required
<b>Peristeen</b>	✓	✓	Must be listed in care plan at GP directive
<b>Adhoc</b>		✓	Nurse initiated / GP directive



### *Complex Bowel Care Procedures*

See participant care plans for individualised procedures specific to participant orders and requirements to ensure a person centred approach.

### *Constipation Procedure*

NOTE: this procedure must be undertaken by registered nurse and only if this is within the scope of the service we provide the participant. Alternatively, the participant should be directed to visit their GP.

**Day 2** - If BNO RN is to check nurse-initiated medication list for each client/participant:

- Add or continue coloxyl with senna
- Add Movicol sachet with, 125mL warm water, daily.

**Day 3** - If BNO: RN is to check nurse-initiated medication list for each client/participant:

- Continue coloxyl with senna
- Continue Movicol sachet with, 125mL warm water, daily
- Inform GP and consider increasing no. of sachets

**Day 4**- If BNO: RN is to check nurse-initiated medication list for each client/participant:

- Inform GP, gain consent for Glycerine suppository, administer as per instructions, and inform GP if no effect in four hours, discuss with GP further interventions such as micro lax / enema.

### **Training Requirements**

- Registered Nurses are required to undertake twenty hours of professional development, National encourages its registered nurses to attend a module on bowel management.
- Annual training on complex bowel requirements as per the training calendar.
- Annual external education session, on bowel management.
- Community employees to have a watch and learn buddy shift and a show and do buddy shift with registered nurse.
- Attend individualised client competency at client discretion with assessor competency

### **REFERENCES**

- NSW Health  
[https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0006/306465/liverpoolBowel\\_Management.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0006/306465/liverpoolBowel_Management.pdf)



# Catheter Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2020	Tahla Small	ACT Health	Catheter policy
1.1	4/2022	Tahla Small	UC Hospital	Critic twin flush

## In conjunction with:

- All National Policies



## Catheter Care

### **POLICY STATEMENT**

“To provide best practice in managing, educating and supporting client/participants requiring short/ long term management of urinary catheters.” (ACT Health Policy adaption)

### **SCOPE**

This policy applies to all employees of National assisting care recipients with catheter care and management.

### **POLICY**

#### **ACT Health Policy - Management of Supra Pubic Catheter: Community Based Patient**

- Following initial insertion, the tract will take 10 days to four weeks to become established. If the catheter becomes blocked or dislodged within this initial phase, expert medical advice should be sought as soon as possible. The patient should return to the treating hospital for management.
- Prior to first change of a suprapubic catheter the '[Medical Officer's Orders for Urinary Catheter Management](#)' clinical record form (form no. 40950) must be completed and signed by the referring medical officer.
- Community nurses may perform the first and subsequent suprapubic catheter changes, where the catheter is a balloon catheter (Foley) and NOT a Bonanno (Pigtail)
- First change of suprapubic catheters can be performed in the ambulatory clinic or in the client/participant's own home unless otherwise documented by specialist or General Practitioner (GP)
- The size of the catheter should be no smaller than 16Fg in adults with a 10ml balloon

### **PROCEDURE**

- Ensure patient has had adequate fluid intake prior to procedure
- Catheters should not be clamped prior removal
- Always endeavour to re-insert same size catheter where possible
- If unable to re-insert a catheter, insert a nelaton catheter to keep stoma open and arrange prompt transport to treating hospital for catheter reinsertion
- Urinary Catheters need to be changed at intervals that meet each client/participant's specific needs and comply with manufacturers' recommendations (usually 6 to 12 weeks). Careful evaluation of each catheter change will enable the nurse to establish each patient's individual catheter change routine. Use a 'Urinary Catheter Management Chart' to assist with this process
- Stabilising the catheter to the abdomen as well as to the upper thigh with a securement device is vital to reduce adverse events such as dislodgement, tissue trauma, hyper-granulation, inflammation and infection
- SPC stoma sites do not routinely require a dressing after the first 24 hours of initial insertion. If the site is discharging a temporary sterile gauze dressing should be applied
- Ensure the patient is informed of the procedure should the catheter become dislodged and that contact numbers are in place for Community Nursing team leader, the LINK after hours service and the treating hospital
- All changes should be recorded in participant notes and reflected in the participant care plan.



- Where difficulties are experienced or anticipated seek medical assistance
- Where a catheter is required to be removed permanently, medical orders should be obtained from the treating doctor and documented Inpatient's file.





## ACT Health Policy – Management of an Indwelling Urinary Catheter

**ALERT:** In patients with an Indwelling Urinary Catheter, it is important to remove any obvious signs of encrustations from around the urethral meatus. To achieve this, the catheter must be washed gently with warm soapy water at the start of the procedure and during the patient's daily wash/shower. Avoid back and forth movement of the catheter at the urethral meatus as this may cause unnecessary trauma or irritation and may increase the risk of infection or pressure injury. Observe for any signs of pressure areas or trauma at the urethral meatus. Document findings in appropriate patient records

The purpose of this section is to provide clinical care so as to:

- Maintain a patent urinary drainage system
- Prevent urinary tract infections
- Promote patient comfort
- Provide education for self-management of urinary drainage systems

Perineal/ penile care: Inpatient specific procedure:

- Explain procedure to patient and ensure privacy
- Ensure catheter is securely anchored at all times
- Routine daily perineal/ penile care is performed Drainage bag must be kept below the patient's waist to prevent reflux of urine back up the IDC
- Encourage a two to three litre fluid intake unless contraindicated
- Record output, clarity, colour and odour
- Perform and record urinalysis where indicated
- Observe for Haematuria
- Watch for Haematuria and diuresis in patients with chronic urinary retention
- Adjust the Patient Accountability and Care Plan to indicate IDC insitu and associated peri-toilets required for hygiene needs

### Training Requirements

- All service delivery registered nursing staff are required to hold a valid First Aid. Employees are required to undertake First Aid 3rd yearly. This is a part of the employee's contractual obligations and at the cost of the employee, not National.
- Altura Online Training Platform available for registered nurses and recommended annually if actively practicing skill.
- Competencies within 1 year of employment, dependent on client/participant requirements.
- National will provide additional resources and access to catheter care management training throughout the calendar year for registered nursing staff.
- New Nurses to have a watch and learn buddy shift and a show and do buddy shift with registered nurse for catheter changes.
- Attend individualised client competency at client discretion with assessor competency



## Citric Twin Flush (Uro-Tainer Twin SUBY G) Procedure: CLINICAL

### OVERVIEW

B. Braun Uro-Tainer® Suby G 100mL or Twin (2 x 30mLs)

**Indication:** A mildly hypotonic fluid that is less irritating as a result of the addition of magnesium. This fluid is specially designed to prevent phosphate crystallisation and dissolve existing calcification in indwelling catheters.



**Recommend rinse frequency:** 2 to 3 times per week depending on the scope of the problem, unless prescribed differently by the doctor. The fluid must remain in the catheter for 5 minutes.

**Composition:** Per 100mL: Citric acid monohydrate 3.23g, mild magnesium oxide, 0.38g, sodium bicarbonate 0.7g, edetate disodium 2H<sub>2</sub>O 0.01g in water for injection. pH = 4.2

### Contraindications

- It is important to monitor the clients blood pressure prior to, during and post procedure. If the blood pressure becomes out of ranges, cease the flush, and contact the general practitioner for further assistance.

### Procedure

1. Check medical order in client file.
2. Gain consent for procedure and document.
3. Ensure that the client is in a comfortable position, lying down or sitting in their wheelchair.
4. Gather all necessary supplies:

1x Citric twin flush

1x “bluey”

1x Gloves

1x watch or phone

1x blood pressure monitor

1x new catheter day bag.

5. Attend hand hygiene – follow five moment of hand hygiene.
6. Warm the solution (in the packaging) in lukewarm water for approximately 5-10 minutes.
7. Disinfect the table and set up supplies, opening any packaging.
8. Attend blood pressure – record in vital signs
9. Attend hand hygiene and don gloves
10. Check expiry date and medical order before beginning.



11. Clamp citric twin flush and loosen the cap.
12. Detach the client's catheter bag and discard appropriately (record urine amount in bag).
13. Using aseptic technique attach the citric twin flush to the end of the catheter.
14. Unclamp the white clamps and hold the flush to approximately 90 degrees (do not squeeze).
15. Re clamp the flush and wait for 5 minutes.
16. After five minutes unclamp the white part of the flush and allow the contents to flow back using gravity method.
17. Attend blood pressure – record in vital signs chart.
18. Unclamp the green part of the flush and hold at 90 degrees allow the contents to flow.
19. Clamp the flush and wait 5 minutes.
20. After 5 minutes unclamp the green part of the flush and hold bag downwards allowing the contents to flow back.
21. Assess the flush for colour and sediment return.
22. Detach the citric twin flush.
23. Attach new catheter bag and write the date and time bag changed.
24. Attend hand hygiene – follow five moment of hand hygiene.
25. Attend final blood pressure – record in vital signs chart.
26. Attend hand hygiene – follow five moment of hand hygiene.
27. Document in progress notes.

### *Reference List*

B Braun (2020) website <https://www.bbraun.com/en/products/b1/uro-tainer-twin-subyg.html>

Data on file: Brill H, Bactericidal activity of Uro-Tainer in Quantative Suspension Test according to EN13727:2003.

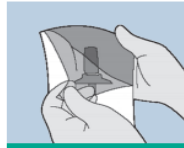


INSTRUCTIONS FOR USE



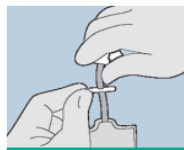
Step 1

If desired, warm the Uro-Tainer® in lukewarm water. In the meantime, wash your hands thoroughly.



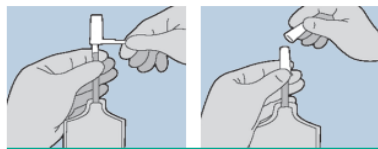
Step 2

Cut open the plastic wrapper and remove the Uro-Tainer® from the package.



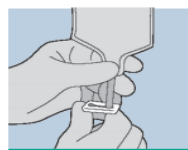
Step 3

Using the slide clamp, close off the Uro-Tainer® cannula.



Step 4

Remove the safety ring and pull off the protective cap from the Uro-Tainer® catheter tip, without touching the catheter tip.



Step 5

Open the cannula by sliding the clamp back. Let a few drops of Uro-Tainer® fluid drip into the catheter so that all air is removed from the cannula.



Step 6

Connect the Uro-Tainer® catheter tip to the catheter.



Step 7

Let the fluid flow in by gravity. Let the fluid sit in the catheter for 5 mins by closing the clamp, unless the Uro-Tainer® is being used for mechanical rinsing (Polihexanide and NaCl 0.9%) If using PHMB or NaCl no need to wait for 5mins.



Step 8

Reopen the clamp and let the fluid flow back by holding the Uro-Tainer® down. When it is full, close the clamp and uncouple the Uro-Tainer® from the catheter.

**Note:**

If using Uro-Tainer® Twin repeat steps 7 and 8 when using the 2nd solution chamber.



## Urinary Drainage Bag Management: Community Specific

### **Urinary Drainage Bag Types**

- Leg bags are available in a range of capacities: 350ml, 500ml, and 750ml.
- Tubing on leg bags is available in different lengths, (5cm to 40cm) and can be tailored to individual patient's requirements (adjustments can be made with extension tubing and connecting pieces).

### **Management**

- Urinary drainage bags should be positioned below the level of the bladder to prevent harmful reflux of urine.
- Leg bags can be placed on the thigh or calf and secured to the leg using straps provided, to prevent urethral trauma and damage to the bladder wall.
- Aseptic technique should be used when attaching urine drainage bags directly to the catheter.
- Urinary drainage bags should be emptied when half to two thirds full.
- Urinary drainage bags should be replaced as per manufacturer's recommendations; every seven days for regular bags or at the time of catheter change for long life leg bags

### **Closed Drainage System Types**

- Closed link system is used to facilitate overnight drainage and is appropriate for use with indwelling urethral and supra-pubic catheter drainage systems.
- Closed drainage systems are available in drainage bags with a two litre capacity and drainage bottles with a four litre capacity.
- Closed drainage systems are supplemented by the linking of a larger two litre capacity bag or urinary drainage bottle with a four litre capacity to the outlet of the sterile leg
- The linked overnight drainage system need not be sterile but must be cleaned daily to minimise the bacterial growth and extend the life of the bag. Manufacturer's instructions for cleaning should be observed (outlined below)

### **Catheter Valve System**

A catheter valve may be used in place of a urinary drainage bag, allowing bladder filling and intermittent drainage. Catheter valves are recommended as single use only items and should not be reused. Manufacturer's instruction regarding frequency of change should be observed. Bard catheter valves are changed weekly, Coloplast Simpla catheter valves are changed at the time of catheter change. For client/participants/ carers to use this system, they need to have:

1. The cognitive ability to learn strategies to prevent infection and/or urinary complications
2. An understanding of the principles associated with catheter management
3. The ability to independently manage their catheter care, or a carer who is willing to ensure safe management
4. The awareness of bladder sensation and recognition of bladder fullness, and manual dexterity to manipulate the outlet tap



**ALERT: Catheter valves are inappropriate for client/participants with detrusor instability, lack of bladder sensation or client/participants who are confused.**

## Instructions

### for patient/ carer regarding changing of drainage bags/valves:

- Wash hands
- Disconnect bag/valve from catheter
- Connect new bag/valve to catheter - avoid touching clean/sterile connections
- Wiping connection with alcohol wipe is not necessary

### Instructions for patient/ carer regarding cleaning of overnight drainage:

- Rinse with cold water to prevent agglutination of urinary proteins
- Wash with warm soapy water (dishwashing liquid)
- Rinse with clean water
- Allow to drain and dry (by hooking bags onto a wire coat hanger from a bathroom rail)
- Night drainage bottles may be left to dry in an upturned position on a clean towel
- 'Urosol', a deodorant and detergent cleansing agent, may be used to dissolve urinary crystals. Vinegar or bicarbonate of soda may be used as a substitute
- Use of bleach should be avoided as it may damage rubber and plastic

### Training Requirements

- All service delivery registered nursing staff are required to hold a valid First Aid. Employees are required to undertake First Aid 3rd yearly. This is a part of the employee's contractual obligations and at the cost of the employee, not National.
- National will provide additional resources and access to catheter care management training throughout the calendar year for registered nursing staff.
- Attend individualised client competency at client discretion with assessor competency

### REFERENCES

ACT Health, Urology – Catheter Insertion and Management, Bladder Irrigation, Nephrectomy and Trans Urethral Prostatectomy (TURP) accessed from <http://health.act.gov.au/research-data-and-publications/policyand-plans-0> on 5 April 2018.

The Joanna Briggs Institute Urinary Catheter (intermittent): Management

The Joanna Briggs Institute Urethral Catheter (Older Person): Removal

The Joanna Briggs Institute Urethral Catheter: Emptying Drainage

The Joanna Briggs Institute Suprapubic Catheter: Site Dressing



# Enteral Feeding & Related Medication

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	February 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	February 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2020	Tahla Small	CEO	Redevelopment for clinical support
1.2	2/2024	Tahla Moore	CEO	Crushable Medication Procedures added

## In conjunction with:

- National Community Care Clinical – All Medication Supports Policy, Guidelines & Framework
- National Community Care Clinical – All Clinical Care Plans Policy, Guidelines & Framework



## Enteral Feeding Policy

### **POLICY STATEMENT**

#### **SCOPE**

This policy applies to all employees of National deemed competent to provide enteral feeding care.

#### **POLICY**

Taken directly from the DAA (2018) Enteral nutrition manual for adults in health care facilities

#### **What is enteral nutrition**

Enteral nutrition is defined as the introduction of a nutritionally complete liquid formula directly into the stomach or small intestine via a narrow, often specifically designed, tube.

#### **When is enteral nutrition indicated**

Enteral nutrition is considered when an individual cannot safely manage oral intake, an example of this is in individuals with dysphagia, reduced level of consciousness or when oral intake is not adequate to meet their nutritional requirements.

#### **Routes of Enteral feeding**

- Nasogastric, nasoduodenal or nasojejunal
- Percutaneous enteric tubes (gastrostomy or jejunostomy)
- Trans-oesophageal feeding (“TOF”) or oesophagostomy tube

#### **Equipment**

The following equipment involved in enteral feeding may include the following:

- Enteral feeding tube
- Administration reservoir (Feed bag, bottle, etc)
- Giving set
- Syringes
- Enteral pump

All equipment is to be used, cleaned and disposed of as per manufactures instructions.

#### **Client/participant Responsibilities:**

- Client/participants receive individual enteral feeding regime and or medication assessment (where appropriate) and where appropriate this assessment is undertaken in conjunction with the client/participant, family, doctor, and other health professionals.
- Client/participants have a clear, individual enteral feeding and or medication support plan developed in conjunction with the client/participant, family, doctor, and other health professionals.
- Client/participants with more complex health care needs have access to an appropriate health professional to provide back-up advice and support, as and when needed. There is an organisational commitment to ongoing assessment and monitoring of staff practices.





- When possible, the client/participant/carer is responsible for organising appropriately packaged medications. (Webster packs/one dosage liquids etc.) as well as signing sheets from their pharmacy
- Where applicable, the client/participant/carer is responsible for notifying National of all changes to enteral feeding regime in a timely manner.
- Client is responsible for updating NCC of any medication changes: when schedule 8 drugs and/or high risk drugs are included.

#### **National Responsibilities:**

- Regularly liaises with client/participant, supporting network, or if applicable- general practitioners, pharmacists and other health professionals with regard to Enteral Feeding and medications as required.
- Ensure client/participants have a clear, individual Enteral feeding support plan, signing sheets and obtain a consent form is completed by the client/participant or carer, family, or guardian.
- Provide employees with access to training that provides them with the necessary skills and knowledge to confidently assist client/participants with enteral feeding and medication support and/or administration.
- Report any critical incidents to appropriate channels.
- Provide annual medication and enteral feeding refresher education as per learning pathway.
- National Community Care will not assign carers to an identified high-risk enteral feeding or medication service. Registered Nurses only.
- National will provide all staff with a general medication side effects fact sheet to assist staff to recognise if a participant may be having a side effect to a medication. This is available through the employees' online resources
- National will provide all staff with access to the client's individualised enteral feeding care plan to assist staff to recognise if a client / participant may be experiencing adverse effects from enteral feeding administration.
- SIL client's/participants - National with consent from client/ participant/ support coordinator will co-manage the ordering of enteral supplies / nutritional supplements.

#### **Employee Responsibilities:**

- Understand the legal obligations around safe enteral feeding and medication administration.
- Work within your scope of practice, level of competency and legal boundaries.
- Before involvement in the administering or support of client/participant enteral feeding or medication a support worker must have achieved both enteral feeding competency and medication competencies (See Mandatory Training Policy)
- Attend all mandatory training requirements and updates.
- Report any incidents or accidents immediately (see Incident and Accident Policy and Incident and Accident Form located through employee logins to Brevity App via their mobile device.
- Follow best practice for enteral feeding and the "Medications Procedure" accordingly
- Document accordingly on the client/participant's medication signing sheet, fluid balance chart and in the shift notes.
- If medication support is being provided, the client/participant retains all responsibility for their medications.



- If enteral feeding support is being provided, the client / participant retains all responsibility for their enteral feed.
- If medication administration is being provided, the support worker is responsible for ensuring that the client/participant takes their medications. (NOTE: If a client/participant refuses to take their medication refer to the procedure for refusals below.
- If enteral feeding administration is being provided the support worker is responsible for ensuring that the client/participant has the prescribed enteral nutritional supplement and required water flushes. (NOTE: If a client/participant refuses to take their medication refer to the procedure for refusals below.

### *Dietitian enteral regimes*

- National Community Care staff are to adhere to client/participant's dietitian developed enteral regimes, as per clinical care plan. These plans are reviewed monthly and/or when required in coordination with the dietitian and other health professionals.
- Staff are to ensure they attend required documentation post implementing enteral regimes.

### **National Responsibilities**

- To provide staff with annual best practice training according to the staff members scope of practice.
- To source a training provider in line with demand for additional identified supports
- To coordinate with staff any changes in enteral feeding regimes in a timely and effective manner to ensure client/participant safety.
- Ensure required equipment is available for trained staff to use for enteral feeding.

### **RN Responsibilities**

- Adhere to the client/participants enteral regime designed by dietitian in consultation with client/participant.
- Provide clinical feedback on effectiveness of regime to dietitian in a timely manner.
- Monitor delivery of enteral regime, when enteral regime is being attended by a competent carer, provide oversight during the process.
- Monitor stoma site for signs of redness, leaking and offensive odour / exudate and report to general practitioner in a timely manner.
- Monitor for signs of intolerance to feed regime, such as pain, bloating, vomiting etc
- Action signs of intolerance immediately through consultation with dietitian.
- Monitor fluid balance charts.
- Documentation.
- Cleaning of equipment as per manufacturer recommendations.
- Attend incident reports and inform Clinical coordinator in a timely manner.

### **Carer / Support Worker Responsibilities**

- Assist registered nurses with implementing enteral regime within their scope.
- Monitor clients for intolerance of enteral regime and report to registered nurses.



- Attend fluid balance charting at the time of input and output.
- Monitor stoma site for signs of leaking, redness or offensive exudate and report to registered nurses for action.

#### **Training Requirements**

- All service delivery employees delivering and/or intending to deliver enteral feeding services are required to hold a competency in the field.
- Community employees are to have a watch and learn buddy shift and a show and do buddy shift
- Attend individualised client competency at client discretion with assessor competency
- Employees are required to undertake an annual refresher. This may be through face-to face training delivery, workshop, and/or online eLearning module in conjunction with workplace competencies.



### *Percutaneous Gastrostomy Tube Procedure*

**What is a percutaneous gastrostomy tube or PEG** - A gastrostomy feeding tube is one which has been inserted directly through the abdominal wall into the stomach and is commonly used for long term enteral support. Most gastrostomies are inserted by the percutaneous endoscopic technique (PEG), but they may also be placed surgically or radiologically. Gastrostomy tubes vary in size from 9-28F, and normally last for 18 months to 2 years.

- National Employees are to refer to the clients/ participants individualised care plan for frequency of changes.
- National Employees are to refer to the clients/ participants individualises care plan for setting which tube is change in (Hospital ED, Radiology department, by Community Nursing ACT Health, or by National RN with competency for changing PEG tubes).

The external fixation plate or flange on a gastrostomy tube keeps the tube from rubbing around the PEG site, protecting the skin from damage, and also prevents the tube from being drawn further into the gut by peristalsis. It should not be removed, and if faulty should be replaced. It is important that a patient's tube is correctly identified (type of tube, size, and manufacturer) by staff caring for the patient, and that these details are documented in the patient's notes. This allows appropriate care, and replacement parts to be provided when required. For example, a balloon gastrostomy should be checked fortnightly to ensure that the balloon is inflated with the correct amount of water, following manufacturer's instructions.

### *Care of the PEG Tube*

PEGs can become encrusted with feed or medications, and colonised with bacteria or yeasts, if not flushed regularly. This can result in damage to the tube, and the need for premature replacement. Even when the PEG is not currently being used for feeds (e.g. if it has been inserted prophylactically before radiotherapy starts) it should be flushed with water at least once per day.

Taking care of the PEG site is important to reduce the risk of skin breakdown and infection – the site is really a type of wound, and as such it is normal for the skin to be slightly red around the edge of the hole. Other than this slight redness, within a few days after insertion a healthy PEG site should look like normal skin, without excessive irritation, pus or blood. After the initial PEG insertion, endoscopists' instructions may vary.

Generally, the PEG tube is rotated for the first time 24 hours after insertion, and the external flange left in its initial (quite tight) position for the first 5-7 days to encourage tract formation, after which it can be loosened to allow 1-2 mm movement in and out.

The PEG site should be washed daily as part of normal hygiene using warm soapy water, and then rinsed and dried thoroughly. The external flange will need to be lifted to clean around the tube. Unless the tube has been stitched into place, it should be gently pulled in and out (1-2 mm only) and rotated through one full turn daily.

### **Considerations**



- The PEG site should not be covered with a dressing or ointments – please refer to individualised care plan if a dressing or ointments are required, as this can cause dampness, skin damage and infection.
- Leaving a long PEG tube dangling can also cause the side of the tube or the flange to rub and damage the skin so it may be helpful to keep it still by taping the end of the tube to the abdomen, or keep it tucked into underclothing between feeds.
- Raised red hyper granulation tissue ('proud flesh') can sometimes develop, possibly due to friction from the tube. This is relatively common but can cause problems with the fit of the tube and becomes prone to infection, so should be treated promptly. Cauterisation with silver nitrate is the most common method - refer this matter to their General Practitioner/ medical team or community wound care nurse.

**Flushing** an enteral tube regularly (usually 4-6 hourly during continuous feeding) is essential to ensure tube patency and minimise the risk of tube blockage, as well as to meet the patient's fluid requirements.

Water at room temperature is considered the accepted flushing fluid and there is no evidence presented that tap water flushes in reasonable volumes pose any risk to humans.

*National employees are to refer to individualised care plan for flushing requirements.*

However sterile water for irrigation, commercially filtered or cooled boiled tap water have been suggested for use in particular patients who may be at increased risk. This would include immunocompromised patients and those being fed postpylorically.

Post pyloric feeding bypasses the acidic environment of the stomach, which normally provides protection against bacteria. Where possible any drugs administered via an enteral feeding tube should be liquid and given separately from the feed, with flushing of the tube before and after each separate medication.

Flush tubes regularly with at least 30mls of water before, between and after medication administration, before and after bolus feedings and before and after checking gastric residuals and when feeds are stopped.

- Smaller bore tubes such as jejunal tubes and fine bore tubes are more prone to clogging and may need to be flushed more frequently – very warm water (drinkable tea/coffee temperature) may help to prevent coagulation of feed residue.
- When several drugs are to be given, each should be given separately with a 5-10ml water flush given between each drug
- Use a 60ml syringe for flushes as smaller syringes may exert a force great enough to damage the tube
- Additional water flushes or increased volumes may be required, to meet the patient's hydration needs. Normally the patient's fluid requirements are estimated and the tube flushes are used to meet these (taking into account other fluids being given, and the water content of the tube feed formula). Flush volumes are then adjusted as needed, to achieve optimal fluid status.
- Avoid flushing with acidic fluids (fruit juices or carbonated drinks like cola/soda water/mineral water), which can make the chance of blockages more likely. There is no evidence supporting the use of any fluid other than very warm water to unblock tubes.



## REFERENCES

Dietitians Association of Australia, Nutrition Support Interest Group, 2015, Enteral nutrition manual for adults in health care facilities, accessed from [daa.asn.au/wp-content/uploads/2015/04/Enteral-nutrition-manualJanuary-2015.pdf](http://daa.asn.au/wp-content/uploads/2015/04/Enteral-nutrition-manualJanuary-2015.pdf) on 5 April 2018.

<https://aci.health.nsw.gov.au/about-aci/e-news?a=220992>



### *Crushable Medications (Enteral Route) - Carer's / Support Workers Procedure*

**CARERS ARE NOT TO DETERMINE IF A MEDICATION CAN BE CRUSHED. IN THE EVENT A MEDICATION REQUIRES CRUSHING WITHIN THE COMMUNITY THERE WILL BE AN INDIVIDUALISED CARE PLAN AND PROCEDURE IN PLACE**

#### Scope

- National Carer's & Support Workers

#### Training Requirements

- Annual Medication training / competency and the associated Enteral feeding competency.
- Carers / support workers are not permitted to crush medications without having completed annual medication training and competency and have been deemed competent.

#### Documentation Requirement

- If a client / participant's medications are required to be crushed to be administered via Enteral route (PEG/PEJ), this will be indicated in their individualised care plan, signing sheet.
- National will have documentation saved in sharepoint from either the prescriber of the medication and or dietician / pharmacist to support safe enteral /crushable medication administration and management.

#### Procedure

- Check Service Guide / Care Plan for individualised medication considerations / requirements. Ensure medication signing sheets are current (correct date range, name, date of birth and General Practitioners Name).
- Collect all required equipment, medication and pre boiled (cooled) tempered water as per individualised medication section within care plan.
- Gain consent for medication administration and attend the Eight Medication Rights prior to administration, if there are any concerns / discrepancies during the eight medication rights do not proceed, stop and call National Community Care Intake line).
- Check individualised care plan for positioning requirements for enteral medication administration and ensure these are followed.
- Attend hand hygiene, don required PPE.
- Check care plan and medication signing sheet for any medications which are required to be administered separately, not crushed (enteric coated or slow / sustained release medications) and or dispersed in water separately.
- Prepare the medications according to CarePlan with water into enteral feeding syringes (please note there may be multiple syringes, always refer to the care plan).
- Crush the tablets first, then open the capsule and add contents to the crushed tablets - this will avoid crushing sustained release or enteric coated pellets.
- Prepare the required water flushes as per care plan – use a clean dish / bowel or tray to have all syringes on ready for medication administration.



- Check which port the medications are to be administered in, noting that some enteral tubes have multiple ports or a specific labelled medication port.
- Attend 2<sup>nd</sup> Eight Medication Rights prior to administration, if there are any concerns / discrepancies during the eight medication rights do not proceed, stop and call National Community Care Intake line).
- Refer to individualised care plan for clients / participants steps in administering the flushes and medications.
- During administration process monitor for possible adverse effects secondary to the crushed medication(s) e.g. local irritation, nausea, heartburn etc. If occurs please stop, if non urgent adverse effects call National Community Care Intake line, if urgent adverse effects such as vomiting, blood returned in enteral tubing, leaking from stoma site or loss of consciousness etc call emergency services
- Remove PPE and attend hand hygiene.
- Clean all equipment as per CarePlan and store accordingly.
- Sign medication signing sheet for the medications you administered, update fluid balance chart and document in Brevity.

#### Considerations

- Do not crush enteric coated, slow or sustained release medications. Many of these medications can be identified by postscripts to the product name such as CR, MR, XR, XL, CD, or SR which implies a treatment to modify the rate of release of the medication, such as 'CR' meaning Controlled Release (refer to the Institute for Safe Medication practices – Oral dosage Forms that should not be crushed 2016 accessed from [www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf) on 26 March 2018
- Suitable crushing devices include: the Silent Knight, Rhino Crush™ Tablet Crusher and the Webster Care® Ergonomic Tablet Crusher. These tablet crushers employ a method whereby the device does not come in direct contact with the medications being crushed.





# Falls Prevention and Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	Jan 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Jan 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	1/2024	Stacey Madden	GM	New Policy

## In conjunction with:

- All Clinical Care Plans
- Incident Reporting Guidelines and Reporting
- Participant Onboarding & Transitioning Policy and Guidelines



## Falls Prevention and Management Policy

### **POLICY STATEMENT**

Falls affect 37.3 million people globally each year. The purpose of this policy is to provide NCC staff with falls prevention strategies, assessments, and management of falls in the community environment.

### **SCOPE**

All employees of National Community Care

### **DEFINITION**

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level (WHO).

Risk Factors include:

- Socioeconomic factors including poverty, overcrowded housing, sole parenthood, young maternal age.
- Underlying medical conditions, such as neurological, cardiac, or other disabling conditions.
- Side effects of medication, physical inactivity, and loss of balance, particularly among older people.
- Poor mobility, cognition, and vision.
- Unsafe environments, particularly for those with poor balance and limited vision.
- Alcohol or substance use.

### **POLICY**

#### ***Non Clinical Clients***

All new clients / participants commencing with NCC will have an ***NCC-Client Risk Assessment*** as a part of NCC's onboarding process prior to service commencement.

If the client/ participant has been identified as a falls risk in the risk profile, strategies must be identified and implemented where appropriate in relation to the funding type applicable. This should be reflected in their care plan/service guide and made available as an alert on Brevity.

#### ***Clinical Clients***

Clients /Participants onboarded as Clinical with appropriate funding, will have a falls risk assessment (FRAT) completed at beginning of services with NCC, and as per the table below. This is in addition to the ***NCC-Client Risk Assessment***. If there is a change in health status, incident of a fall, decline in mobility, hospitalisation and/or medication changes, then a FRAT is required to be completed. Clinical clients / participants



**FRAT frequency**

Low Falls Risk	Yearly
Medium Falls Risk	6 Monthly
High Falls Risk	3 Monthly
Incident of a fall or a hospital stay longer than 7 days	Within 2 business days or post discharge from hospital in routine follow up visit.

Clients /Participants who have falls risk identified should have falls prevention strategies in place at a minimum.

**Falls Prevention Strategies:**

- Discussion around appropriate footwear.
- Recommend a podiatrist review (depending on funding type).
- Encourage medication review with pharmacy or GP.
- Identify home hazards which can be removed or minimised. Ie uncluttered home environment / removal of loose mats or rugs.
- Identify home hazards which are unable to be controlled / removed – to be referred to case manager, support coordinator etc

**Additional Strategies (Billable)**

- FRAT- Falls Risk Assessment Tool

**NO LIFT POLICY**

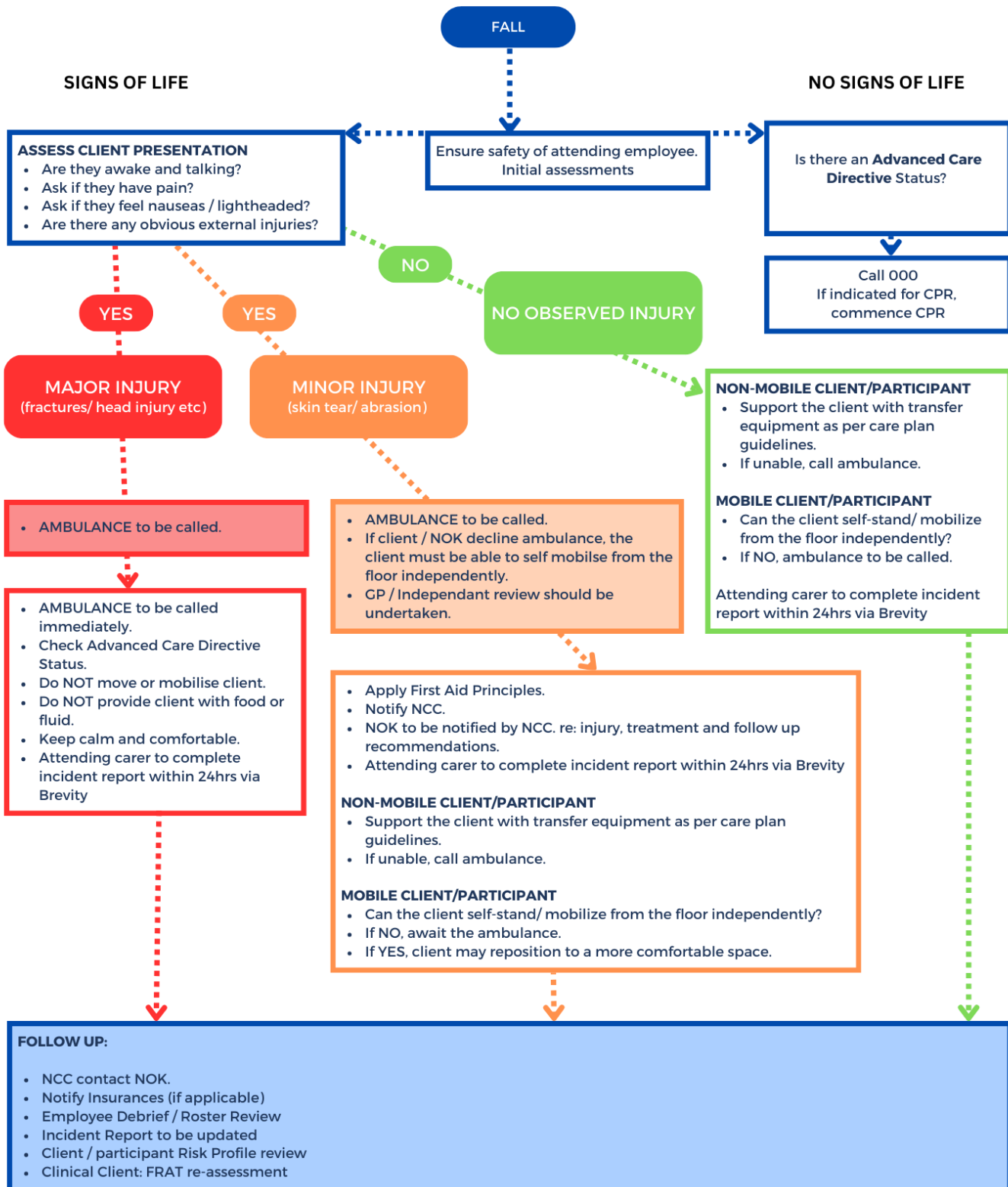
National Community Care have a strict NO LIFT POLICY. This means when a client / participant slips, trips or fall's staff are not permitted to physically assist them off the ground. For the purpose of clarification to avoid misunderstanding this includes any acts involving an employee having to push, pull or manually lift.

In the event a client or participant is unable to self mobilise after a slip, trip or fall, National Community Care Employees will be required to call NCC Intake phone to discuss next steps.

The only EXCEPTION to NCC's 'NO LIFT POLICY' is in the event of undertaking life-saving measures (for clarity, CPR) when manually transferring a client/participant from a soft surface such as a chair and/or air mattress to the floor to commence CPR.



Falls Flow Chart



Falls Management Procedure: Fall during service delivery.



Falls Management during service delivery, employees have a duty of care for themselves and the client/participant.

**Immediate Post Fall Management:**

- Follow DRSABCD
- Check for ongoing danger, reassure participant.
- Look for response.
- Send for help
- Airways, breathing and circulation.
- Check for injuries, such as, abrasions, contusions, lacerations, fracture, and head injuries. If injuries identified, or pain identified, administer first aid as appropriate and call ambulance.
- **Self-Mobilising Participant:**
  - If no injury identified and safe to do so, prompt participant to try to stand. Carer may use a chair in front of the participant to aid the participant in standing.
  - If unable, participant should be made comfortable and reassured and ambulance to be called.
- **Assisted Mobilising Participant:**
  - If no injury identified and safe to do so, and the appropriate ratio of carer to client is on site, mechanical assistance may be implemented ONLY at the directive of NCC intake person.
  - If unable, participant should be made comfortable and reassured and ambulance to be called.
- If injured, administer first aid as appropriate, call 000.
- Attending employees to complete brevity incident report.
- Operational Intake to contact participants NOK, and encourage NOK to notify General Practitioner.

**Post Fall Follow Up should consist of the following:**

- Complete FRAT (Clinical Clients Only) to identify any new risk factors, interventions and/or referrals.
- Update non-clinical clients/ participants NCC-Risk Profile to identify any new risk factors, interventions.
- Review current falls prevention strategies if applicable for the following: Are the current prevention strategies effective?
- Communicate with all relevant stakeholders on recommendation interventions to prevent falls in future and document electronically in Brevity.



## Falls Management Procedure: Bunbury House – SIL Setting

Bunbury House participants are required to have FRATs done six monthly (unless high risk) which aligns to their care plan review date.

### Immediate Post Fall Management:

- RN on duty to assess participant.
- Follow DRABCD
- Check for ongoing danger, reassure participant.
- Look for response.
- Airways, breathing and circulation.
- Check for injuries, such as, abrasions, contusions, lacerations, fracture, and head injuries.
- Complete a set of Vital Signs
- If no injury identified and safe to do so, assist participant to standing/or mobility aid.
- If injured, administer first aid as appropriate, call 000 if required.
- Contact participants next of kin and General Practitioner
- Call Clinical Team (Business hours), and NCC (outside business hours) when safe to do so and report fall, complete brevity incident report.

Complete observations half hourly for two hours, hourly for four hours, then four hourly until the remainder of 24 hour period post fall. Neurological observations are to be completed in conjunction with observations if there is a head strike or if fall is unwitnessed.

Notify participants general practitioner if any changes to participants observations or condition, if outside of business hours, please call 000.

### Post Fall Follow Up:

- Complete FRAT, identify any new risk factors, interventions and/or referrals.
- Review current falls prevention strategies, are they in use? Are they effective?
- Communicate with participant and next of kin assessment, management, and recommendations.

## National Community Care's Responsibilities

- Provide all employees with access to current Falls Prevention & Management Policy and associated procedures.
- Offers its employees with access to altura's online learning platform.....
- Ensure the organisation incorporates 'current, peer reviewed endorsed falls prevention and management information' and amends the policy and associated procedures with changes in the sector.
- Review policy and procedures in line with organisational time frames.

## TRAINING REQUIREMENTS

- Altura online learning module – H & S Supporting People to Move (Annually).

## REFERENCES



World Health Organisation - [Falls \(who.int\)](https://www.who.int)

Australian Commission on Safety and Quality in Healthcare - [Falls Community Care Guidebook \(safetyandquality.gov.au\)](https://www.safetyandquality.gov.au)

Centres for Disease Control and Prevention - [Check for Safety: A Home Fall Prevention Checklist for Older Adults \(cdc.gov\)](https://www.cdc.gov)

NSW Falls Prevention Program - [falls-prevention-home-safety.pdf \(nsw.gov.au\)](https://www.nsw.gov.au)

Active and Healthy - [Home Safety Checklist » NSW Health - Active and Healthy](https://www.nsw.gov.au)

SA Falls Prevention - [Making Your Home Your Haven.pdf \(fallssa.com.au\)](https://www.fallssa.com.au)



FRAT

## Falls Risk Assessment Tool (FRAT)



*Developed by:* Peninsula Health

*Format:* Assessment tool and Instructions for use

*Availability:* Download FRAT <PDF version> <Word version>

Download Instructions for use <PDF version> <Word version>

The Falls Risk Assessment Tool (FRAT) was developed by the Peninsula Health Falls Prevention Service for a DH funded project in 1999, and is part of the FRAT Pack. A study evaluating the reliability and validity of the FRAT has been published (Stapleton C, Hough P, Bull K, Hill K, Greenwood K, Oldmeadow L (2009). A 4-item falls-risk screening tool for sub-acute and residential care: The first step in falls prevention. *Australasian Journal on Ageing* 28(3): 139-143). The FRAT has been distributed to approximately 400 agencies world wide.

The FRAT has three sections: Part 1 - falls risk status; Part 2 – risk factor checklist; and Part 3 – action plan. The complete tool (including instructions for use) is a complete falls risk assessment tool. However, Part 1 can be used as a falls risk screen. An abbreviated version of the instructions for use has been included on this website. For a complete copy of the instructions for use please refer to the [FRAT Pack](#) or contact the Peninsula Health Falls Prevention Service, telephone (61 3) 9788 1260.

The FRAT is a validated tool, therefore changes to Part 1 of the tool are not recommended.

Please note: The cognitive status question in Part 1 on the FRAT refers to the Abbreviated Mental Test Score (AMTS). This resource is available at [http://anzsgm.org/vgmt/Dementia/cognitive\\_screening\\_tests.htm](http://anzsgm.org/vgmt/Dementia/cognitive_screening_tests.htm) (please note: this will take you out of the Department of Health website).

In 2009 the Department of Health funded Northern Health, in conjunction with National Ageing Research Institute, to review falls prevention resources for the Department of Health's website. The materials used as the basis of this generic resource were developed by Peninsula Health under a Service Agreement with the Department of Human Services, now the Department of Health. Other resources to maintain health and wellbeing of older people are available from [www.health.vic.gov.au/agedcare](http://www.health.vic.gov.au/agedcare)





Department of Health



<b><u>FALLS RISK</u></b> <b><u>ASSESSMENT TOOL</u></b> <b>(FRAT)</b>	UR NUMBER ..... SURNAME ..... GIVEN NAMES..... DATE OF BIRTH .....  Please fill in if no patient/resident label available

(see instructions for completion of FRAT in the FRAT PACK-Falls Resource Manual)

**PART 1: FALL RISK STATUS**

RISK FACTOR	LEVEL	RISK SCORE
<b>RECENT FALLS</b> <i>(To score this, complete history of falls, overleaf)</i>	none in last 12 months.....	2
	one or more between 3 and 12 months ago.....	4
	one or more in last 3 months.....	6
	one or more in last 3 months whilst inpatient / resident....	8
<b>MEDICATIONS</b> <i>(Sedatives, Anti-Depressants Anti-Parkinson's, Diuretics Anti-hypertensives, hypnotics)</i>	not taking any of these.....	1
	taking one .....	2
	taking two .....	3
	taking more than two.....	4
<b>PSYCHOLOGICAL</b> <i>(Anxiety, Depression ↓Cooperation, ↓Insight or ↓Judgement esp. re mobility )</i>	does not appear to have any of these.....	1
	appears mildly affected by one or more.....	2
	appears moderately affected by one or more.....	3
	appears severely affected by one or more.....	4
<b>COGNITIVE STATUS</b> <i>(AMTS: Hodkinson Abbreviated Mental Test Score)</i>	AMTS 9 or 10 / 10 <u>OR</u> intact.....	1
	AMTS 7-8 mildly impaired.....	2
	AMTS 5-6 mod impaired.....	3
	AMTS 4 or less severely impaired .....	4
(Low Risk: 5-11 Medium: Risk: 12-15 High Risk: 16-20)		<b>RISK SCORE</b> /20

Automatic High Risk Status: *(if ticked then circle HIGH risk below)*

- Recent change in functional status and / or medications affecting safe mobility (or anticipated)
- Dizziness / postural hypotension

**FALL RISK STATUS: (Circle):** LOW / MEDIUM / HIGH →

List Fall Status on Care Plan/ Flow Chart

**IMPORTANT:** IF HIGH, COMMENCE FALL ALERT



**PART 2: RISK FACTOR CHECKLIST**

		Y/N
Vision	Reports / observed difficulty seeing - objects / signs / finding way around	
Mobility	Mobility status unknown or appears unsafe / impulsive / forgets gait aid	
Transfers	Transfer status unknown or appears unsafe ie. over-reaches, impulsive	
Behaviours	Observed or reported agitation, confusion, disorientation. Difficulty following instructions or non-compliant (observed or known)	
Activities of Daily Living (A.D.L's)	Observed risk-taking behaviours, or reported from referrer / previous facility	
	Observed unsafe use of equipment	
	Unsafe footwear / inappropriate clothing	
Environment	Difficulties with orientation to environment i.e. areas between bed / bathroom / dining room	
Nutrition	Underweight / low appetite	
Continence	Reported or known urgency / nocturia / accidents	
Other		

**HISTORY OF FALLS** *Note: For an accurate history, consult patient/resident / family / medical records.*

Falls prior to this admission (*home or referring facility*) and/or during current stay

*If ticked, detail most recent below*

**CIRCUMSTANCES OF RECENT FALLS:** Information obtained from \_\_\_\_\_

(Circle below)

(Where? / Comments)

Last fall: Time ago \_\_\_\_\_ Trip Slip Lost balance Collapse Leg/s gave way Dizziness

Previous: Time ago \_\_\_\_\_ Trip Slip Lost balance Collapse Leg/s gave way Dizziness

Previous: Time ago \_\_\_\_\_ Trip Slip Lost balance Collapse Leg/s gave way Dizziness



**List History of Falls on Alert Sheet in Patient/Resident Record**

**PART 3: ACTION PLAN**

*(for Risk factors identified in Part 1 & 2, list strategies below to manage falls risk. See tips in FRAT PACK)*

PROBLEM LIST	INTERVENTION STRATEGIES / REFERRALS




→ **Transfer care strategies to Care Plan / Flow Chart**

PLANNED REVIEW \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

INITIAL ASSESSMENT COMPLETED BY:

PRINT NAME \_\_\_\_\_ Signed: \_\_\_\_\_

REVIEW

*(Falls Review should occur at scheduled Patient/Resident Review meetings or at intervals set by the Initial assessor)*

Review Date	Risk Status	Revised Care plan (Y or N)	Signed	Review Date	Risk Status	Revised Care plan (Y or N)	Signed

# Mealtime and Dysphagia Support



**Current Version**

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

**Modification History**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Approved by</b>	<b>Description of change</b>
1.0	10/2022	Stacey Madden	CEO	New policy

**In conjunction with:**

- All NCC Policies



## Mealtime Support

### **POLICY STATEMENT**

To best support each participant requiring appropriate and timely assistance with meal support including severe dysphagia management. Participant to receive appropriate support that is relevant and proportionate to their individual needs and preferences.

### **SCOPE**

This policy applies to all service delivery employees of National.

### **POLICY**

Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs, preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable and inclusive of client choice and control.

To achieve this outcome, the following indicators should be demonstrated:

- Providers identify each participant requiring mealtime management.
- Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
  - a) undertaking comprehensive assessments of their nutrition and swallowing; and
  - b) assessing their seating and positioning requirements for eating and drinking; and
  - c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
  - d) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.
- Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:



a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and

b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight) – proactively manage those risks.

- Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
- Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to participants and can be differentiated from meals not to be provided to particular participants.

## Severe Dysphagia Management

Each identified participant requiring severe dysphagia management should be involved in the assessment and development of their severe dysphagia management plan with the appropriate allied health professionals (Speech Pathologist / Dietician) The participants plan should identify the following:

- their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and
- how risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.

### TRAINING

Each worker responsible for providing severe dysphagia management to participants is required to undertake annual generalised dysphagia training and understand each participant's needs, managing any severe dysphagia related incident and the high intensity support skills descriptor for severe dysphagia management. Worker to understand who to upline concerns with and who is responsible for plan reviews.



# Diabetes Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   Clinical	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Clinical Coordinator / RN	<b>Review</b>	May 2025

## Modification History

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Approved by</b>	<b>Description of change</b>
1.0	24/6/2022	Tahla Small	CC	New policy

## In conjunction with:

- NCC Policies
- Stoma Management



## Diabetes Management

### PURPOSE

National Community Care is committed to providing the highest standard of care and support for a participant requiring Diabetes Management. National Community Care has developed the Diabetes Management Policy consistent with legislative requirements for a high intensity support activity, ensuring a safe, efficient and effective management service to our participants.

### SCOPE

This policy is applicable to all staff working participants with diabetes.

### DEFINITIONS

Term	Definition
Diabetes Mellitus	Commonly known as diabetes; a chronic disease associated with abnormally high levels of glucose in the blood. Three types – Type 1, Type 2 and gestational diabetes.
Hypoglycaemia	low blood glucose level
Hyperglycaemia	high blood glucose level
Blood Glucose	The main sugar that the body makes from food consumed in the diet. Glucose is carried through the bodies bloodstream to provide energy
Insulin	a protein pancreatic hormone secreted by the pancreas that is essential for metabolising carbohydrates and regulating blood glucose levels in the blood.

### *Principles Of Diabetes Management*

- To support a person to implement their Diabetes Management Plan that is overseen by a health practitioner (e.g. Medical doctor, Registered Nurse).
- To identify and minimise risk of hypoglycaemic and hyperglycaemic episodes
- To monitor and record blood glucose levels (BGLs);
- To follow procedures to calculate dose requirements, administer medication.
- Procedures are to be performed only by National Community Care staff with appropriate training and knowledge of Diabetes Management.
- To follow procedures and exercise judgement on when to call an ambulance and how much medication (insulin) to administer.
- To demonstrate the application of first aid including positioning and cardiopulmonary resuscitation.





### ***Roles and Responsibilities***

This policy is to be used in conjunction with National Community Care's Management of Medication Policy and Subcutaneous Injection Policy and Procedure (where required).

National Community Care's participants are ensured their desired level of involvement is respected and maintained. A participant's Diabetes Management Plan is overseen by their health practitioners (e.g. Medical doctor, Registered Nurse). Their care plan will be regularly reviewed where procedures and information will be given to the participant/carer/ advocate and Staff.

**Please Note:** Any changes to a Diabetes Management Plan and medication management will be conducted by participants health practitioners (e.g. Medical doctor, Registered Nurse).

***Carers are only authorized to assist, at no stage are to draw up medications.***

### ***Care Plan***

National Community Care's participant care plan is developed with the involvement of the participant/carer/advocate and their Program Coordinator and health practitioners (e.g. Medical doctor, Registered Nurse). Included in the plan is how to:

- Support a participant to implement their Diabetes Management Plan
- Identify and respond to hypoglycaemic episodes
- Monitor and record blood glucose levels (BGLs);
- follow procedures to calculate dose requirements and administer medication (insulin).
- detailed instructions on medication selection and administration procedures;
- emergency management options and procedures.

Staff will confirm consent to take a BGL and administer medications according to the Diabetes Management Plan received from the participant/carer/advocate. The participant's health status will have regular reviews by the Program Coordinator and a qualified health practitioner (e.g. Medical doctor, Registered Nurse). **The care plan will identify how to exercise judgement in Diabetes management care, when to administer medication and when to call an ambulance. It will also include how to manage risks, incidents and emergencies including required actions and escalation to ensure participant wellbeing and safety.**

Staff are to follow documentation procedures which include:

- Insulin medication and documentation procedures
- Monitoring and recording of BGLs
- Emergency management procedures
- Record any changes requested by a health practitioner (e.g. Medical Doctor, Registered Nurse)
- Document and communicate to their Daily Operations Manager and participant/carer/advocate when there is a Diabetes Management request for a change.



## Blood Glucose Monitoring

Client/participants diagnosed with Diabetes may be required to monitor their blood glucose level, their medical practitioner will advise National of the frequency of checking the blood glucose levels and set clear parameters for the range and interventions required. Monitoring blood sugar levels require the following equipment:

- A blood glucose meter
- A lancet device with lancets or disposable lancets and sharps container
- Blood glucose strips (check expiry date)
- Tissue or cotton bud

<https://www.ndss.com.au/about-diabetes/resources/find-a-resource/blood-glucosemonitoring-fact-sheet/>

### ***Process of checking a client / participant blood sugar level:***

Step 1. Check finger pads for signs of bruising and overuse once a finger is chosen (avoid using thumb and index finger).

Step 2. gain consent to attend blood sugar level and set up BGL machine by inserting a strip.

Step 3. Clean the finger with a clean gauze soaked in water and dry thoroughly.

Step 4. Use the lancet to create a small pick on the side of the finger (pad) to draw blood.

Step 5. Massage the finger to create enough blood to come to the surface of the skin.

Step 6. Apply finger with blood to the BGL strip once the strip indicator is full remove the finger and apply a cotton bud with pressure.

Step 7. Record the level in the client / participants BGL record chart. If recording is outside the set parameters call the Clinical Coordinator at once.

### ***Insulin Delivery***

National Community Carers are only authorised to assist a participant in the preparation of loading an pre-filled insulin pen prescribed by the participants medical team.

### ***Insulin:***

- *Is usually administered via subcutaneous injection.*
- *Some exceptions obviously exist such as: ICU, DKA where an IV insulin infusion may be used*
- *Can be administered via an insulin syringe, an insulin pen device or insulin pump.*
- *If using an insulin syringe, ensure needle is as small as possible (eg. 8mm).*
- Should be kept in a fridge between 2-8°C until opened for individual patient use.
- Insulin expires 4 weeks after opening or removal from fridge. Once taken out of fridge, it should be stored at ambient temperature and not returned to the fridge.
- Insulin cartridges and other insulin delivery devices in use must have a participants identification label attached.
- Insulin kept in the fridge is best removed and kept at ambient temperature for 30 minutes before administration as cold insulin 'stings'.



**Note:**

Insulin glargine (Optisulin) is a clear, long-acting insulin which cannot be mixed with any other insulin due to its acidity and therefore needs to be given in a separate syringe/insulin delivery device.

Insulin detemir (Levemir) must also be administered separately and not mixed with any other insulin.

### Insulin Administration with a Pen Device

- A pen device should be used by all participants with diabetes and/or their carers to administer insulin providing they have been educated about correct technique using insulin pen device.
- The participants medical team will determine the units the participant requires and will provide this information to National Community Care and the participant.
- A BGL should always be taken prior to administering insulin to a participant

### **Equipment**

- BGL machine / strip
- Insulin Pen device
- Pen needle (4mm)
- Insulin cartridge/penfill/pre filled pen if required

### **Procedure**

1. Wash hands
2. Conduct a BGL with participant
3. Check medication order for prescribed insulin type, dose, route of administration and frequency/time of administration
4. Choose correct insulin pen, and check that there is enough insulin in the pen for the dose.
5. If administering intermediate-acting (cloudy) insulin, the pen should be inverted 10-20 times to re-suspend the cloudy solution.
6. Twist appropriate pen needle onto pen. Avoid recapping using small cap to reduce risk of needle stick injury. Retain large cap to protect needle until ready to administer injection or to remove the needle from the insulin pen device.
7. Dial up at least 2 units of insulin and expel via an air shot to prime needle and ensure that you see



insulin come out of the needle. Repeat priming steps until insulin is visible at the end of the needle tip.

8. Dial up prescribed dose.
9. Explain procedure to patient.
10. Choose injection site in the abdomen or the buttocks, remembering to rotate injection sites.
11. If patient very lean gently fold skin between two fingers and insert pen needle completely at a 90 degrees angle (especially if using an insulin syringe)
12. Keep the skin folded and inject insulin by pushing pen button down slowly until it cannot be pushed further. Slowly release skin keep needle inserted for 10 seconds and then withdraw needle.
13. Dispose of used needle in the sharps container. Note: The cartridge/penfill in use can remain in the pen.

***Insulin cartridges, penfills and disposable insulin pens must be discarded within 28 days of opening.***

***Insulin may only be stored at room temperature (at or below 30°C) for up to 28 days and then must be discarded, even if unopened.***

### **Safety Considerations**

National Community Care will ensure that their Staff have knowledge of and are trained in how to identify and minimise participant exposure to risks of Hyperglycemia, Hypoglycaemia and appropriate methods of control. The Staff will consult with the participant/carer/advocate to identify and remove or minimise exposure of risk to these conditions. Staff will observe the participant to identify early indicators of Hyperglycaemia or Hypoglycaemia and take appropriate action including monitoring and recording BGLs and emergency management.

Medication specific emergency management procedures will be followed by National Community Care Staff according to National Community Care Management of Medication Policy and the Subcutaneous Injections Policy and Procedures. When there is an incident, emergency or associated risk, National Community Care Staff will follow the Incident, Emergency and Risk Management Policy and Diabetes Management Plan according to exercised judgement in each situation. National Community Care has procedures, registers and reports in place to ensure that service provision is provided for the maximum of participant safety and wellbeing.



### ***Equipment in the home***

Equipment in the home environment may include:

- Disposable gloves (powder free)
- Lancet or needled device for finger pricking
- Glucometer
- Test strips
- Tissues
- Medications
- Needles, syringes (for insulin administration)
- Clinical sharps container
- Bag for waste

### ***Staff Training***

National Community Care's will train their Staff in Diabetes Management, this will be in conjunction with Subcutaneous Injections where a person with Diabetes requires support to implement their Diabetes Management Plan and need regular injections that they cannot administer themselves. National Community Care Staff will have received training, relating specifically to each participant's needs and their Diabetes Management Plan

National Community Care has policies and procedures in place which identify, plan, facilitate, record and evaluate the effectiveness of training for their frontline staff. This system facilitates training which is mandatory in relation to staff obligations under the NDIS Practice Standards and NDIS rules.

### ***Legislation***

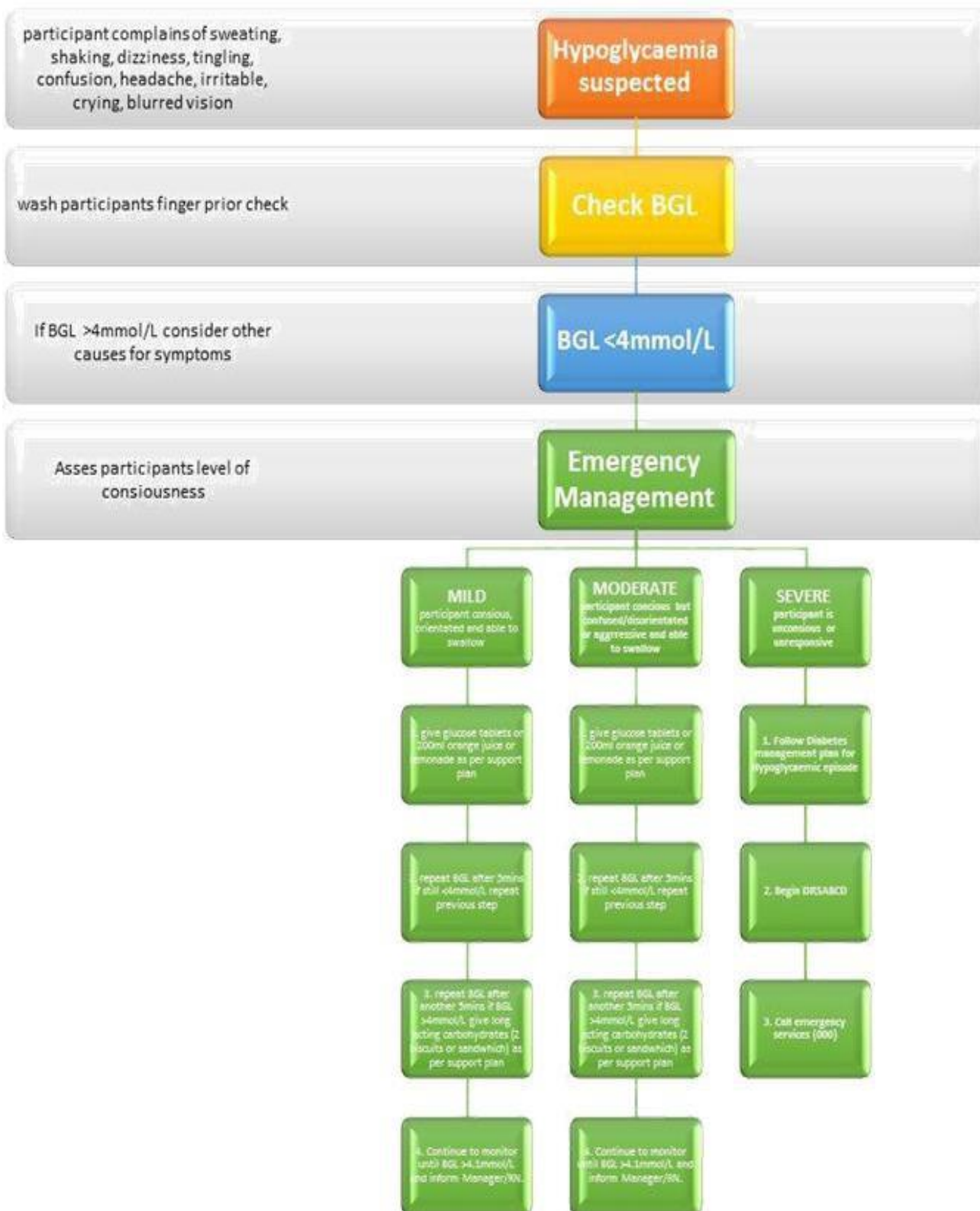
NDIS Quality and Safeguards Commission (2018)  
NDIS High Intensity Support Skills Descriptor  
NDIS High Intensity Daily Personal Activities  
NDIS Provider Registration and Practice Standards

### ***References***

Diabetes Australia – [Tools & eLearning - Diabetes Australia](#)  
NSW Health Policy Directive (PD2017\_013). Infection Control Policy.  
[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017\\_013.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_013.pdf) (accessed September 2017)  
Product Information Optisulin Insulin Glargine, Sanofi Group, Dec 2019: on-line:  
<http://www.guildlink.com.au/gc/ws/sw/pi.cfm?product=swpoptis11219> (accessed Nov2020)  
Product Information Levemir Penfill and FlexPen: online:  
<http://www.novonordisk.com.au/media/Pls/Levpi5a.pdf> (accessed March 2017)  
SCHN Safe Prescribing practice guideline <http://webapps.schn.health.nsw.gov.au/epolicy/policy/4169>  
(Accessed 18 August 2021)  
NSW Health Policy Directive (PD2013\_043). Medication Handling in NSW Public Health Facilities.  
[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_043.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf) (Accessed September 2017)  
<https://www.mimsonline.com.au.acs.hcn.com.au/>



**Emergency Treatment of Hypoglycaemia**





# Medication Supports

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.5
<b>Process Owner</b>	Governance Lead   CEO   COO   GM	<b>Date of Issue</b>	Aug 2024
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	Aug2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	5/2021	Tahla Small	CEO	Additional resources added
1.2	7/2022	Jacky Yanik	CEO	Rights of medication updated
1.3	2/2024	Natashia Telfer	GM	Clarification of carer procedure / policy. Restructure into Medications Policy, Procedures, and High Risk.
1.4	2/2024	Tahla Moore	CEO	Crushable Medications (Role and Responsibilities clarified further).
1.5	8/2024	Tahla		

## In conjunction with:

- ALL National Policies



## ALL Medication Management Policy

### **POLICY STATEMENT**

To ensure the safety of client/participants by appropriate prescription, administration, storage and disposal of drugs that complies with relevant legislative requirements.

To ensure that all administrating employees safely undertake the administration of medication within the role of his or her scope, responsibility, and registration requirements.

### **SCOPE**

This policy applies to all registered employees of National.

### **Client/participant Responsibilities:**

- Client/participants receive individual medication assessment (where appropriate) and where appropriate this assessment is undertaken in conjunction with the client/participant, family, doctor, and other health professionals.
- Client/participants have a clear, individual medication support plan within their careplan.
- The client/participant or carer, family, or guardian completes a consent form.
- Client/participants with more complex health care needs have access to an appropriate health professional to provide back-up advice and support, as and when needed. There is an organisational commitment to ongoing assessment and monitoring of staff practices.
- When possible, the client/participant/carer is responsible for organising appropriately packaged medications. (Webster packs/one dosage liquids etc.) as well as signing sheets from their pharmacy
- Client is responsible for updating NCC of any medication changes: in particular when schedule 8 drugs and/or high risk drugs are included.

### **National Responsibilities:**

- Regularly liaises with client/participant, supporting network, or if applicable- general practitioners, pharmacists and other health professionals with regard to medications as required.
- Ensure client/participants have a clear, individual medication support plan, signing sheets and obtain a consent form is completed by the client/participant or carer, family, or guardian.
- Provide employees with access to training that provides them with the necessary skills and knowledge to confidently assist client/participants with medication support and/or administration.
- Report any critical incidents to appropriate channels.
- Provide annual medication refresher education
- National Community Care will not assign carers to a high-risk medication service. Registered Nurses only.





- National Community Care will only support medication administration where doctors orders are clearly defined via 'Doctors Order' / 'Medication Profile' available within the participants care plans.
- National will provide all staff with a general medication side effects fact sheet to assist staff to recognise if a participant may be having a side effect to a medication. This is available through the employees online resources

#### **Employee Responsibilities:**

- Understand the legal obligations around safe medication administration
- Work within your scope of practice and legal boundaries
- Before involvement in the administering or support of client/participant medication a support worker must have achieved the medication competencies (See Mandatory Training Policy)
- Attend all mandatory training and updates
- Report any incidents or accidents immediately (see Incident and Accident Policy and Incident and Accident Form located through employee logins to National's Website in the "Documents" folder)
- Follow best practice and the "Medications Procedure" accordingly
- Document accordingly on the client/participant's medication signing sheet
- If medication support is being provided, the client/participant retains all responsibility for their medications.
- If medication administration is being provided, the support worker is responsible for ensuring that the client/participant takes their medications. (NOTE: If a client/participant refuses to take their medication refer to the procedure for refusals below.

#### **DEFINITIONS**

**Consumer/Client/participant:** Person receiving service.

**Carer:** A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person, without payment for their caring role other than a pension or benefit.

**Primary Carer:** The person who provides the most informal assistance to the care recipient.

**Home Support:** Client/participants in a group setting/ group house/ SIL property in which NATIONAL provides care.

**Community Setting:** Client/participants who live within their own homes within our community

**Container:** A container includes any receptacle used for the storage of medication and all dose administration aids such as dosette box, blister pack, Webster pack, sachets and other medication aids.



**Medication:** medication includes medicines prescribed for the client/participant by a doctor or health professional and medicines purchased over the counter. These medicines include capsules, eardrops, eye drops, inhalants, liquid, lotion and cream, nose-drops, patches, powder, tablets, wafers, suppositories, oxygen, pessaries, nebulisers, schedule 8 drugs, vaginal cream by applicator, sprays (e.g. nitro lingual spray) and insulin (by pen or pre-filled syringes).

(Source: Adapted from the Certificate III CHCCS303A Module Provide Physical assistance with medication within the Australian Qualification Framework).

**Chemical Restraint:** Under the NDIS, chemical restraint is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition; any restraint is required to be reported to NDIS Quality and Safeguard Commission as per their stipulation.

**Primary Carer** - The person who provides the most informal assistance to the care recipient.

**Home Support** – Client/participants in a group setting/ group house in which National provides 24/7 care for.

**Community Setting** – Client/participants who live within their own homes within our community

**Medication Administration:** is the actual giving of medication and may involve:

- storing the medication
- opening the medication container
- removing the prescribed dosage, and
- giving the medication to the client/participant as per instructions.

**Medication support** is the prompting and/or assisting the client/participant with self-medication and may involve:

- reminding and/or prompting the client/participant to take the medication
- assisting (if needed) with opening of medication containers for the client/participant, and
- other assistance not involving medication administration, for example, preparing glass of water, food if medications require to be taken with food etc.

**Pro Re Nata (PRN) Medication:** is medication that is not needed or taken on a predetermined regular schedule but is taken in response to particular symptoms or complaints.

**Support Worker:** A support worker is an employee employed to provide personal care services, which shall include assisting client/participants with hygiene and grooming, dressing and undressing, fitting of appliances, mobility and exercises, toileting, fluid intake, feeding and preparation of meals, assisting enrolled nurses, registered nurses or others to manage client/participants where necessary, socialisation including talking with client/participant and family and managing and or administering

(in line with the DoHA National Medicines Policy 2000) prescribed medications as per client/participant service plan; and environmental services, which shall include limited housekeeping, bed making, laundry, shopping, sewing, transport, assistance with correspondence, care of pets and pot plants and basic home maintenance; but does not include an employee who is substantially employed to perform domestic housekeeping work.



## ***Guiding Principles***

### **Information resources**

All health care professionals and care workers should have access to current, accurate and balanced information about medicines. This will assist health care providers and care workers to provide consumers with appropriate information, including Consumer Medicine Information (CMI), and advice about medicine use, in a timely manner.

**Self-administration** Consumers should be encouraged to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way.

**Dose Administration Aids** Dispensed medicines should be retained in the original manufacturers' or other dispensed packaging unless a Dose Administration Aid (DAA), for example Webster-Pak®, could help to overcome specific problems that a consumer or care worker might face.

**Administration of medicines in the community** Health care professionals, care workers and service providers all play an important role in making sure that consumers who live at home receive suitable information and/or assistance so that they take their medicines correctly.

**Medication lists** Client/participants should be supported in maintaining a current list of all their medicines. This list should be available and easily accessible to the consumer and all those involved in the consumer's care guiding principles for medication management in the community.

**Medication review** Client/participants are encouraged to have their medicines reviewed by members of the health care team. These reviews should follow the relevant professional guidelines.

**Alteration of oral formulations** Some client/participants might need to have oral formulations altered, for example, tablets broken or crushed to aid administration. However, some medicines cannot be altered and the consumer might need alternative formulations or different medicines instead. These consumers should be given the help they need under the direction of their doctor and pharmacist to guarantee their medicines are managed safely and effectively.

**Disposal of medicines** Participants and/or their carers should be encouraged to return any unwanted, ceased or expired medicines to their local community pharmacy for safe disposal (see Return Unwanted Medicines at <http://www.returnmed.com.au/>)

**Storage of medicines** Consumers using medicines in the community are encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the consumer, their family and visitors in their home. Upon commencement with NCC, a medication storage fact sheet is provided to the consumer.

Health care professionals and care workers should advise consumers that it is important to store medicines properly and in accordance with any instructions on the medicine label. Generally, medicines should be stored away from heat, moisture, and sunlight. Medications should remain in their original container in a cool, dry and secure place stored below 25C. The stability/effectiveness of some medicines depends on storing them at the correct temperature, for example, those medicines requiring refrigeration. In the event refrigeration is required, individualised procedures will be available within the consumer's home.

For SIL properties, National is responsible for ensuring storage maintains the quality of the medicines and safeguards employees, consumers, families, and visitors, for example medications



will be stored in locked boxes with codes known to the registered nurses. In the event refrigerator medication is required, SIL properties will implement regular daily temperature checks and document accordingly.

**Administering High Risk Medications** High Risk Medications include insulin, warfarin and Schedule 8 (controlled) medications. National Community Care will only assign Registered Nurses to administer High Risk Medications where possible. We request all clients/participants and brokers package any S8 or high risk medication in a separate webster pack to ensure the risk is removed from carers.

In instances this is unavoidable, see **Schedule 8 community Check Procedure**.

- Refer to the Webster Care® Standard Operating Policy and Procedure: Administering High Risk Medications.
- Client/participant who is on WARFARIN should have INR regularly checked. The INR result needs to be recorded on medication chart. The frequency of monitoring INR is depending on instruction of the Medical Practitioner. Withhold WARFARIN if the INR result is high and there is a risk of haemorrhage. Inform the Medical Practitioner after withholding the medication.
- Client/participant on INSULIN should have Blood Glucose Levels checked regularly. The frequency of monitoring BGL is depending on instruction of the Medical Practitioner.
  - Normal BGL are between 4.0 – 7.8 mmol/L. The general HbA1c target in people with type 2 diabetes is  $\leq 7\%$ . Target ranges are set by the Medical Practitioner, and may differ depending on the client/participant, the type of diabetes, their medications and overall health. Withhold insulin if BGL is low ( $<4$  mmol/L) or outside the range set by the Medical Practitioner. Inform the Medical Practitioner after withhold the medication. **NOTE: Should a client/participant refuse BGL monitoring, reapproach later and try again. If this fails, try a different staff member. If all attempts fail, notify CC, family/EPOA and GP. Immediate notification is essential because of the risk to the client/participant from potential complications due either to hypoglycaemia or hyperglycaemia.**
  - *A carer can assist in preparing insulin pen only with the client/participant able to verify the dose is correct and the client/participant is to place the needle on and administer to self, and remove needle and dispose of within sharps container.*
- Client/participant on SCHEDULE 8 medications should have their pain assessed and documented regularly as per local Facility policy. If a PRN medication has been given regularly for more than 7 days, notify the Medical Practitioner/Nurse Practitioner to review the client/participant. Monitor the client/participant for side effects of opioid medications including: constipation, nausea, vomiting, pruritis, sweating, sedation
  - (increasing falls risk), headache, delirium/confusion, clouded vision, dizziness, xerostomia (dry mouth), bladder dysfunction (e.g. urinary retention) and postural hypotension (Rogers et al 2014).

## POLICY

All participants will have an individualised, relevant comprehensive holistic care plan developed through reviewing all supporting documentation received by National Community Care through



support coordinators, allied health, subjective and objective information, and observations to ensure all supports implemented are meeting the current needs/requirements of the participant. This is inclusive of medication charting/ prescribing.

Administering team will be skilled and competent to deliver medications and recognising health body systems and responses/ reactions to medications as required.

National understands the responsibilities regarding restrictive practice reporting inclusive of chemical restraint requirements as per NDIS Mandatory reporting obligations for NDIS participants and have identified mandatory reporters within the National Team. These Notifier's and Approvers are:

**NCC Intake: 0401 439 798**

### Training Requirements

All service delivery employees are required to hold a valid First Aid and CPR. Employees are required to undertake annual refresher of CPR and First Aid 3rd yearly. This is a part of the employee's contractual obligations and at the cost of the employee, not National.

Medication competencies will be provided on an annual basis face to face and have online platform access 24/7 along with additional supporting training modules such as diabetes management, seizure management.

### CONTACTS:

Poisons Hotline 13 11 26	ACT Police 6256 7777
Ambulance 000	Work Cover NSW 13 10 50
National Contacts Clinical <b>0429 599 548</b> Oncall 0401 439 798 Agency 0413 955 956	Work Safe ACT 6207 3000 Worksafe.act.gove.au  NDIS Commission - 1800 035 544

### REFERENCES

ACT Government Pharmaceutical Services accessed from <http://health.act.gov.au/publicinformation/businesses/pharmaceutical-services> on 11 May 2016.

ACT Health Canberra Hospital and Health Services Clinical Policy – Medication Handling accessed from [www.health.act.gov.au/sites/default/.../Medication%20Handling%20Policy.docx](http://www.health.act.gov.au/sites/default/.../Medication%20Handling%20Policy.docx) on 10 May 2018

Department of Health & Ageing (2000), National Medicines Policy, accessed from [http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/\\$File/NMP2000.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf) on 6 May 2018.

Department of Health & Ageing (2006) Guiding Principle 10 - Nurse-initiated non-prescription medicine <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/nmp-guide-medmgt-jul06contents~nmp-guide-medmgt-jul06-guidepr10>

Disability Services Act 1991

Disability Services Regulation 2014

Freedom of Information Act 1989

Health Professionals Act 2004

Health Practitioner Regulation National Law Act 2010

Human Rights Act 2004

Human Rights Commission Act 2005



Information Privacy Act 2014  
Medicines, Poisons and Therapeutic Goods Act 2008  
Medicines, Poisons and Therapeutic Goods Regulation 2008  
National Disability Insurance Scheme Act 2013  
National Standards for Disability Services accessed from <https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disabilityservices> on 5 April 2018  
[Nurse-Initiated Medication - NSW Nurses and Midwives' Association www.nswnma.asn.au](http://www.nswnma.asn.au)  
Return Unwanted Medicines accessed from <http://www.returnmed.com.au/> on 10 May 2018  
Therapeutic Goods Act 1989  
Therapeutic Goods Regulations 1990  
Webster Care® Managing oral cytotoxic medicines in Webster Care® systems, accessed from [http://www.webstercare.com.au/files/Cytotoxic\\_medicines\\_guide.pdf](http://www.webstercare.com.au/files/Cytotoxic_medicines_guide.pdf) on 10 May 2018

Work Health & Safety Act 2011  
Working with Vulnerable People Act 2011  
National Evidence Based Guidelines for Blood Glucose Control in people with Type 2 Diabetes, accessed from <http://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/659c89a3-dcc2-4a2e-86e5cc1d09956c60.pdf> on 6 May 2018.  
[Nursing Guidelines for Medication Management in Aged Care \(2012\)](http://anmf.org.au/pages/nursing-guidelines-for-the-managementof-medicines-in-aged-care), Australian Nursing Federation and Royal College of Nursing Australia accessed from <http://anmf.org.au/pages/nursing-guidelines-for-the-managementof-medicines-in-aged-care> on 6 May 2018  
Privacy Act available accessed from [www.legislation.act.gov.au/sl/2008-42/default.asp](http://www.legislation.act.gov.au/sl/2008-42/default.asp)  
[Professional Codes, Guidelines and Statements for Nurse Practitioners, Registered Nurses and Enrolled Nurses](http://www.nursingmidwiferyboard.gov.au/CodesGuidelines-Statements/Professional-standards.aspx), Nursing and Midwifery Board of Australia accessed from <http://www.nursingmidwiferyboard.gov.au/CodesGuidelines-Statements/Professional-standards.aspx> on 6 May 2018.  
Quality of Care Principles 1997 accessed from [https://www.legislation.gov.au/Details/F2011C00126/Html/Text#\\_Toc285788744](https://www.legislation.gov.au/Details/F2011C00126/Html/Text#_Toc285788744) on 26 March 2018 Rogers, E., Mehta, S, Shengeli, R & Carrington Reid, M (2013), Four Strategies for Managing Opioid-Induced Side Effects in Older Adults, *Clinical Geriatrics*, 21(4), accessed from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418642/> on 6 May 2018.  
Webster Care® Standard Operating Policy and Procedure: Crushing medication, accessed from [http://www.webstercare.com.au/files/SOP/Crushing\\_Medication\\_-\\_SOP\\_001.pdf](http://www.webstercare.com.au/files/SOP/Crushing_Medication_-_SOP_001.pdf) on 26 March 2018. Webster Care® Standard Operating Policy and Procedure: PRN – As Required Medication, accessed from [http://www.webstercare.com.au/files/SOP/PRN-As\\_Needed\\_Medications-SOP.pdf](http://www.webstercare.com.au/files/SOP/PRN-As_Needed_Medications-SOP.pdf) on 6 May 2018.  
Webster Care® Standard Operating Policy and Procedure: Administering High Risk Medications, accessed from [http://www.webstercare.com.au/files/SOP/High\\_Risk\\_Medications\\_-\\_SOP\\_002.pdf](http://www.webstercare.com.au/files/SOP/High_Risk_Medications_-_SOP_002.pdf) on 6 May 2018.



## Rights of Medication Administration

### 1. Right patient

- Check the name on the order and the patient.
- Use 2 identifiers.
- Ask patient to identify himself/herself.
- When available, use technology (for example, bar-code system).

### 2. Right medication

- Check the medication label.
- Check the order.

### 3. Right dose

- Check the order.
- Confirm appropriateness of the dose using a current drug reference.
- If necessary, calculate the dose and have another nurse calculate the dose as well.

### 4. Right route

- Again, check the order and appropriateness of the route ordered.
- Confirm that the patient can take or receive the medication by the ordered route.

### 5. Right time

- Check the frequency of the ordered medication.
- Double-check that you are giving the ordered dose at the correct time.
- Confirm when the last dose was given.

### 6. Right *documentation*

- Document administration AFTER giving the ordered medication.
- Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.

### 7. Right reason

- Confirm the rationale for the ordered medication. What is the patient's history? Why is he/she taking this medication?
- Revisit the reasons for long-term medication use.

### 8. Right response

- Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant?
- Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.
- Safe medication administration and reducing medication errors should be a goal of everyone involved in healthcare. The rights of medication administration help ensure patient safety and consistency in nursing practice.

### ***Rights of Medication Administration Reference***

Nursing2012 Drug Handbook. (2012). Lippincott Williams & Wilkins: Philadelphia, Pennsylvania.







## Medication Administration Policy – Carers

### **PURPOSE**

To support Carers within their scope of practice to safely support clients with identified medication supports.

### **SCOPE**

All service delivery carers

### **POLICY**

At National, we believe those vulnerable and their carers have a right to remain living in the community for as long as possible. Client/participants should be encouraged to maintain their independence if possible, including managing their own medicines in a safe and effective manner. In endorsing these beliefs, National support staff will provide medication support and/ or administration and will abide by the policy and procedures outlined in this document. Support workers will have access to training to ensure that they have appropriate skills and knowledge to support and/or administer client/participant medication.

#### *Client/Participant Self-Administration*

If a client/participant can participate in any of the steps, such as holding the medicine cup to receive the medication, and/or, taking the medication themselves, this should be encouraged.

However, employee is to be present throughout the entire process and are responsible for all steps in this process.

#### *Medication Administration Overview (See Medication Dispensing Procedure)*

- Medication is administered by the competent employee on shift at the time the medication is required. The time is indicated on the signing sheet located in the Client/participant Medication Folder located near the medications.
- Medication must be administered to one client/participant at a time.
- Medication must be administered immediately after it is dispensed.
- Medication must be administered by the support worker who dispenses it.
- Medication signing sheet must be signed by the administering employee.

#### *Medication Training and Competency*

- Evidence of Recognising healthier body systems in
- Internal Medication Assistance skill workshop held by NCC.
- Additional supporting modules available: Diabetes Management, Seizure Management
- Where required, implement a watch and learn buddy shift and a show and do buddy shift
- Attend individualised client competency at client discretion with assessor competency

## Medication Procedures:

### *Medication Dispensing Procedure*

- Employees must read from the CLIENT/PARTICIPANT MEDICATION SHEET and check against the Webster-Pak® INFORMATION SHEET on the Webster-Pak®.



- Before dispensing anything, ensure all future medications in pack are intact, unbroken. (Should there be any discrepancies such as missing medications/additional medications/ broken blisters etc. DO NOT PROVIDE MEDICATION and contact National Community Care Coordinator immediately for further direction.
- Ensure medications are being administered in order and ensure 8 rights of administration are being followed:
  - Right person, are you administering to the right person?
  - Right Medication, is it the right medication?
  - Right Dose, is it the right dose?
  - Right Route, is it being given via the right route? Oral, NGT?
  - Right Time, Is the medication being given at the right time?
  - Right Documentation, sign for medication administration after medication has been administered?
  - Right Reason, is there a rationale to administer the medication?
  - Right Response, has the medication achieved the appropriate response?
- If the participant has identified schedule 8 medications within their webster, this will be identified within the clients service guide / care plan and you will be directed to contact the RN on-call to verify the schedule 8 drugs prior to administration.
- Carefully initial the back of the blister cell in which you will be dispensing – the correct day and time frame. (This supports you, the carer in the event we may need to backtrack who gave medications in the event there is an error with the signing sheet)
- Dispense the medication from the correct blister cell into a medication cup. Ensure the client/participant has a glass of water for tablets. NOTE: If the medication is not packed in a Webster-Pak® staff may only remove the lid of the medication bottle and provide to the client/participant for self-administration. Do not remove individual or multiple tablets from a bottle and hand to a client/participant.
- Ensure that the client/participant has swallowed all oral medication.
- The support worker should administer the medication and sign in the “given by” space on the CLIENT/PARTICIPANT MEDICATION SHEET immediately after it is given.
- The CLIENT/PARTICIPANT MEDICATION SHEET is a legal document and should only be signed in blue or black biro. Do not use pencil. Whiteout must never be used.
- The CLIENT/PARTICIPANT MEDICATION SHEET will be kept in the Client/participant Medication Folder and stored with the medication.
- At the beginning and end of each shift, all staff should check that medication has been given and signed for.
- In the event of missing signatures, the support worker responsible will be contacted by National to confirm that the medication was given and asked to return to the house to sign the CLIENT/PARTICIPANT MEDICATION SHEET. Under no circumstances can support workers sign for each other.

### *Additional Medication Request*

In the event a client/participant requests medications in addition their normally prescribed medications, the attending carer must call and seek clarification BEFORE administering any



medications. For clarity, this could be a PRN prescribed medication, OR an ad-hoc medication – for example; has a headache and requesting Panadol.

Operational Intake Person will check –

*does NCC normally support the client with medications?*

*If so, when was the last medications administered and what was given? (photo of webster)*

*If so, is this medication a PRN and does it have a signing sheet?*

*If so, call Clinical Team (business hours) Alex house (outside of hours) to undertake a drug check / authorisation*

*If NO to any of the above questions, does the client have a guardian / EPOA that requires authorisation?*

The client MUST have capacity to self-administer the medications independently if the medication is not supported with a signing sheet and/or webster pack/doctors orders.

If in doubt, call Clinical Team (within business hours) or Alex's House (outside of hours).

Operational intake to document actions taken.

Attending Carer to document their actions taken.

### ***Schedule 8 Community Drug Check Procedure***

It is acknowledged that when medication, including Schedule 8 drugs are appropriately packaged by a pharmacy into a sealed webster pack, the medication can be administered by a support worker. However, at NCC, we also wish to ensure the safest practices. As such, we have multi-step processes to facilitate safe medication administration.

In addition to the general medication administration procedure:

- The drug must be checked three (3) times prior to administration for correct drug, strength, dosage, expiry date and client/participants name;
  - 1- Support Worker to cross check the webster pack. Ensure webster blisters are intact. The medications must match what is prescribed on the back of the website.**
  - 2- Support Worker to cross check the medications listed and packed also match the signing sheet.**
  - 3- If participant is capable, should also be present and encouraged to assist in verifying the medications.**
- In the event of identified reoccurring medication incidents, as an additional safety measure, the Clinical Team will review current process and review the factors and variables that NCC can minimise and/or remove. This can include the implementation of the additional step of crosschecking with a registered nurse:
  - 4- Call the on-call RN for Schedule 8 drug check**
    - Prior to removing the medications from the blister, carer is required to facetime the on call registered Nurse on 0400 976 753 and relay what medications are being administered and the number of tablets in the blister.



- Medications are to then be dispensed into cup and shown to the on-call nurse. The on-call Nurse is required to record when this occurs and has access to do so in the on –call folder at Alex House.
- Upon RN approval, carer may administer the medications to the participant with the RN still on the call.

#### *Nurse-initiated non-prescription medicines Procedure*

- Medical officer reviews nurse-initiated list, amends or strikes through medications that are not appropriate for the participant, signs and dates the form.
- If a participant reports minor ailments or illness, the RN is to attend a clinical assessment ‘head to toe’ prior to consideration of administering an approved nurse-initiated medication.
- The RN is to review the participants regular medication list to ensure the assessed nurse initiated medication is not listed as a regular medication. This is to ensure the maximum dosage of a medication is not exceeded.
- The RN is to check participants list of allergies, if listed as an allergy do not administer, contact medical officer to remove from the approved list.
- The RN is to adhere to the following ‘principles for safe medication administration’
- Safe and accurate medication administration requires the 8 Rights.
- RN is to clearly document in the participants progress notes, drug, dose, time and clinical reasoning to administration. Medical officer should be informed via communication systems.
- nurse-initiated medication should not be administered on a continual and / or ongoing basis unless it is reviewed and ordered by an authorised prescriber.

#### *PRN Medications*

- Refer to the Webster Care® Standard Operating Policy and Procedure: PRN – As Required Medications
- “A PRN medication is a medication ordered and charted by a doctor for the defined treatment of intermittent symptoms or a short-term condition. PRN medications are not intended to be given as a regular dose or at specific times e.g. during a regular medication round.
- A Registered Nurse may administer a PRN medication based on clinical judgement or delegate administration to an Enrolled Nurse or a Care Worker who has the knowledge, skills and competence to administer medications and authorised by National to undertake such a role”.



### *Crushable Medications (Enteral Route) - Carer's / Support Workers Procedure*

**CARERS ARE NOT TO DETERMINE IF A MEDICATION CAN BE CRUSHED. IN THE EVENT A MEDICATION REQUIRES CRUSHING WITHIN THE COMMUNITY THERE WILL BE AN INDIVIDUALISED CARE PLAN AND PROCEDURE IN PLACE**

#### Scope

- National Carer's & Support Workers

#### Training Requirements

- Annual Medication training / competency and the associated Enteral feeding competency.
- Carers / support workers are not permitted to crush medications without having completed annual medication training and competency and have been deemed competent.

#### Documentation Requirement

- If a client / participant's medications are required to be crushed to be administered via Enteral route (PEG/PEJ), this will be indicated in their individualised care plan, signing sheet.
- National will have documentation saved in sharepoint from either the prescriber of the medication and or dietician / pharmacist to support safe enteral /crushable medication administration and management.

#### Procedure

- Check Service Guide / Care Plan for individualised medication considerations / requirements. Ensure medication signing sheets are current (correct date range, name, date of birth and General Practitioners Name).
- Collect all required equipment, medication and pre boiled (cooled) tempered water as per individualised medication section within care plan.
- Gain consent for medication administration and attend the Eight Medication Rights prior to administration, if there are any concerns / discrepancies during the eight medication rights do not proceed, stop and call National Community Care Intake line).
- Check individualised care plan for positioning requirements for enteral medication administration and ensure these are followed.
- Attend hand hygiene, don required PPE.
- Check care plan and medication signing sheet for any medications which are required to be administered separately, not crushed (enteric coated or slow / sustained release medications) and or dispersed in water separately.
- Prepare the medications according to CarePlan with water into enteral feeding syringes (please note there may be multiple syringes, always refer to the care plan).
- Crush the tablets first, then open the capsule and add contents to the crushed tablets - this will avoid crushing sustained release or enteric coated pellets.
- Prepare the required water flushes as per care plan – use a clean dish / bowel or tray to have all syringes on ready for medication administration.



- Check which port the medications are to be administered in, noting that some enteral tubes have multiple ports or a specific labelled medication port.
- Attend 2<sup>nd</sup> Eight Medication Rights prior to administration, if there are any concerns / discrepancies during the eight medication rights do not proceed, stop and call National Community Care Intake line).
- Refer to individualised care plan for clients / participants steps in administering the flushes and medications.
- During administration process monitor for possible adverse effects secondary to the crushed medication(s) e.g. local irritation, nausea, heartburn etc. If occurs please stop, if non urgent adverse effects call National Community Care Intake line, if urgent adverse effects such as vomiting, blood returned in enteral tubing, leaking from stoma site or loss of consciousness etc call emergency services
- Remove PPE and attend hand hygiene.
- Clean all equipment as per CarePlan and store accordingly.
- Sign medication signing sheet for the medications you administered, update fluid balance chart and document in Brevity.

#### Considerations

- Do not crush enteric coated, slow or sustained release medications. Many of these medications can be identified by postscripts to the product name such as CR, MR, XR, XL, CD, or SR which implies a treatment to modify the rate of release of the medication, such as 'CR' meaning Controlled Release (refer to the Institute for Safe Medication practices – Oral dosage Forms that should not be crushed 2016 accessed from [www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf) on 26 March 2018
- Suitable crushing devices include: the Silent Knight, Rhino Crush™ Tablet Crusher and the Webster Care® Ergonomic Tablet Crusher. These tablet crushers employ a method whereby the device does not come in direct contact with the medications being crushed.



### *Crushable Medications (Enteral Route) - Enrolled Nurses & Registered Nurses*

#### **SCOPE**

- National Enrolled Nurses and Registered Nurses

#### **TRAINING REQUIREMENTS**

- Annual Medication training / competency and the associated Enteral feeding competency.

#### **Documentation Requirement**

- If a client / participant's medications are required to be crushed to be administered via Enteral route (PEG/PEJ), this will be indicated in their individualised care plan, signing sheet.
- National will have documentation saved in sharepoint from either the prescriber of the medication and or dietician / pharmacist to support safe enteral /crushable medication administration and management.

#### **PROCEDURE**

- RNS & ENS are to Refer to the Don't Rush to Crush handbook available in relevant properties and EMIMS on National devices prior to enteral medication administration.
- Check Service Guide / Care Plan for individualised medication considerations / requirements. Ensure medication signing sheets are current (correct date range, name, date of birth and General Practitioners Name).
- Collect all required equipment, medication and pre boiled (cooled) tempered water as per individualised medication section within care plan.
- Gain consent for medication administration and attend the Eight Medication Rights prior to administration, if there are any concerns / discrepancies during the eight medication rights do not proceed, stop and call National Community Care Intake line).
- Check individualised care plan for positioning requirements for enteral medication administration and ensure these are followed.
- Attend hand hygiene, don required PPE.
- Check care plan and medication signing sheet for any medications which are required to be administered separately, not crushed (enteric coated or slow / sustained release medications) and or dispersed in water separately.
- Prepare the medications according to CarePlan with water into enteral feeding syringes (please note there may be multiple syringes, always refer to the care plan).
- Crush the tablets first, then open the capsule and add contents to the crushed tablets - this will avoid crushing sustained release or enteric coated pellets.
- Prepare the required water flushes as per care plan – use a clean dish / bowel or tray to have all syringes on ready for medication administration.
- Check which port the medications are to be administered in, noting that some enteral tubes have multiple ports or a specific labelled medication port.
- Attend 2<sup>nd</sup> Eight Medication Rights prior to administration, if there are any concerns / discrepancies during the eight medication rights do not proceed, stop and call National Community Care Intake line).



- Refer to individualised care plan for clients / participants steps in administering the flushes and medications.
- During administration process monitor for possible adverse effects secondary to the crushed medication(s) e.g. local irritation, nausea, heartburn etc. If occurs please stop, clinicians are to assess the adverse effects and its severity and implement appropriate treatment interventions (First Aid or Call the Ambulance).
- Remove PPE and attend hand hygiene.
- Clean all equipment as per CarePlan and store accordingly.
- Sign medication signing sheet for the medications you administered, update fluid balance chart and document in Brevity.

### Considerations

- Do not crush enteric coated, slow or sustained release medications. Many of these medications can be identified by postscripts to the product name such as CR, MR, XR, XL, CD, or SR which implies a treatment to modify the rate of release of the medication, such as 'CR' meaning Controlled Release (refer to the Institute for Safe Medication practices – Oral dosage Forms that should not be crushed 2016 accessed from [www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf) on 26 March 2018
- Suitable crushing devices include: the Silent Knight, Rhino Crush™ Tablet Crusher and the Webster Care® Ergonomic Tablet Crusher. These tablet crushers employ a method whereby the device does not come in direct contact with the medications being crushed.





## *Crushable Medications (Dysphagia or swallowing difficulties) - Enrolled Nurses & Registered Nurses*

### **SCOPE**

National Enrolled Nurses and Registered Nurses

### **TRAINING REQUIREMENTS**

- Annual Medication training and medication competency.
- Annual completion of Altura 'Dysphagia: Awareness and Support of Swallowing Difficulties

### **Documentation Requirement**

- If a client / participant's medications are required to be crushed this will be indicated in their individualised care plan, signing sheet.
- National will have documentation saved in sharepoint from either the prescriber of the medication and or dietician / pharmacist to support safe crushable medication administration and management.
- NS & ENS are to Refer to the Don't; Rush to Crush handbook available in relevant properties and EMIMS on National devices. Select medications for client/participant, ensuring they are identified as suitable for crushing (Australian Don't Rush to Crush 2012).
  - Do not crush enteric coated, slow or sustained release medications. Many of these medications can be identified by postscripts to the product name such as CR, MR, XR, XL, CD, or SR which implies a treatment to modify the rate of release of the medication, such as 'CR' meaning Controlled Release (refer to the Institute for Safe Medication practices – Oral dosage Forms that should not be crushed 2016 accessed from [www.ismp.org/tools/donotcrush.pdf](http://www.ismp.org/tools/donotcrush.pdf) on 26 March 2018
- Crush the tablets first, then open the capsule and add contents to the crushed tablets - this will avoid crushing sustained release or enteric coated pellets.
- Consider an oral medication lubricant (e.g. Gloup®) or requesting the GP to prescribe an alternate drug in the same class, or an alternate form of the same drug.
- Medication lubricants are preferred over mixing medications in foods such as jams, yoghurts and fruit purees as the foods can potentially impact the efficacy, side effect profile and absorption of the medication.
- Do not under any circumstances sprinkle powdered medications onto meals / or portions of food, as these portions may be left uneaten resulting in untherapeutic dose ingestion.
- Use a suitable crushing device such as the Silent Knight, Rhino Crush™ Tablet Crusher and the Webster Care® Ergonomic Tablet Crusher.
- Regularly monitor client / participant for possible adverse effects secondary to the crushed medication(s) e.g. Coughing during swallowing , nausea, vomiting, heartburn etc. If occurs please stop, clinicians are to assess the adverse effects and its severity and implement appropriate treatment interventions (First Aid or Call the Ambulance).



### *Eye Drops*

Whenever eye drops/ointments are to be administered staff must wear gloves (to prevent absorption of the medication into their own skin).

- Eye drops/ointments must be applied strictly as directed and only into the eye(s) prescribed.
- Eye drops/ointments must not be applied if the name of the client/participant is unclear or has been removed from the tube or bottle or the name of the substance is unclear.
- Eye drops/ointments must not be shared between client/participants
- All opened eye drops must be clearly marked with the date opened. Open eye drops should be discarded after 28 days.
- Avoid touching the bottle or dropper onto the client/participant's eyelids or eyelashes, as this can introduce bacteria to the eye
- Ask the client/participant to look away from the bottle to avoid the drop falling on the cornea – the most sensitive part of the eye
- Aim for the corner of the eye or into the pocket created on pulling down the lower eyelid.
- Once in, ask the client/participant to close eyes tightly or press firmly on the inner corners of the closed eyes with your fingertips. This closes off the puncta, or ducts that lead to the back of your throat, where the eye drops can be absorbed into your system.

from: <https://www.theeyeppractice.com.au/education-advice/eye-drops-on-10-May-2018>

### *Complimentary medicines*

The brokered Primary Service Providers should develop policies and procedures about the safe practices related to administration of Complimentary Medicines that National staff will adhere to when assisting their community client/participants.

Please note: Canberra Hospital and Health Services does not routinely recommend the use of non-evaluated complementary medicines, as their safety, efficiency, appropriateness and interaction with other drugs cannot be confirmed. For further information, see the Council of Australian Therapeutic Advisory Group Hospitals. Nursing staff will not be involved in the administration of complementary medicines unless prescribed by an authorised prescriber.



### *Creams and ointments*

- Whenever medicated creams, lotions or ointments are applied to a client/participant's skin, staff must wear gloves (to prevent absorption of the medication into their own skin).
- Simple moisturising creams may be applied without gloves.
- Creams, lotions and ointments must be applied strictly as directed and only over the area of concern.
- Creams, lotions and ointments must not be applied if:
  - the name of the client/participant is unclear or has been removed from the tube or bottle.
  - the name of the substance is unclear.
- Creams, lotions and ointments eye drops must not be shared between client/participants.
- All opened creams, lotions and ointments must be clearly marked with the date first opened.

### *Refusal to Take Medication*

#### **Attending Employee:**

A client/participant must not be forced to take medication against their wishes. However, every effort must be made to give medication as prescribed.

If a client/participant refuses to take their medication, the support worker administering the medication must:

- Ask the client/participant why they do not wish to take their medication.
- Explain to the client/participant 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/participant to take the medication again. iv.
- Contact National to report the problem and await further instruction.
- Observe the client/participant for changes in behaviour or wellbeing as a result of the refused medication and report these to National.
- Await further directive from National, as the Operational Intake may be able to contact a family member to speak with the client.
- Complete Incident/Accident form via Brevity Application.
- If a client/participant refuses to take a prescribed medication, write the letter 'R' in the appropriate box on the medication chart - document the refusal and the client/participant's reason(s). Record the time, date and drug(s) that were refused in the client/participant's progress notes.

#### **Operational Intake:**

- Operational Intake may be able to speak with the client to seek clarity around the situation, and/or instruct the attending employee to give the client some time, and attend in 10-15 minutes time.
- Ask attending employee to offer a drink to the client, and/or undertake other duties in this time. National Operational intake to notify the EPOA/NOK as soon as practicable. The EPOA/NOK may be able to assist.
- In the event the medication will go down as a Refusal, instruct the attending employee to destroy/discard the medication (if prepared) for administration.



### *Medication Error*

In the event of any medication error, the attending employee should do the following as per the type of error:

- Attending Employee to identify the error
- Attending employee to contact NCC operational intake immediately to report the error and for further instruction.
- Do not administer any medications until notified otherwise.
- Provide the Operational Intake with factual information including participant name, pharmacy and medications.
- If possible, send via SMS a photo of webster (front and back) with the name(s) of the particular medication(s) in query listed on the back of the webster legible.
- Following actions dependant on the type of error listed below:

### *Medication Signing Sheet Not Signed*

- If it is identified medication is 'missing' and/or the signing sheet is not reflective of a dosage blister been dispensed, attending employee must called Operational Intake to report.
- Attending employee to complete an incident report on Brevity.
- Operational Intake will be required to contact the employee that was assigned and attended the shift where that medication was scheduled to be administered and request the employee attended and signs off the administered medication signing sheet.
- Operational Intake to document on Brevity employee and Client file.

### *Dropped Medication*

- Upon dispensing medication from blister pack, medication may accidentally be dropped. If this occurs, best practice states disposing of that medication and administering the same medication/dosage from a future days blister. However, NCC acknowledge this comes at a cost the client and often the client may request you pick up the medication as is, and administer as normal. This is at the clients discretion.
- In the event the client wishes a new dosage to be dispensed and administered, you are required to call Operational Intake to notify of incident.
- Operational Intake to coordinate with client/NOK/carer the return of webster pack for repackaging of medications at Pharmacy.
- Operational Intake to document directive/actions taken in client Brevity notes.
- Attending Employee to record the incident in documentation via the Brevity application and submit an medication incident report via the Brevity Application prior to completion of shift.



*Dispensed in Error*

- If dispensed in error but not administered, Operational Intake to have discussion with client/participant/EPOA/NOK to coordinate re-packaging of the webster pack and schedule an employee if agreeable.
- If the medication can be repackaged
- IF repackaging webster pack is not an available option within the time frame the dosage would be required (weekend, after hours), discussion with participant/EPOA/NOK to store away securely for the correct allocated time and to be documented in Brevity and handed over to the next oncoming medication support shift.
- Attending Employee to record the error on the CLIENT/PARTICIPANT MEDICATION SHEET, complete documentation via the Brevity application and submit an incident report via the Brevity Application prior to completion of shift.

*Given in Error*

- If dispensed and administered in error, attending employee to notify Operational Intake immediately.
- Operational Intake to ask the attending employee for photos of the webster pack, front and back to gain the names of the medications, and pharmacy dispensary.
- If the Operational intake is not a RN and/or unaware of the medications/participant history, Operational Intake to contact Pharmacy and request to speak with pharmacist, notifying them of the participant and medication error and any advice applicable.
- If pharmacy is closed, Operational Intake can contact **Health Direct - 1800 022 222** for advice on how to proceed.
- If this is not available, and/or not action can be given, call GM for advice.
- Attending employee to observe the client/participant for signs of distress. Apply first aid and call the ambulance if the client/participant is in distress or showing signs as described by the Doctor/RN or Poisons Information Centre. If in doubt, call an ambulance.
- Operational Intake to relay actions required to the attending employee.
- Operational Intake to notify NOK/EPOA and document in client Brevity notes.
- Attending Employee to record the error on the CLIENT/PARTICIPANT MEDICATION SHEET, complete documentation via the Brevity application and submit an incident report via the Brevity Application prior to completion of shift.

*Medication Missing / Blister Broken*

- When the attending carer is reviewing the webster pack prior to administering, if the medications in any of the blisters are identified as missing and it appears the blister is broken with some and/or all missing medications the attending employee must withhold medication and check around the area of storage to see if the medications have fallen out anywhere.



- Ask the client if they have self-administered the medications / had their medications for this day already.  
Call Operational intake immediately for further directive.
- Operational Intake to request supporting evidence including photo of webster, pharmacy etc to review and confirm the error is missing medication.
- *If it is confirmed that a dosage blister for today and/or future is broken/missing, and the medication cannot be located as 'fallen out', the Operational Intake should back track the clients roster of care, and contact the previous attending employee in line with their availability to ask if the medication was intact on their scheduled service in attempt to identify why the medication is missing.*
- Operational Intake to review the medications listed, and see if the following days dosage is the same as todays dosage. If so, you may instruct the attending employee to administer the same medications another days blister.
- The Operational Intake will then need to coordinate with the carer/ client/ EPOA/NOK the return and repackaging of the webster at the pharmacy.
- Operational Intake to document directive/actions taken in client Brevity notes.
- Attending Employee to record the incident in documentation via the Brevity application and submit an incident report via the Brevity Application prior to completion of shift

#### *Medication Missing / Packaged Incorrectly*

- When the attending carer is reviewing the webster pack prior to administering, if the medications in any of the blisters are identified as missing and/or incorrectly packaged – meaning it does not match what the back of the webster label describes to be included, the attending employee must withhold medication and call Operational intake immediately for further directive.
- Operational Intake to request supporting evidence including photo of webster, pharmacy etc to review and confirm the error is a pharmacy error.
- If it is a pharmacy error, does it impact todays dosage requirement?  
**If yes**, identify if medication is missing, what medication is missing, If there is additional medication in the blister for the days dose, can you attending employee identify which medication tablet it is and remove it from the dose and discard the 'extra' medication identified.  
**If no**, instruct the attending employee to administer today's dose
- Operational Intake to coordinate with client/NOK/EPOA/Carers the return of the webster pack to the dispensing pharmacy for repackaging.
- Attending employee to complete an incident form and documents accordingly via Brevity.
- Operational Intake to document on Client Brevity Notes actions taken.

#### *Medication incidents – Administered by Nurse*

- The Registered Nurse or Enrolled Nurse must know the medication administered - i.e.
- mode of action, contraindications, side effects, compatibility with other drugs and emergency treatment of possible adverse reactions.



- Refer to current MIMS / Pharmacist / Medical Practitioner/Nurse Practitioner if there are questions concerning the dosage, route or possible drug related problems. Do not give the medication until satisfied.
- If a medication incident occurs:
  1. notify *immediate up lining manger* / NOK at the time of the incident (*SIL only*).
  2. monitor clinical status of client/participant
  3. complete the National Incident Form within 24 hours of incident
  4. document incident in the nursing notes

### ***Blood Glucose Monitoring***

Client/participants diagnosed with Diabetes may be required to monitor their blood glucose level, their medical practitioner will advise National of the frequency of checking the blood glucose levels and set clear parameters for the range and interventions required. Monitoring blood sugar levels require the following equipment:

- A blood glucose meter
- A lancet device with lancets or disposable lancets and sharps container
- Blood glucose strips (check expiry date)
- Tissue or cotton bud

<https://www.ndss.com.au/about-diabetes/resources/find-a-resource/blood-glucosemonitoring-fact-sheet/>

### ***Process of checking a client / participant blood sugar level:***

- Step 1. Check finger pads for signs of bruising and overuse once a finger is chosen (avoid using thumb and index finger).
- Step 2. gain consent to attend blood sugar level and set up BGL machine by inserting a strip.
- Step 3. Clean the finger with a clean gauze soaked in water and dry thoroughly.
- Step 4. Use the lancet to create a small pick on the side of the finger (pad) to draw blood.
- Step 5. Massage the finger to create enough blood to come to the surface of the skin.
- Step 6. Apply finger with blood to the BGL strip once the strip indicator is full remove the finger and apply a cotton bud with pressure.
- Step 7. Record the level in the client / participants BGL record chart. If recording is outside the set parameters call the Operational Intake at once.



*Administering insulin (RNs ONLY)*

**ONLY TO BE ADMINISTERED BY REGISTERED NURSE.**

**SUPPORT WORKER CAN ASSIST A CLIENT/PARTICIPANT IN THE PREPARATION OF INSULIN ONLY.**

Employee to have a clear understanding of participant's requirements identified within participant care plan and administer insulin only as prescribed by Medical Practitioner.

Check BGL. Do not administer insulin if BGL < 4 mmol/L

Rock the vial gently before drawing up insulin

Do not inject closer than 2.5 cm from the navel

Always rotate the sites to prevent fatty lumps developing

Be aware that a heated site (e.g. after a hot shower) will speed up absorption of insulin and may cause a faster drop in blood glucose

Pinch skin to avoid injection into a blood vessel

Monitor for signs of hypoglycaemia including:

- Headaches
- Pounding heart, trembling, impaired vision
- Not being able to awaken
- Irritability
- Personality change
- Excessive sweating
- faintness, cold clammy skin.

If any of these symptoms are observed the BGL should be taken, and a sweet drink and/or sweet followed by a snack should be provided to client/participant if required.

Recheck BGL half hour later to ensure BGL is back to normal range. Inform Medical Practitioner if BGL is still lower than normal range. Document the hypoglycaemic incident

SC injections are generally given in the abdomen to achieve more rapid absorption and onset of action

Refrigerate unopened vials and protect from light

Always keep the vial currently in use at room temperature

Avoid extremes of heat or cold

Injecting cold insulin stings and the action is delayed for approximately half an hour

Mark the date the insulin was opened and discard after one month





*Nebuliser Administration Procedure (Extracted from ACT Health)*

**PURPOSE**

To provide staff with clear guidelines on the safe and effective management of an adult patient, receiving nebulisation therapy. Where possible an inhaler device with a spacer is the preferred method of administration, as this provides better medication uptake and should be used instead of nebuliser therapy.

**Nebulisation Therapy is prescribed to:**

- Administer medications
- Assist in the removal of accumulated bronchial secretions
- Liquefy bronchial secretions
- Relieve bronchospasm & dyspnoea

**Equipment**

- Alcohol based hand rub (ABHR)
- Medication as prescribed
- Ampoule sodium chloride 0.9% or sterile water
- Nebulisation mask, mouthpiece and tubing
- Oxygen tubing (optional)
- Nipple adaptor for air or oxygen outlet or air compressor
- Personal protective equipment (PPE)

**Procedure**

- Patient identification
- Check medication order and collect required medications and equipment
- Attend hand hygiene before touching the patient by either hand washing or using ABHR
- Explain the procedure to the participant
- Obtain consent
- Don high filtration mask for certain drugs only
- Don PPE
- Assist the participant to a sitting or semi-recumbent position
- Attend pre-medication peak flow measurement if indicated
- Document in the participants clinical records
- Twist nebule to open
- Place the open end of the nebule well into the nebuliser bowl and squeeze it slowly until all the liquid has been emptied into the nebuliser bowl
- Add sodium chloride 0.9% or sterile water to make up a minimal volume of 4mL
- Reconnect the nebuliser
- Attach the tubing to the nebuliser, then to the air or oxygen outlet or air compressor
- If using an air pump, switch the power on



- For oxygen or air, adjust the flow rate (no less than 6L/minute and no more than 8L) to achieve a fine mist
- Ensure the mask is properly fitted to the patient's face
- Instruct the patient to breathe deeply and slowly
- If using a nebuliser with a mouthpiece, instruct the patient to close the lips firmly around the mouthpiece and to inhale through their mouth and exhale through the nose
- Observe for any of the following side effects, report to the MO/VMO and the MO/VMO will then decide if the nebulisation therapy should continue or be ceased. Document any of the below side effects:
  - Tachycardia/palpitations
  - Cyanosis
  - Flushing
  - Headaches
  - Fine muscle tremors (especially hands)
  - Vertigo
- Wash the nebuliser with tap water and leave to air dry following each usage
- Attend hand hygiene after touching the patient by using either hand washing or ABHR
- Remove PPE
- Attend hand hygiene after by using either hand washing or ABHR
- Record nebuliser administration on the medication chart
- Document in the clinical record noting any unusual response to the procedure, including pain/discomfort during and immediately after the nebuliser treatment.
- The Nebuliser set is classified as single patient use. They should be checked by staff and if the participant is having the nebulisation therapy long term then infection control best practice would recommend that the participant change the nebuliser and line once a week.

### **Reference**

Asthma Management Handbook, 2014

<http://www.nationalasthma.org.au/>

Centre for Disease Control and Prevention, 2004

<http://www.cdc.gov/ncidod/sars/>

Esmond G, Update. Nebulisation Therapy, Professional Nurse, 1998; 14(1): 39

World Health Organization (WHO) Guidelines on Hand Hygiene in Healthcare, 2009.

<http://www.who.int/en/>

5 moments of Hand Washing- Hand Hygiene Australia, 2015

<http://www.hha.org.au/>



### *Tracheostomy Nebuliser Administration Procedure (Extracted from ACT Health)*

There are different types of nebuliser units available. Refer to the manufacturer's instructions for specific information. They can be hired or purchased from community pharmacies.

#### Administration of Normal Saline via a Nebuliser

The administration 5 mls of normal saline via a nebuliser every four to eight hours while awake is recommended.

#### **Equipment**

- Tracheostomy mask.
- 'Sidestream' disposable nebuliser chamber.
- Oxygen tubing.
- 5ml syringe.
- Normal saline.
- Nebuliser unit.
- Tissues.

#### **Procedure**

1. Set up equipment.
2. Perform hand hygiene and don PPE
3. Draw up 5mls of normal saline into syringe. Remove top of 'side stream' disposable nebuliser and place normal saline into collection chamber, replace top.
4. Connect the disposable nebuliser to tracheostomy mask, remove the HME device or stoma cover, place the mask over the tracheostomy tube and secure around the neck with elastic.
5. Turn on nebuliser at switch.
6. Breathe slowly during administration of normal saline.
7. When normal saline has been administered (the treatment may take 5 to 10 minutes), turn off the unit and remove the tracheostomy mask.
8. Cough up secretions into a tissue.
9. Replace HME device (if applicable).
10. Wash hands.

#### **Cleaning Nebuliser and Tracheostomy Mask**

1. At the end of the day wash the nebuliser and tracheostomy mask in warm soapy water, rinse with tap water and allow airing dry on paper towel.
2. Two nebulisers and tracheostomy masks are used on alternate days so one is washed and drying while one is in use.
3. The nebuliser and tracheostomy mask are inspected daily for signs of wear and tear.
4. The nebuliser and tracheostomy mask can be used indefinitely in the above way if they remain intact.

#### **Reference**

[Tracheostomy Management Adult Patients.docx](#)  
[Adult Nebulisation Therapy.docx](#)

Asthma Management Handbook, 2014  
<http://www.nationalasthma.org.au/>



## 'High Risk' Medications

### *Cytotoxic medications*

All clients/participants on cytotoxic medications are to notify NCC so we can implement additional PPE measures and reduce risk to carers/nurses. (example pregnant employees cannot attend) Refer to the Webster Care® Managing oral cytotoxic medicines in Webster Care® systems.

Cytotoxic medications must be handled in a manner which avoids skin contact and the liberation of the powdered agent into the air. Most tablets containing cytotoxic agents are either pressed or sugar coated, thus preventing exposure.

- dispense tablets into a disposable cup using a non-touch technique and cytotoxic gloves
- encourage the client/participant where possible to swallow tablets whole
- DO NOT CRUSH oral cytotoxic agents
- if client/participant vomits within 30 minutes to 1 hour following administration, notify the Medical Practitioner to determine whether the dose must be repeated
- dispose of cytotoxic gloves and equipment as cytotoxic waste
- wash hands following administration and disposal of cytotoxic agents and related waste

**CYTOXIC WARNING: NO EMPLOYEES THAT ARE PREGNANT &/OR IMMUNOCOMPROMISED ARE TO ENGAGE WITH CYTOXIC CLIENTS**  
**CARER CAN ASSIST A CLIENT/PARTICIPANT IN THE PREPARATION OF INSULIN ONLY.**

### *Requirements*

- NCC will provide staff with purple nitrile gloves,
- NCC will ensure the client has a cytotoxic clinical waste bin available within the home,
- NCC will have an alert label (purple) stating cytotoxic precautions.

### *Injectable Medicines*

Client/participants who are prescribed medicines that are injectable, require two registered nurses to perform the necessary medication checks, calculations and verifications prior to administration. Co-signature against the order is required at the time of administration.

- Employees to have an understanding of potential reactions and manage accordingly. This information can be located on the medication Consumer Medicine Information Pamphlet within the packaging alternatively on eMIMS and/or the Medicines Injectable Handbook. Refer to the medicines injectables handbook for evidence based best practice on administration processes. Book is kept on the general medical trolley.
- Registered Nurses must read from the CLIENT/PARTICIPANT MEDICATION SHEET and check against the Health practitioners prescribing orders
- Before dispensing anything, ensure all medications are intact, unbroken. (Should there be any discrepancies such as missing medications/additional medications) DO NOT PROVIDE



MEDICATION and contact National Community Care Coordinator immediately for further direction.

- Ensure medications are being administered in order and ensure all the following details must be checked by x2 registered nurses:
  - Name of the person.
  - Name of the drug.
  - Dosage prescribed.
  - Time/frequency to be taken.
  - Route of administration.
  - Any special instructions i.e. before meals.
- At the beginning and end of each shift, all staff should check that medication has been given and signed for.
- In the event, an emergency PRN injectable is required, the Registered Nurse is to facetime the clinical coordinator for emergency administration approval. Over the video chat, medication check can occur to ensure participant receives timely medication management, with the expectation the Clinical Coordinator is on the way to co-sign and provide a welfare check of participant.
- In the event of missing signatures, the employee responsible will be contacted by National to confirm that the medication was given and asked to return to the house to sign the PARTICIPANT MEDICATION SHEET. Under no circumstances can employees sign for each other.

### ***Needle Stick Injury***

#### ***Reducing Needle Stick Injury***

Use safety-engineered medical devices with protection mechanisms

- Use medical devices that incorporate safety-engineered protection mechanisms
  - These devices eliminate or reduce the risk of occupational exposure when the sharp cannot be removed from the procedure.
- Passively activated protection mechanisms should be used where practical and feasible
  - A passive safety device activates itself during normal clinical use and provides protection.
- Implementation of safety-engineered devices must be combined with relevant training and education on the use of the device.

#### ***Immediate Procedure Post Needle Stick Injury***

1. If you sustain a needlestick injury, wash the site with soap and water for 15 minutes.
2. Notify NCC on-call on 6242 4978 / 0401 439 798



3. Complete an Incident Report on Brevity as per **NCC Incident Policy**
4. Attend GP ASAP to get pathology slip for exposure blood tests
5. NCC management to call participant to request exposure blood test to be taken and/or disclose any infectious diseases of concern. (inline with Infection Control best practices)
6. NCC to submit an early notification to Insurance.
7. See **Workplace Injury Policy**

***Post-exposure prophylaxis***

1. Tetanus
2. Needlestick injuries are considered tetanus-prone wounds, see [Management of tetanus-prone wounds](#)
3. Hepatitis B
4. See flowchart, [Australian Red Cross Lifeblood](#) for immunoglobulin and [Australian Immunisation Handbook](#) for immunisation information
5. Hepatitis C
6. No post-exposure prophylaxis is available for hepatitis C
7. HIV
8. Only persons with high risk CA-NSI are offered HIV post-exposure prophylaxis - discuss with Infectious Diseases
9. Immunisations provided as post-exposure prophylaxis mark the beginning of a [catch-up schedule](#). Persons who require further or catch-up vaccinations should be referred to their GP or local immunisation service to complete this schedule

**Source:** [Clinical Practice Guidelines : Community acquired needle stick injury \(rch.org.au\)](#)

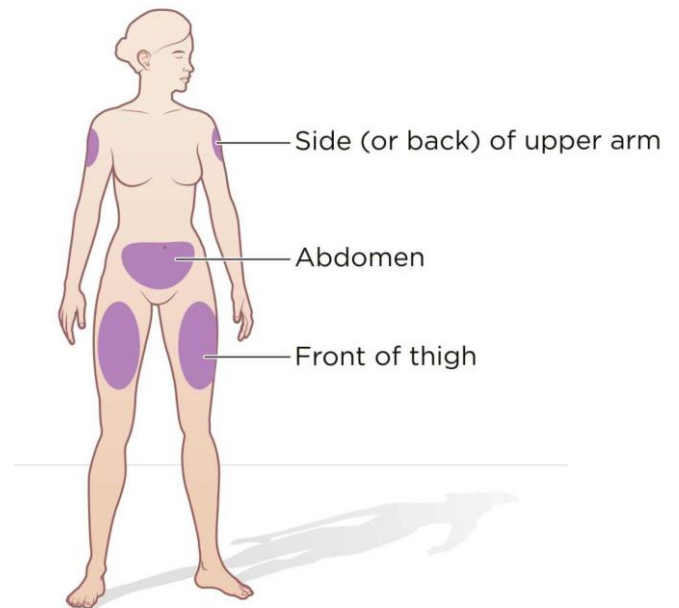


## Preparing for a subcutaneous injection

The location of injection is important for subcutaneous injections. The drug needs to be injected into the fatty tissue just below the skin. Some areas of the body have a more easily accessible layer of tissue, where a needle injected under the skin will not hit muscle, bone, or blood vessels.

The most common injection sites are:

- **Abdomen:** at or under the level of the belly button, about two inches away from the navel
- **Arm:** back or side of the upper arm
- **Thigh:** front of the thigh



Equipment used for subcutaneous injections includes:

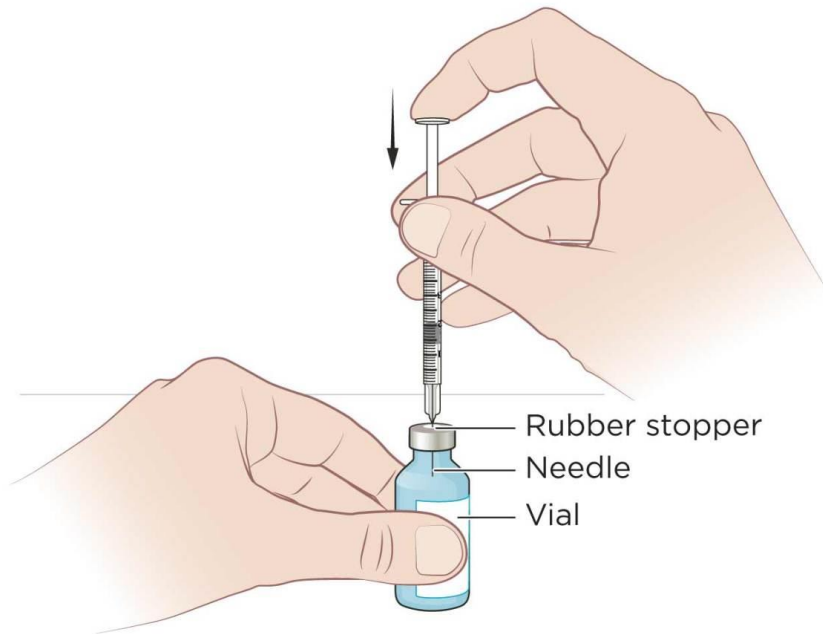
1. **Medication:** Vials of liquid medication can be single-use or multiuse. Vials can also be filled with a powder to which liquid needs to be added.
2. **Syringes:** The needles are short, at 5/8 inches long. The thickness of the needle is usually 25 or 27 gauge. There may be other options for doses more than 1 mL or for children or people with visual impairments.
3. **Auto-injector pen:** Some medications are available in a “pen” with a short single-use needle screwed onto the end of a pen-shaped, multiuse vial. The amount of medication needed is then dialed in at the end. As mentioned earlier, emergency medications like epinephrine can also come in this form.

## Preparing a syringe:

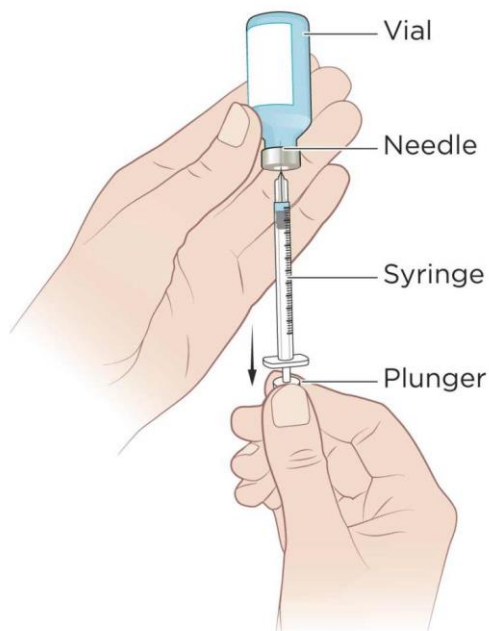
**Remove the cap from the vial.** If the vial is multidose, make a note about when the vial was first opened. The rubber stopper should be cleaned with an alcohol swab.

**Draw air into the syringe.** Draw back the plunger to fill the syringe with air up to the dose that you’ll be injecting. This is done because the vial is a vacuum, and you need to add an equal amount of air to regulate the pressure. This makes it easier to draw the medication into the syringe. Don’t worry, though — if you forget this step, you can still get the medication out of the vial.

**Insert air into the vial.** Remove the cap from the needle and push the needle through the rubber stopper at the top of the vial. Inject all the air into the vial. Be careful to not touch the needle to keep it clean.



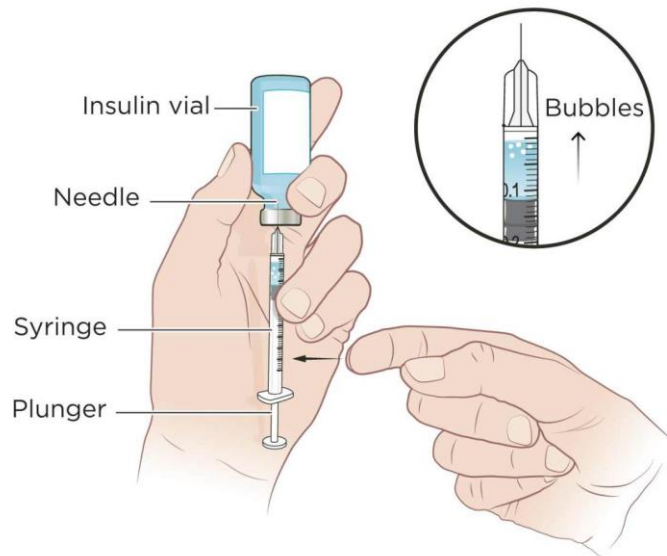
**Withdraw the medication.** Turn the vial and syringe upside down so the needle points upward. Then pull back on the plunger to withdraw the correct amount of medication.







**Remove any air bubbles.** Tap the syringe to push any bubbles to the top and gently depress the plunger to push the air bubbles out.





**Preparing an auto-injector: (THE ONLY INJECTION A CARER MAY ADMINISTER IF TRAINED)**

- If you're using a pen delivery system, attach the needle to the pen.
- The first time you use the pen, you'll need to prime it to push out extra air in the delivery system.
- Dial a small dose (usually 2 units or 0.02 mL, or as indicated by the package instructions) and push the button to expel the primer.
- Dial the correct dose and prepare for your injection.

**Complications of subcutaneous injection**

If you'll be doing this type of injection for more than one dose or for multiple days, you'll need to rotate the injection sites. This means that you shouldn't inject medicine into the same spot twice in a row.

For example, if you injected medicine into your left thigh this morning, use your right thigh this afternoon. Using the same injection site over and over again can cause discomfort and even tissue damage.

As with any injection procedure, infection at the site of injection is a possibility. Signs of infection at the injection site include:

- severe pain
- redness
- swelling
- warmth or drainage

These symptoms should be reported to your physician immediately.

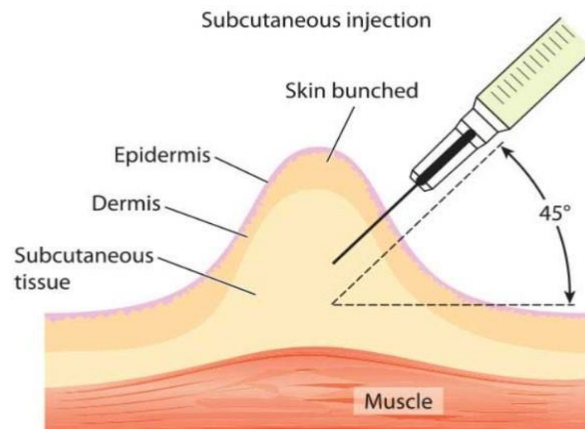


## Subcutaneous Injection Procedure

### SCOPE

Subcutaneous injections are classified as high-risk therefore all Subcutaneous injections are only to be prepared and administered by registered nurses and or a registered nurse and an enrolled nurse.

- Refers to injections that are used to administer medication into the fatty tissue layer between the skin and the muscle (subcutaneous tissue). Please refer to the image below.



Sourced from: <https://www.ausmed.com.au/cpd/articles/subcutaneous-injections>

- The needles used should generally be 16mm long and 25 to 27 gauge (DoH 2018)
- The needle must be injected into a site with a layer of subcutaneous tissue. Recommended areas include:
  - Umbilical region of the abdomen, about two inches from the navel (avoid the navel);
  - Back or side of the upper arm;
  - Top of the thigh; and
  - Top of the buttocks.

### Method of Injection

1. Perform hand hygiene. While the WHO does not recommend wearing gloves for administering injections, use your own judgement. Wear gloves if bleeding is expected.
2. Prepare an appropriate syringe with the required dosage. Disperse any air bubbles.
3. Place the patient into a reclined position.
4. Choose the injection site.
5. Perform hand hygiene.
6. If required, cleanse the chosen injection site and wait for it to dry.
7. Hold the syringe with your **dominant** hand. With your **non-dominant** hand, lift a 5 cm fold of skin to separate the subcutaneous layer from the muscle tissue underneath.
8. Using a quick, dart-like technique, insert the syringe at a 45 to 90-degree angle - follow product information for specific guidelines for each medication.
9. Hold the barrel of the syringe firmly and inject the contents for 10 to 30 seconds. The plunger should be pressed all the way down.



10. Wait 10 seconds, then remove the needle and immediately dispose of it into a sharp's container.
  11. Do not rub the injection site.
  12. Apply a dressing if the site bleeds.
  13. Record the injection using the required documentation.
  14. Monitor for any adverse reactions or complications.
- (QLD DoH 2020; Shepherd 2018; John Hopkins Arthritis Center 2012; WHO 2010)

### *Subcutaneous Injection Check List*

Introduction	
1	Introduce yourself to the patient including your name and role
2	Confirm the patient's name and date of birth
3	Briefly explain what the procedure will involve using patient-friendly language
4	Check the patient's understanding of the medication being administered and explain the indication for the treatment
5	Gain consent to proceed with subcutaneous injection
6	Check for any contraindications to performing a subcutaneous injection
7	Check if the patient has any allergies
8	Ask if the patient has a preferred injection site. If the patient is receiving regular subcutaneous injections, ensure that the injection sites are rotated
9	Adequately expose the planned injection site for the procedure
10	Position the patient so that they are sitting comfortably
11	Ask the patient if they have any pain before continuing with the clinical procedure
12	Wash your hands
13	Gather equipment
Final checks	
14	Right person: ask the patient to confirm their details and then compare this to the patient's wrist band (if present) and the prescription
15	Right drug: check the labelled drug against the prescription and ensure the medication hasn't expired
16	Right dose: check the drug dose against the prescription to ensure it is correct
17	Right time: confirm the appropriate time to be administering the medication and check when the patient had previous doses if relevant
18	Right route: check that the planned route is appropriate for the medication you are administering
19	Right to refuse: ensure that valid consent has been gained prior to medication administration



20	Right documentation of the prescription and allergies: ensure that the prescription is valid and check the patient isn't allergic to the medication you are going to administer	
<b>Performing the subcutaneous injection</b>		
21	Wash your hands	
22	Don some gloves	
23	Draw-up the appropriate medication into the syringe using a drawing-up needle	
24	Remove the drawing-up needle and immediately dispose of it into a sharps bin, then attach the needle to be used for performing the injection	
25	Choose an appropriate site for the injection	
26	Position the patient to provide optimal access to your chosen site	
28	Pinch a 5cm fold of skin between the thumb and index finger, using your non-dominant hand (pinching the skin increases the depth of the subcutaneous tissue available)	
29	Warn the patient of a sharp scratch	
30	Pierce the skin at a 45-90° angle, aiming to remain in the subcutaneous tissue layer. Insert the needle quickly and firmly, with the bevel facing upwards	
31	Inject the contents of the syringe whilst holding the barrel firmly	
33	Remove the needle and immediately dispose of it into a sharps container	
35	Apply gentle pressure over the injection site with a cotton swab or gauze and avoid rubbing the site	
36	Replace the gauze with a plaster	
37	Dispose of your gloves and equipment into an appropriate clinical waste bin	
<b>To complete the procedure...</b>		
38	Explain to the patient that the procedure is now complete	
39	Thank the patient for their time	
40	Wash your hands	
41	Discuss post-injection care	
42	Document the details of the procedure and the medication administered	

#### TRAINING REQUIREMENTS

- Registered Nurse with valid AHPRA Registration
- Prior experience in administration of subcutaneous injections including insulin or
- Undertake the Altura online module for 'clinical skills for RNs: venepuncture, administration of subcutaneous fluids, verifying death.

#### REFERENCES



<http://www.health.act.gov.au/sites/default/files/202002/Subcutaneous%20Medication%20Management%20in%20the%20Care%20of%20the%20Palliative%20Patient%20%E2%80%93%20Adults%20Only.doc>

World Health Organisation 2010, WHO Best Practices for Injections and Related Procedures Toolkit, World Health Organisation, viewed 23 June 2020,

[https://www.who.int/infectionprevention/publications/bestpractices\\_toolkit/en/](https://www.who.int/infectionprevention/publications/bestpractices_toolkit/en/)

Queensland Government Department of Health 2020, Clinical Practice Procedures: Drug

Administration/Subcutaneous, Queensland Government Department of Health, viewed 18 June

2020, [https://www.ambulance.qld.gov.au/docs/clinical/cpp/CPP\\_Subcutaneous.pdf](https://www.ambulance.qld.gov.au/docs/clinical/cpp/CPP_Subcutaneous.pdf)

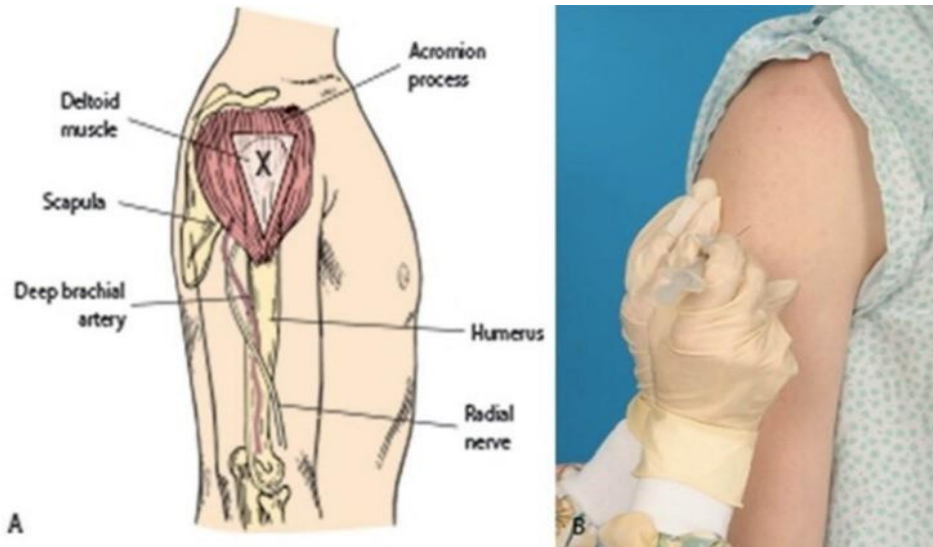
<https://www.ausmed.com.au/cpd/articles/subcutaneous-injections>



*Intramuscular Injections procedure (RN Only)*

**SCOPE: REGISTERED NURSES ONLY**

Intramuscular refers to an injection of medication delivered directly into the muscle. Please refer to the image demonstrating a deltoid intramuscular injection.



**Procedure**

1. Perform hand hygiene.
2. Engage in therapeutic communication.
3. Introduce self (name and function/designation).
4. Confirm the person's identity (Name and DOB)
5. State intent outline the procedure and answer any questions.
6. Assess the person for specific contraindications to receiving IM injections and advise the medical practitioner accordingly. Assess for factors such as muscle atrophy, reduced blood flow, skin condition and circulatory shock.
7. Assess the person's symptoms before initiating medication therapy.
8. Assess the person's knowledge regarding the medication to be received.
9. Assess the person's history of allergies, including any drug allergies, type of allergens and normal allergic reaction.
10. Review the person's previous verbal and non-verbal responses to injections.
11. Assess baseline vital signs and the person's medical and medication history.
12. Verify the medical practitioner's order.
13. Verify the person's actual admission weight in kilograms. Reweigh the person if appropriate.
14. Understand drug reference information pertinent to the medication's action, purpose, onset of action and peak action, normal dose, common side effects and nursing implications, if needed.
15. Obtain the medication and verify the expiration date.
16. Inspect the medication for particulates, discolouration or other loss of integrity. Do not use any medication that is cloudy or precipitated unless such is indicated by its manufacturer as being safe; otherwise, this may lead to harmful reactions.



17. Assemble appropriate-size needles, syringes and other administration supplies.
18. Perform hand hygiene in accordance with standard or transmission-based precautions.
19. Explain the procedure to the person and ensure that he or she agrees to treatment.
20. Check the Seven rights of medication safety, if mandated by local protocol or legislation with another suitably qualified healthcare professional (RN, RM, EN, medical practitioner or pharmacist), for the first time during dispensing (ACSQHC, 2017, Standard 4).
21. Label all medications, medication containers and other solutions that are both on and off the sterile field. The only exceptions are medications that are still in their original container or medications that are administered immediately by the person who prepared them. Medications or other solutions in unlabelled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabelled containers. This unsafe practice neglects basic principles of medication management safety, yet has been routine in many organisations.
22. Check the seven rights of medication safety, if mandated by local protocol or legislation with another suitably qualified healthcare professional, for the second time after calculation/preparation of the dose (ACSQHC, 2017, Standard 4).
23. Provide privacy for the person.
24. Check the seven rights of medication safety, if mandated by local protocol or legislation with another suitably qualified healthcare professional, for the third time at the bedside immediately before administration (ACSQHC, 2017, Standard 4).
25. Perform hand hygiene and apply gloves in accordance with standard and transmissionbased precautions.
26. Keep a sheet or gown draped over body parts not requiring exposure.
27. Select the appropriate site for injection based on the person's age, muscle tissue mass, and medication volume and viscosity.
28. Inspect the skin surface over sites for bruises, inflammation or oedema.
29. Note the integrity and size of the muscle. Palpate for tenderness or hardness and avoid hardened areas. If the person receives frequent injections, rotate sites.
30. Assist the person to a comfortable position that is appropriate for the chosen injection site (e.g. sitting, or lying flat, on side or prone).
31. Locate the injection site again using anatomic landmarks. The ventrogluteal site is a safe injection site for adults and children receiving irritating or viscous solutions and is the site of choice for administering IM injections to adults. In addition, this site provides the greatest thickness of gluteal muscle, is free of penetrating nerves and blood vessels, and has a narrower layer of fat.
32. Cleanse the site with alcohol or an antiseptic swab, as per the organisation's practice. Allow the skin to dry completely. Optional: Use a vapocoolant spray (e.g. ethyl chloride) for pain relief just before injection.
33. Hold a clean swab or dry gauze between the third and fourth fingers of the non-dominant hand.
34. Remove the needle cap by pulling it straight off.
35. Hold the syringe between the thumb and forefinger of the dominant hand as if holding a dart, palm down.
36. Administer the injection.
37. Z-track method





38. Position the ulnar of the non-dominant hand just below the site and pull the skin laterally. Hold this position until the medication is injected.
39. With the dominant hand, inject the needle quickly into the muscle at a 90-degree angle using a steady and smooth motion.
40. After the needle pierces the skin, use the thumb and forefinger of the non-dominant hand to hold the syringe barrel while still pulling on the skin. Move the dominant hand to the end of the plunger. Avoid moving the syringe.
41. Optional: If the person's muscle mass is small, grasp the body of muscle between the thumb and forefingers of the non-dominant hand while still pulling the skin laterally.
42. Pull back on the plunger. If no blood appears, inject the medication. If blood appears in the syringe, remove the needle, discard the medication, obtain a new syringe and try again.
43. Smoothly, quickly and steadily withdraw the needle and release the skin. Apply a dry cotton ball or gauze with light pressure for several seconds over the site.
44. Monitor the person for adverse and allergic reactions to the medication. Report rash, seizures and difficulty breathing.
45. Discard supplies, remove gloves and attend to hand hygiene according to the '5 moments for hand hygiene'.
46. Document the procedure and any assessment findings in the relevant care plan, progress notes or medical record and report any deterioration or abnormal findings to the healthcare professional in charge or the appropriate medical practitioner.

## References

[https://point-of-care.elsevierperformancemanager.com/skills/20853/quick-sheet?skillId=ANZG\\_245](https://point-of-care.elsevierperformancemanager.com/skills/20853/quick-sheet?skillId=ANZG_245)

[https://www.rch.org.au/rchcpg/hospital\\_clinical\\_guideline\\_index/Immunisation\\_of\\_inpatients/](https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Immunisation_of_inpatients/)



### *Intramuscular Injections Checklist*

Introduction	
1	Gather equipment
2	Wash your hands and don PPE if appropriate
3	Introduce yourself to the patient including your name and role
4	Confirm the patient's name and date of birth
5	Briefly explain what the procedure will involve using patient-friendly language
6	Check the patient's understanding of the medication being administered and explain the indication for the treatment
7	Gain consent to proceed with intramuscular injection
8	Check for any contraindications to performing an intramuscular injection
9	Check if the patient has any allergies
10	Ask if the patient has a preferred injection site. If the patient is receiving regular intramuscular injections, ensure that the injection sites are rotated
11	Adequately expose the planned injection site for the procedure (e.g. deltoid)
12	Position the patient so that they are sitting comfortably
13	Ask the patient if they have any pain before continuing with the clinical procedure
Final checks	
14	Right person: ask the patient to confirm their details and then compare this to the patient's wrist band (if present) and the prescription
15	Right drug: check the labelled drug against the prescription and ensure the medication hasn't expired
16	Right dose: check the drug dose against the prescription to ensure it is correct
17	Right time: confirm the appropriate time to be administering the medication and check when the patient had previous doses if relevant
18	Right route: check that the planned route is appropriate for the medication you are administering
19	Right to refuse: ensure that valid consent has been gained prior to medication administration
20	Right documentation of the prescription and allergies: ensure that the prescription is valid and check the patient isn't allergic to the medication you are going to administer



Performing the intramuscular injection	
21	Wash your hands and don gloves/apron (if not already done)
22	Draw-up the appropriate medication into the syringe using a drawing-up needle
23	Remove the drawing-up needle and immediately dispose of it into a sharps bin, then attach the needle to be used for performing the injection
24	Choose an appropriate site for the injection
25	Position the patient to provide optimal access to your chosen site
6	Clean the site (if appropriate)
27	Gently place traction on the skin with your non-dominant hand away from the injection site, continuing the traction until the needle has been removed from the skin. If the patient is elderly with reduced muscle mass or the patient is emaciated, do not apply traction, instead, bunch the muscle up to ensure adequate bulk before injecting.
28	Warn the patient of a sharp scratch
29	Holding the syringe like a dart in your dominant hand, pierce the skin at a 75 - 90° angle. Insert the needle quickly and firmly, with the bevel facing upwards, leaving approximately one-third of the shaft exposed (however this varies between sites and patients).
30	Aspirate to check the location of the needle (if appropriate)
31	If aspiration does not reveal evidence of intravascular needle placement, inject the contents of the syringe whilst holding the barrel firmly. Inject the medication slowly at a rate of approximately 1ml every 10 seconds.
32	Remove the needle and immediately dispose of it into a sharps container
33	Release the traction you were applying to the skin
34	Apply gentle pressure over the injection site with a cotton swab or gauze. Do not rub the site.
35	Replace the gauze with a plaster
36	Dispose of your clinical equipment into an appropriate clinical waste bin
To complete the procedure...	
37	Explain to the patient that the procedure is now complete
38	Thank the patient for their time
39	Discuss post-injection care
40	Dispose of PPE appropriately and wash your hands
41	Document the details of the procedure and the medication administered



# All Stoma Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.1
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2018	Natashia Telfer	Employsure	Broaden coverage across community
1.1	2/2020	Tahla Small	CEO	Expansion of Stoma procedures: trachy / hyper granulation

## In conjunction with:

- WHS Framework
- Infection Control
- Clinical Framework
- Tracheostomy Management Policy
- Ventilation Management Policy
- Complex Bowel Policy
- Enteral Management Policy
- Catheter Policy



## Stoma Care

### **POLICY STATEMENT**

To ensure that clients/participants receive appropriate and timely assistance to help them maintain proper stoma care. This care includes correct assessment, development and implementation of an appropriate and effective management plan whose goal is to maintain and/or improve bowel/bladder management, quality of life, and dignity of the clients/participants.

### **SCOPE**

This policy applies to all employees of National.

### **POLICY**

Individual stoma management programs are to be consistent with contemporary practices, implemented and reviewed at regular intervals. Most clients/participants will have access to the Stoma Appliance Scheme for support and supply of appliances, including written instructions on the correct usage of the appliances.

### **Training Requirements**

All service delivery employees delivering and/or intend to deliver bowel care (including stoma care) services are required to hold a competency in the field. Employees are required to undertake an annual refresher. This may be through face-to-face training delivery, workshop, and/or online eLearning module in conjunction with workplace competencies.

### **PROCEDURES:**

See relevant procedures below:

### **REFERENCES**

Australian Association of Stomal Therapy Nurses, accessed from [m http://www.stomatherapy.com/index.php](http://www.stomatherapy.com/index.php) on 19 March 18.

Australian Council of Stoma Associations Inc., accessed from [m https://australianstoma.com.au/](https://australianstoma.com.au/) on 19 March 18.

Department of Health, Stoma Appliance Scheme, accessed from [m http://www.health.gov.au/stoma](http://www.health.gov.au/stoma) on 19 March 18.

JB11978 Stoma: Perioperative Care

JB12125 Colostomy: Long Bag Application (Older Adult)



### *Tracheostomy Stoma Care and Dressing Procedure*

#### **Purpose**

To detail the procedure of care of the tracheostomy stoma and tracheostomy dressings to maintain skin integrity and prevent infection around the tracheostomy stoma. Tracheostomy management is only to be provided by registered nurses with assistance of a qualified carer.

Tracheostomy dressings should be changed daily at a minimum to prevent infection and protect the skin surrounding the stoma from mucous secretions.

Tracheostomy dressings and strappits are not changed for 24 hours postoperatively. This is due to the risk of accidental dislodgement before there is a fully formed tract.

1. Thereafter tracheostomy dressings are changed a minimum of once daily and more frequently if required.
2. If the stoma is exudative then an appropriate dressing should be applied i.e. allevyn, drain sponge for the exudate.
3. A second nurse is required to assist during the procedure in order to stabilise the tracheostomy tube.
1. Only gauze swabs soaked in saline are used for cleaning the stoma site to prevent the inhalation of wool fibres. Squeeze excess fluid from the swab to prevent fluid entering the trachea.

#### **Equipment**

- Basic dressing pack
- Gauze swabs
- Tracheostomy dressing (either drain sponge or foam tracheostomy dressing)
- Disposable gloves
- Sodium chloride 0.9%
- Strappits
- Clean gown
- Scissors (sterile)
- Personal Protective Equipment (PPE)

#### **Procedure**

- Explain the procedure to the patient
- Ensure privacy
- Gain Consent
- Have assistant in attendance (ensure PPE and hand hygiene)
- Apply required Personal Protective Equipment and attend hand hygiene
- Position the patient in a semi-recumbent position
- Wash hands and don gloves
- Remove soiled dressing. Do not remove strappits
- Discard gloves



- Perform hand hygiene and don PPE
- Clean around the stoma site with gauze dampened with sodium chloride 0.9%.

**ALERT:** Patients who have had a flap formation will have their tracheostomy sutured in place. Do not use tracheostomy tapes (strappits or cotton ties) on these patients due to the risk of compromising vascular supply to the flap.

- Dry the area
- Inspect the skin for any sign of irritation or infection such as maceration, redness, tenderness, excoriation or strong odour
- Dress the tracheal stoma with dressing
- If using a drain sponge that requires resizing to fit under flange or between sutures only trim from outside edge. This will avoid the possibility of loose fibres being inhaled through the stoma
- Assistant to hold tracheostomy tube in place while strappits are being changed
- Manipulation of the strappits or dressings may cause the patient to cough so the tracheostomy tube must be held firmly after the strappits have been removed.
- Cut and remove soiled strappits at the same time. Ensure that the tracheostomy tube is held firmly to prevent dislodgment throughout the change of strappits
- Thread and secure new strappits
- Tension of the strappit is to equal one finger space.
- Discard equipment. Perform hand hygiene.

Document in the patient's clinical record the following:

- Condition of stoma
- Patient's response to procedure.

**ALERT:** If the patient has large amounts of mucous and secretions it may be beneficial to use no sting barrier film (i.e. 3M Carilon) around the tracheostomy site to prevent skin breakdown.

### **Training Requirements**

All service delivery employees delivering and/or intend to deliver services to a client/participant with a tracheostomy are required to hold a competency in the field provided by an external registered training provider. Employees are required to undertake an annual refresher. This may be through faceto-face training delivery, workshop, and/or online eLearning module in conjunction with workplace competencies.

Registered Nurses within the SIL property, are required to hold tracheostomy competencies and buddy shifts prior to commencing work independently.

### ***Colostomy Stoma Procedure***

Colostomy management is only to be provided by registered nurses or skilled carers in line with the client/participant's product and requirements within the employees scope of practice.

Adapted from "Caring for your stoma", [http://www.stomalthrapy.com/documents/PEP\\_caring\\_for\\_your\\_stoma\\_-\\_a\\_guide\\_for\\_teens\\_2017.pdf](http://www.stomalthrapy.com/documents/PEP_caring_for_your_stoma_-_a_guide_for_teens_2017.pdf)



### **Colostomy Stoma Site:**

#### ***Changing the appliance***

- Wash hands and put on gloves Prepare equipment:
- Warm water
- Washcloth or CHUX-style cloth
- New appliance. If not pre-cut, cut hole in the appliance adhesive to correct stoma size
- Plastic rubbish bag
- Accessories as required

#### **Empty and gently remove the old appliance**

- Clean the stoma and surrounding skin with warm water and dry the skin
- Check stoma size and adjust base plate to fit snugly
- If the skin around the stoma is red, itchy or sore, contact the client/participants Stomal Therapy Nurse (STN) – this is not normal
- Apply the clean base plate and attach the pouch (two piece) or apply pouch (one piece) Position correctly over stoma and close the appliance outlet  
Remove gloves and wash hands.

An alternative to the above procedure is to prepare the appliance as above, remove the old appliance and assist the client/participant to shower with the appliance off. Dry the skin around the stoma and put on the clean appliance.

Assist the client/participant to establish a routine with the client/ participant for changing the appliance. First thing in the morning prior to eating or drinking is when the stoma will be least active. The stoma may decrease in size over 6 – 8 weeks following surgery. Measure the stoma periodically to ensure that the appliance still fits snugly. It may be possible to use a pre-cut baseplate once the stoma size settles.

#### ***Emptying the appliance***

- Wash hands before and after emptying any appliance
- Appliance to be emptied when a third to a half full
- Appliance can be emptied directly into the toilet. To avoid back-splash, a layer of toilet paper can be placed on the surface of the water
- Clean appliance outlet thoroughly prior to closing
- The appliance does not require rinsing out
- If you notice a considerable decrease or increase in the volume of output seek medical attention Disposal of your appliance
- Place the appliance in a plastic bag and secure the end e.g. freezer bags, nappy sacks, recycled plastic bags
- Dispose as normal household rubbish
- Appliances are never to be flushed down the toilet





### *PEG Stoma Procedure: (Gastronomy)*

Enteral management is only to be provided by qualified personnel.

#### Care of feeding tube & stoma site

The stoma should be cleaned with mild soap and water twice a day. The site should not be submerged in water (bath or swimming) until the gastrostomy site/skin wound is healed. Please check with health professional prior to swimming.

It is very important to dry around the tube and under the external bumper.

Do not tuck tube into underwear. If it is a long tube, provide some tape to secure it in place.

If tube has been stitched in place, you should not attempt to rotate the tube.

For other gastrostomy tubes, it is important to rotate the tube gently 360 degrees each day. This is to prevent scar tissue from forming, which can make tube removal and replacement difficult.

It is possible to get an infection in the stoma. Signs of a possible infection are:

- redness, swelling or pain around the site
- yellow-green smelly ooze leaking from around the tube
- your temperature is above 37°C.

If participant have any of the above signs, make an appointment to see doctor.

The doctor may take a sample of the ooze from around your stoma site so it can be tested and if necessary, prescribe antibiotics.

If prescribed antibiotics and participant cannot swallow, check with your doctor or nurse to see if it can be crushed or mixed with water so it can be put down the tube.

#### *Dressings*

Dressings are not normally required following insertion of a gastrostomy tube. However, if there was some bleeding after insertion then a dressing can be placed over the site. This should be removed on return to the ward.

It is important never to place dressings under the bumper even if there is ooze, as this places unnecessary pressure on the gastrostomy site and can lead to complications. Skin care

Over time you may notice dark pink fleshy tissue that grows around the stoma site. This is known as proud flesh/ granulation tissue and is quite common.

It can be left alone unless it causes pain, bleeds or leaks. If it becomes a problem, talk to doctor or nurse.

#### *Role of the Support Worker (Stoma wound Care)*

In line with the NDIS Practice Standards: Skill descriptors 2018, Support Workers can assist the participants in attending basic stoma care. This is achieved through following the participants personal hygiene plan, adhering to National Community Care's infection control policies/ procedures, implementing the individualized wound management plan under the guidance of a senior registered nurse or clinical coordinator.



Basic wound care & dressings can be attended by a skilled support worker in consultation with the senior registered nurse or clinical coordinator. National Community Care skilled support workers can attend the following wound care:

Peg Stoma Site: take down dressing, soak gauze with normal saline and clean clockwise one pass per a gauze, once clean, use new dry gauze dry clockwise and apply new dressing as per wound management plan.

The support worker is to report any changes in the appearance of the stoma (dusky, black or bright red skin, blood or yellow/green exudate to the designated RN or Clinical Coordinator.

### *Hypergranulation*

(also known as over granulation or proud flesh) is a common non-life-threatening phenomena. Hypergranulation is characterised by the appearance of light red or dark pink flesh that can be smooth, bumpy or granular and forms beyond the surface of the stoma opening.<sup>137</sup> It is often moist, soft to touch and may bleed easily. It is normal to expect a small amount of granulation around the site. Gastric Fluid Leak Some gastrostomy tubes and devices can leak intermittently. This isn't always gastric fluid and may not cause problems. However, this should be evaluated by a health care professional.



# Tracheostomy Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.0
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	May 2023
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	2/2020	Tahla Small	ACT Health (TCH)	New policy

## In conjunction with:

- Clinical Framework
- ACT Health Tracheostomy Package
- Infection Control Framework
- Stoma Management



## Tracheostomy Care

### **POLICY STATEMENT** (*Adapted from and in consultation with ACT Health*)

To ensure that client/participants receive appropriate and timely assistance to help them maintain air way management with safe evidence-based management of an adult tracheostomy tube.

### **SCOPE**

This policy applies to all competent employees of National.

### **Exclusions:**

This procedure does not apply to:

- The management of a paediatric client/participant with a tracheostomy tube
- The management of a client/participant with a laryngectomy tube

### **POLICY**

Adapted from the 'Canberra Hospital and Health Services: Clinical Procedure of Tracheostomy Management' all procedures will be available in house and provided on employment. (See FULL Tracheostomy Management Handbook)

### **Registered Nursing Staff Responsibilities**

- Provide overall care in accordance with the client/participants nursing care plan and in line with *Canberra Hospital and Health Services: Clinical Procedure of Tracheostomy Management*.
- Provide daily care of the patient including tracheostomy/respiratory needs (e.g. suctioning, dressings, stoma care, respiratory monitoring, following through and monitoring of allied health programs, monitoring ventilation parameters and liaising with team as required).
- May change or remove tracheostomy tube only in consultation with medical staff or in the event of an emergency.

### **Training Requirements**

- All registered nursing staff caring for client/participants with a tracheostomy are to be trained/refreshed by National training resources (ACT Health and/or external providers/CC) and deemed competent by their CC.
- All Registered nurses to undertake 2 buddy shifts prior to being assigned SIL shifts.
- Staff to attend individualised competencies at client/participant discretion.
- All care staff whom hold a certificate / competency for necktie changes and oral suctioning will undertake annual training sessions to ensure competency.
- National will retain copies of training sessions/refresh sessions onsite in the training and education folder.

### **Care Staff Responsibilities**

- Care staff participating in tracheostomy care must hold the skills and qualifications (certificate / competency)
- Provide basic care in accordance with the nursing care plan and scope of practice.



- Assist RN with client/participant necktie changes as required – only within scope of practice
- Assist RN during emergency situations as reasonably directed and within scope of practice.

#### **REFERENCES**

ACT Health TCH - Tracheostomy Management – Adult Patients Clinical Procedures | See Tracheostomy Reference handbook (adapted from ACT Health TCH Resources) National Safety and Quality Standards

#### **Legislation**

Health Practitioner Regulation Law (ACT) Act 2010 | Privacy Act 1988 | Health Records (Privacy and Access) Act 1997 Guardianship and Management of Property Act 1991 Human Rights Act 2004 Medical Treatment (Health Directions) Act 2006 | Powers of Attorney Act 2006



## Tracheostomy Emergency Management

### **POLICY STATEMENT**

To ensure that client/participants receive appropriate and timely emergency management of a dislodged or blocked Tracheostomy Tube.

### **SCOPE**

This policy applies to Trained Registered Nurses employees of National.

### **Exclusions:**

1. This procedure does not apply to:
2. The management of a paediatric client/participant with a tracheostomy tube
3. The management of a client/participant with a laryngectomy tube
4. Outing interstate and/or identified as high-risk to client/participant and/or registered employees

### **POLICY**

This policy has been developed to assist Registered Nurses supporting clients / participants within the community respond to blocked, dislodged tubes or cuff leak. At present ACT Health does not have a community procedure on managing these situations within a community setting.

### **Emergency Management - Procedure for blocked or dislodged tubes**

Most persons with a tracheostomy are dependent on the tube as their primary airway.

Cardiorespiratory arrest most commonly results from tracheostomy obstructions or accidental dislodgement of the tracheostomy tube from the airway.

Obstruction may be due to thick secretions, mucous plug, blood clot, foreign body, or kinking or dislodgement of the tube.

**Early warning signs** of obstruction include tachypnoea, increased work of breathing, abnormal breath sounds, tachycardia and a decrease in SpO<sub>2</sub> levels.

RNs are to respond at the early warning signs by attending the following interventions:

- Suction tracheostomy
- Change inner cannular (if present)
- Check oxygen saturations
- Apply oxygen to face and nose.
- Call emergency services.



The following flow chart is designed to assist Registered Nurses in responding to an obstructed tracheostomy tube. The flow chart has been adapted from [Clinical Guidelines \(Nursing\) : Tracheostomy management \(rch.org.au\)](#) (2018) & [Care of Adult Patients with a Tracheostomy Tube \(nsw.gov.au\)](#) (2015)



## Tracheostomy Emergency Hospitalisation Procedure

- Contact 000 for ambulance and provide detail of situation. Notify intake that the participant has a tracheostomy airway management.
- **Bunbury Street** is an identified high-risk home with ACTES, as such response will be a priority. If not, please notify 000 the patient has a compromised tracheostomy airway.
- While waiting for the ambulance to arrive, utilise the carers on shift to assist in the preparation of hospital transfer.
- Utilise the below hospital transfer sheet as required. All instructions for procedure available on transfer form.
- Attach the following documents to the transfer form:
  - Copy of care plan
  - Copy of medication chart
  - Copy of PEG checklist
  - Copy of Advanced care directive
  - Enteral Supplement / syringes / pump
  - Spare inner canular
  - Spare tracheostomy Size: \_\_\_\_\_
- ACTES may request the participants suction machine go with the participant for transfer. This is OK to do so, so long as it is labelled and returned upon participant discharge.
- When safe to do so, notify NOK, Clinical Team, GP and NCC.
- Complete incident form and clinical notes.
- Check the welfare of other participants that may have witnessed the situation and become distressed.
- Debrief with on-shift carers, ensuring their welfare.
- Handover and debrief with oncoming RN an/or Clinical Team.

### Hospital Transfer Form

Alex's House: 51 Bunbury street Stirling ACT 2611  
Phone: 0400976753 – contact for RN on duty  
National Community Care

Date: \_\_\_\_\_  
 Name of Client: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Reason for Transfer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Requested Interventions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Clinical Requirements	Circle / write explanation
Tracheostomy Size: Inner canular changes: strict 4 <sup>th</sup> hourly	Yes / NO Notes:
PEG Regime Water flushes	Yes / NO Notes:

Attach the following documents to the transfer form:

- Copy of care plan YES / NO / NA
- Copy of medication chart YES / NO / NA
- Copy of PEG checklist YES / NO / NA
- Copy of Advanced care directive YES / NO / NA
- Enteral Supplement / syringes / pump & line (**MUST BE SENT**) YES
- Spare inner canular YES / NO / NA

NOK notified: YES / NO / NA

CC notified: YES / NO / NA

GP notified: YES / NO / NA

RN Name & Signature: \_\_\_\_\_

Office Use:

\*Photocopy completed form and place in the in tray\*

## References

[Clinical Guidelines \(Nursing\) : Tracheostomy management \(rch.org.au\)](https://www.rch.org.au) (2018)

[Care of Adult Patients with a Tracheostomy Tube \(nsw.gov.au\)](https://www.nsw.gov.au) (2015)

CCAM 2016, Tracheostomy, CCAM, viewed 13 September 2021, <https://www.ccam.net.au/handbook/tracheostomy/>





**Emergency Management Plan for Obstruction/Dislodged or Leaking cuff of a tracheostomy tube.**

**BASIC FIRST AID** - Check for response: Alert ? Responds to Voice, Responds to Pain ? Unresponsive ?

Delegate a staff member to call 000 and place on loudspeaker next to you to advise of situation.

**Clinical Assessment**

- **Assess Airway:** Look for breathing improvements of the chest . Listen for breathing sounds from the tracheostomy tube. Feel for air coming from the Tracheostomy tube/ nose or mouth.
- **Vital Signs:** attach oxygen saturation probe to record saturation levels and delegate a staff member to attend a full set of vital signs.
- **Implement** ' Emergency Tracheostomy Management - Patent Upper Airway flow chart.

**Clinical Interventions**

- Suction the tracheostomy tube
- Change inner cannula
- Extend the participants neck slightly with a small towel rolled under the shoulders.
- Suction upper cuff
- Apply 100% high flow Oxygen via face mask and manually ventilate if indicated (it may be necessary to deflate the cuff).

**Dislodged Tube or No Tube**

- Apply resusatorator mask over nose and mouth AND cover stoma site with gauze and tape to prevent air leak.
- Monitor oxygen saturations/ heart rate.
- Call 000 and provide update.

**Assess Circulation**

RN is to check for pulse if no pulse is found commence CPR + Airway support.  
Delegate staff member to call 000 and provide update



## Tracheostomy Management Off Site

### POLICY STATEMENT

To ensure that client/participants receive appropriate and timely assistance to help them maintain air way management with safe evidence-based management of an adult tracheostomy tube when out within the community and/or travelling.

### SCOPE

This policy applies to all employees of National.

### Exclusions:

5. This procedure does not apply to:
6. The management of a paediatric client/participant with a tracheostomy tube
7. The management of a client/participant with a laryngectomy tube
8. Outing interstate and/or identified as high-risk to client/participant and/or registered employees

### POLICY

To ensure the safety and airway management of a tracheostomy participant, all relevant participants leaving their primary residence require a minimum of a registered nurse to always accompany them when leaving their primary residence, in individual cases a carer or secondary RN may also be required due to the complexity of the client/participants nursing care. This is at the directive of the client/participants health team (eg discharging requirements, ENT Specialists etc) This is costed at the participants budget.

### Participant Responsibilities

- Client/participants are asked to provide National community care with a minimum of **24 hours' notice of intent to go offsite, this facilitates National to acquire the staff required to assist with transport and nursing care.**
- Understand the risks involved and make an informed decision.

### Registered Nursing Staff Responsibilities

- Ensure "Go-Bag" has all appropriate equipment prior to leaving client/participant home
- Ensure portable suction machine is charged and ready to go
- Ensure appropriate transportation has been arranged. Noting a registered nurse is required to sit in the back with the tracheostomy client/participant. A carer and/or taxi driver can transport to destination
- Provide overall care in accordance with the nursing care plan.
- Provide daily care of the patient including tracheostomy/respiratory needs (e.g suctioning, dressings, stoma care, respiratory monitoring, following through and monitoring of allied health programs, monitoring ventilation parameters and liaising with team as required).
- May change or remove tracheostomy tube only in consultation with medical staff.

### Care Staff Responsibilities

- Responsible for transporting client/participant and registered nurse safely to destination.
- Provide basic care in accordance with the nursing care plan and scope of practice.



- Assist RN with client/participant changes as required – only within scope of practice.

### **Training Requirements**

Refer to Tracheostomy Care + experience onsite prior to working off site.

### **REFERENCES**

ACT Health TCH - Tracheostomy Management – Adult Patients Clinical Procedures  
See Tracheostomy Reference handbook (adapted from ACT Health TCH Resources)

### **Legislation**

Health Practitioner Regulation National Law (ACT) Act 2010 Health Records (Privacy and Access) Act  
1997 Human Rights Act 2004  
Privacy Act 1988  
Guardianship and Management of Property Act 1991  
Medical Treatment (Health Directions) Act 2006 Powers of Attorney Act 2006

### **National Safety and Quality Standards**

Standard 1- Governance for Safety and Quality in Health Service,  
Standard 2- Partnering with Consumers,  
Standard 3- Governance and systems for infection prevention, control and surveillance  
Standard 4- Medication Safety,  
Standard 5- Patient Identification and Procedure Matching,  
Standard 6- Clinical Handover,  
Standard 9-Recognising and Responding to Clinical Deterioration



# Ventilation Management

## Current Version

<b>Service Area</b>	Disability, Aged, Community	<b>Version</b>	1.2
<b>Process Owner</b>	Governance Lead   CEO   COO	<b>Date of Issue</b>	October 2022
<b>Approved by</b>	Chief Executive Officer	<b>Review</b>	May 2025

## Modification History

Version	Date	Author	Approved by	Description of change
1.0	10/2022	Stacey Madden	GL / CL	New policy
1.1	3/2023	Natashia Telfer	GM	Additional supporting information

## In conjunction with:

- All NCC Policy
- Tracheostomy Management
- Infection Control



## Ventilation Management

### POLICY STATEMENT

To ensure each participant requiring ventilator management receives appropriate support relevant and proportionate to their individual needs and the specific ventilator used.

### SCOPE

This policy applies to all employees of National who support any participant with ventilation requirements.

### ALERT

***Each participant that requires ventilation will require their own individualised management plan / procedures.***

### DEFINITION

**Non-Invasive Mechanical Ventilation:** a simple method of assisting a participant's breathing without using an invasive airway (tracheostomy tube). Example: Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BPAP or BiPAP)

**Invasive Mechanical Ventilation:** is a lifesaving intervention for participants with respiratory failure. **Ventilation:** carried out via an artificial airway (tracheal cannula) to the trachea.

**NIV:** is delivery of mechanically assisted or generated breaths without placement of an artificial airway using a mask or similar interface. This technique is distinguished from those which bypass the upper airway with an endotracheal tube, laryngeal mask, or tracheostomy and are therefore considered invasive. This is the preferred term and supersedes BPAP, BiPAP and BIPAP. BiPAP and BIPAP are registered trade names for NIV modes on ventilators from specific manufacturers.

**CPAP:** is positive airway pressure therapy throughout the respiratory cycle to spontaneously breathing patients. One nominated pressure splints the airway open throughout the respiratory cycle thereby maintaining oxygen saturation, functional residual capacity and preventing alveolar collapse.

**Inspiratory Positive Airway Pressure (IPAP):** is titrated to maintain tidal volume, support and augment ventilation, reduces the work of breathing and thereby reduces CO<sub>2</sub> retention.

**Expiratory Positive Airway Pressure (EPAP):** is titrated to eliminate airway obstruction and prevent end expiratory collapse of airways and thereby able recruit alveoli. Combination of above two thereby maintains oxygenation.

**Mode:** Delivery system selected on the machine – may be CPAP, Spontaneous, Spontaneous/Timed or Timed.

**Spontaneous Mode (S):** The machine provides ventilatory support in response to the patient's breathing effort but provides no back-up safety rate, should the patient not trigger the machine. This mode is referred to 'Spontaneous' mode on NIV machines

**Spontaneous Timed Mode (ST):** The machine provides ventilatory support in response to the patient's breathing effort but provides back-up safety rate, should the patient not trigger the machine. This mode is referred to 'spontaneous / timed' mode on NIV machines (S/T)

**Timed Mode (T):** There is no patient effort required and the ventilator provides full ventilatory support. On NIV machines this is referred to as 'timed' mode (T)



### PRINCIPLES FOR VENTILATION MANAGEMENT

- To improve oxygenation and ventilation
- Confirm the need for ventilation and recognise the need for suctioning and follow procedures to clear airways as required.
- To follow personal hygiene and infection control procedures;
- To operate a ventilator for operation (identify and connect or assemble components of ventilation equipment according to instructions, fit the breathing mask)
- To start ventilation and monitor that it is working effectively,
- Trouble-shooting procedures to respond to alarms and maintain equipment.
- To maintain charts/records;
- To recognise and respond to signs that airways are obstructed;
- To implement emergency procedures, deteriorating health or infection.

### ROLES AND RESPONSIBILITIES

Clinical Team is responsible for the overall clinical management of a high intensity supported participant's care. This policy is to be used in conjunction with National Community Care's Tracheostomy Care and Management Policy and Stoma Care Policy (where required). The participant's care plan is also included and overseen by a relevant health practitioner (e.g. Medical doctor, Registered Nurse). This care plan will be regularly reviewed where procedures and information will be given to the participant/carer/ advocate.

All participants are ensured their desired level of involvement is respected and maintained. NCC will ensure that each participant requiring Ventilation Management will receive support for care of their equipment and components as well as their tracheostomy and/or stoma, relevant and proportionate to their individual needs.

Please Note: That any cares required outside of what's written in this policy and procedure must be performed by a qualified health practitioner e.g. Medical Doctor or Registered Nurse. In some cases, Staff may respond when a tracheostomy and/or ventilation requires emergency procedures to be implemented; there must be active oversight by a health practitioner Registered Nurse.

Carers supporting the participant will be provided with resources and individualised parameters for the participant. NCC will endeavour to always roster a senior carer to lead and train new and/or unfamiliar carers with the participants individualised supports.

### CARE PLAN

National Community Care participant care plan is developed with the involvement of the participant/carer/advocate, Program Coordinator and health practitioners (e.g. Registered Nurse). Included in the plan is how to care for the participants tracheostomy and ventilation requirements. See Care Planning Policy.

Staff are to nature and consequences of a participant's respiratory condition follow documentation procedures, including:

- How to identify and connect or assemble components of ventilation equipment according to instructions, and operate a ventilator and cleaning procedures,
- How to fit the breathing mask and equipment,



- How to monitor that the ventilation is working effectively, following trouble-shooting procedures to respond to alarms and maintain equipment, and recording requirements
- Reporting on signs and symptoms such as: unexplained dyspnoea; severe coughing; bleeding around tracheostomy site; haemoptysis; changes in consistency and colour of secretions; erythema or soreness around stoma.
- Immediate intervention strategies for: signs of respiratory distress, pressure sores and discomfort, common problems with ventilation and the actions required,
- Incident and emergency procedures

### STAFF TRAINING

National Community Care will train their Staff in ventilation management (invasive and non-invasive) subject to participant requirements. The Staff will hold relevant and additional qualifications and experience. National Community Care Staff will be competent in the high intensity support descriptor: support a person dependent on ventilation and can implement emergency procedures relevant to the participant and employment scope of practice.

### PROCEDURE BASICS

**Note: please refer to each participants individualised care plan.**

- Access Non-Invasive Ventilation resources through employee resources page: [Training Resources | NCC \(nationalcommunitycare.com.au\)](https://nationalcommunitycare.com.au)
- Have a basic understanding why the participant requires the NIV
- Familiarise yourself with the participant's individualised care plan requirements
- Familiarise yourself with the participant's machine.
- The manufacture manual will be assessable within the home
- Cleaning guideline will be available within the home
- Troubleshooting guide will be available within the home
- 24/7 on call support to NCC
- Call 000 in the event of respiratory distress and/or medical emergency.

### REFERENCE:

[Ventilation Non-Invasive Adults](#) – ACT Health



## BiPAP

A BPAP is a form of non-invasive ventilation (NIV) therapy used to facilitate breathing.

BPAP machines can be used in hospitals, and are also available for those who need them at home.

Home BPAP machines are compact — about the size of a toaster. The machine features a tube that connects to a mask which is worn over your nose and mouth.

Like other ventilators, BPAP machines use pressure to push air into your lungs. Depending on the settings, this opens the lungs, improving the level of oxygen in the blood and decreasing the carbon dioxide.

These machines are called “bilevel” because they have two air pressure settings:

- When you breathe in, BPAP machines deliver more air pressure. This is also known as inspiratory positive airway pressure (IPAP).
- When you breathe out, the machine reduces the air pressure. This is called expiratory positive airway pressure (EPAP).

Some BPAP machines have a timer that can be programmed to maintain a certain number of breaths per minute.

### **What’s a BiPAP machine used for?**

BPAP machines can be used at home to treat medical conditions that make it difficult to breathe.

Some conditions that it may be helpful for include:

- chronic obstructive pulmonary disorder (COPD)
- obesity hypoventilation syndrome (OHS)
- obstructive sleep apnea
- central sleep apnea
- amyotrophic lateral sclerosis (ALS)

### **How does a BiPAP machine differ from a CPAP machine?**

BPAP and CPAP machines have a lot in common. They both deliver positive air pressure (PAP) via a tabletop device connected to a tube and a mask. They can sometimes be used to treat the same conditions, and have similar side effects.

The main difference between a BPAP and CPAP machine is how the air pressure is delivered:

- BPAP machines deliver two levels of air pressure.
- CPAP machines deliver a continuous level of air pressure.

CPAPs are typically the first treatment option for people with obstructive sleep apnea. The continuous pressure holds the airway open and there’s no need for two pressures.

But BPAPs are an alternative when a CPAP machine isn’t working or well tolerated. They deliver a higher air pressure on inspiration, and drop the pressure on exhalation. This makes them more effective or more comfortable for some people with obstructive sleep apnea.

Another difference is that BPAP machines deliver two pressures. The more of a difference there is between the IPAP and EPAP, the more the machine helps with taking deeper breaths. This makes





them well-suited to treat breathing challenges caused by neurological conditions such as ALS and muscular dystrophy.

Some BPAP machines have a timer so that the machine will deliver pressure even if the person stops breathing or is too weak to breathe. This makes them good for central sleep apnea or severe neurologic conditions.

#### **What to expect if participant is using a BiPAP machine**

A respiratory specialist will typically set up the machine and this will be documented in the participant care plan. The machine needs to be calibrated and the settings adjusted according to your prescribed treatment.

Depending on the condition it's being used for, participant may be asked to use it all the time, some of the time, or only when sleeping. It's important to follow these instructions and to use it as prescribed.

The parts of a BPAP machine include a tabletop unit with a motor, tubing, and a mask. You should be familiar with all the parts, how they fit together, and how they work. The machine will come with clear instructions on how often to clean the mask and tubing.

Participant may find a BPAP machine uncomfortable to use at first. Encouragement may be needed as the participant is getting used to wearing the mask and the airflow from the machine. If this is still problematic for the participant, upline so National may ensure the prescribing healthcare provider can see if the settings can be adjusted, or if there's a different option that may work more favourably.

BPAP machines aren't loud, but the sound may still take some getting used to. Participant may want to consider wearing earplugs if the machine disrupts sleep.

#### **BiPAP machine side effects**

BPAP machines are fairly safe, and pose a low risk of side effects. Most side effects are mild. They may include:

- bloating
- general discomfort
- mouth dryness
- nasal dryness
- runny nose
- sinus pressure
- skin irritation from the mask

Report and side effects and encourage participant to talk to healthcare provider about symptoms. Often, adjustments can be made to alleviate side effects such as mouth or nasal dryness, and congestion.

If the mask's too tight on face and causes redness or indentation, try loosening it. If this doesn't help, there are mask liners that participant may wish to try, but the best option is often to try another size or style of mask.

It's important that the mask isn't too loose on face, since this can reduce the pressure that's needed for the BPAP to work properly.



You can prevent this by checking the edges of the mask to make sure air isn't escaping. Some machines even display a "mask leak" warning so you can see if it's working the way it should prior to leaving the participant.

Although infections are rare, they're possible. Attending employee needs to clean the mask and tubing regularly to reduce the risk of infection.

## C PAP

A continuous positive airway pressure (CPAP) machine is the most commonly prescribed device for treating sleep apnea disorders.

Obstructive sleep apnea (OSA) causes interruptions or pauses in breathing, often because throat or airways briefly collapse, or something temporarily blocks them.

A CPAP machine sends a steady flow of pressurized air into nose and mouth as participant sleeps. This keeps airways open and helps to breathe normally.

### **How does a CPAP machine work?**

A CPAP machine's compressor (motor) generates a continuous stream of pressurized air that travels through an air filter into a flexible tube. This tube delivers purified air into a mask that's sealed around your nose or mouth.

As you sleep, the airstream from the CPAP machine pushes against any blockages, opening your airways so your lungs receive plenty of oxygen.

Without anything obstructing this flow of oxygen, your breathing doesn't pause. As a result, you don't repeatedly wake up in order to resume breathing.

### **Are there different types of CPAP machines?**

CPAP devices all have the same basic components:

- a motor housed in a base unit
- a cushioned mask
- a tube that connects the motor to the mask
- a headgear frame
- "elbow" pieces that act as joints
- adjustable straps that allow you to customize the fit of the device

### **Different mask types**

Mask styles can vary with different CPAP machines. Which type you wear depends in part on your breathing habits, how comfortable the mask is for you to wear, and the kind of sleep apnea disorder you have.

The different types of CPAP masks include the following:

- **Nasal pillow mask.** This type of mask has a small cushion that caps over your nostril area. It may also have prongs that fit into your nostrils. This mask allows you to wear your glasses



easily. It also works well if you have lots of facial hair that may prevent a larger mask from fitting snugly.

- **Nasal mask.** This type is a cushioned mask that covers your whole nose area. It may be a better option if you tend to move around in your sleep. It can deliver a high-pressure airstream.
- **Full mask.** This type is shaped like a triangle and covers your mouth and nose. Your doctor might prescribe this kind of mask if you breathe through your mouth when you sleep or if you have a blockage of some kind in your nose.

#### **What's the difference between CPAP, APAP, and BiPAP machines?**

Other types of breathing machines include APAP and BiPAP devices. Here's how they differ:

- **CPAP device.** This device is programmed to produce pressurized air at one steady air pressure level. To change the air pressure, you have to reset the device's settings.
- **APAP (automatic positive airflow pressure) machine.** This kind checks your breathing throughout the night. It automatically adjusts the air pressure to compensate for changes in your sleep position or medications that may have changed your breathing.
- **BiPAP (Bi-level positive airflow pressure).** This device has two pressure settings, one pressure for inhaling and a lower pressure for exhaling. It's used for individuals who can't tolerate CPAP machines or have elevated carbon dioxide levels in their blood. BiPAP devices can also come with a backup respiratory rate for patients who have central sleep apnea. The backup respiratory rate ensures the person breathes, as the main problem with central sleep apnea is initiating breath.



## Ventilator

A medical ventilator is a machine that helps your lungs work. It can be a lifesaving machine if participant has a condition that makes it hard to breathe properly.

A medical ventilator is a machine that helps participants lungs work. It can be a lifesaving machine if they have a condition that makes it hard for participant to breathe properly or when they can't breathe on their own at all.

A ventilator helps to push air in and out of lungs so the body can get the oxygen it needs. Participant may wear a fitted mask to help get oxygen from the ventilator into lungs. Or, if condition is more serious, a breathing tube may be inserted down throat to supply lungs with oxygen.

Ventilators are most often used in hospital settings. A doctor or a respiratory therapist will control how much oxygen is pushed into your lungs by the ventilator and this is clearly identified in participant careplans.

Other names that a ventilator is known by include:

- respirator
- breathing machine
- mechanical ventilation

This article will go into more detail about when a ventilator may be needed, how it works, and what the risks are.

### **Why would one need a ventilator?**

Not being able to breathe properly on own is known as respiratory failure and is a life-threatening emergency.

If the brain, heart, liver, kidneys, and other organs don't get enough oxygen, they won't be able to function as they should. A ventilator can help get the oxygen needed in order for organs to function.

### **Health conditions**

Many types of health conditions can cause you to have difficulty breathing, such as:

- acute respiratory distress syndrome (ARDS)
- chronic obstructive pulmonary disease (COPD)
- asthma
- brain injury
- cardiac arrest
- pneumonia
- collapsed lung
- stroke
- coma or loss of consciousness
- drug overdose
- hypercapnic respiratory failure
- lung infection
- myasthenia gravis
- sepsis, an infection in your blood



- upper spinal cord injuries
- premature lung development (in babies)
- Guillain-Barré syndrome
- amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's disease

### **How long do you need to be on a ventilator?**

The length of time on a ventilator depends on the reason needed to help breathing.

Time on a ventilator is stipulated by the prescribing medical team individualised to the participants clinical needs. A ventilator won't cure an illness. The job of a ventilator is to keep you breathing.

### **How does a ventilator work?**

A medical ventilator uses pressure to blow oxygenated air into airways and to remove carbon dioxide from body.

Airway includes:

- nose
- mouth
- throat (pharynx)
- voice box (larynx)
- windpipe (trachea)
- lung tubes (bronchi)

Oxygen from a ventilator may be pushed into lungs in one of two ways: with a fitted mask or with a breathing tube.

### **With a face mask**

The use of a face mask to get oxygen into lungs is known as non-invasive ventilation.

With this type of ventilation, a fitted plastic face mask is placed over both nose and mouth. A tube will be connected from the face mask to the ventilator, which will push air into lungs. This method is typically used in cases where breathing issues are less severe.

There are several benefits to this method of ventilation:

- It's more comfortable than a breathing tube that goes down throat.
- It doesn't require sedation.
- It allows ability to talk, swallow, and cough.
- It may lower the risk of side effects and complications, such as infection and pneumonia, which are more common with breathing tube ventilation.

### **With a breathing tube**

For more severe cases, a breathing tube may be inserted into throat and down windpipe. This is known as invasive ventilation. Sedation is usually required before this procedure is done, as it can cause pain and discomfort.



The breathing tube that's inserted into windpipe is connected to a ventilator that forces air into airways so the body will be able to get the oxygen it needs.

If on a ventilator for an extended period of time, a need for a tracheostomy may be required. This involves a surgeon making a hole in the front of your neck. A tube will be inserted into your trachea, below your vocal chords, and then connected to a ventilator.

A tracheostomy may also be used to help wean you off a ventilator if you've been on it for a long time and/or can be used in conjunction depending on individualised needs.

### **What to expect on a ventilator**

Being on a ventilator while you're conscious can be very uncomfortable, especially if on a ventilator that has a breathing tube down throat. Person can't talk, eat, or move around while connected to the ventilator.

If on a ventilator with a face mask, participant will likely be able to talk, swallow, and cough.

### **How you're monitored**

If on a ventilator, it's likely a need for other medical equipment that monitors overall.

- heart rate
- blood pressure
- respiratory rate (breathing)
- oxygen saturation
- You may also need regular chest X-rays or scans.
- Additionally, participants medical team may order regular blood tests to check how much oxygen and carbon dioxide are in blood.

### **Risks of being on a ventilator**

A ventilator can save a life. However, like other treatments, it can cause potential side effects. This is more common if on a ventilator for a longer period of time.

Some of the most common risks associated with being on a ventilator include:

- **Infection.** This is one of the main risks of being on a ventilator with a breathing tube. Fluid and mucus build-up in your throat and windpipe can allow germs to accumulate on the breathing tube. These germs can then travel into your lungs. This can raise the risk of developing pneumonia. Sinus infections are also common with a breathing tube. Participant may need antibiotics to treat pneumonia or sinus infections.
- **Irritation.** The breathing tube can rub against and irritate throat or lungs. It can also make it hard to cough. Coughing helps to get rid of dust and irritants in lungs.
- **Vocal cord issues.** A breathing tube passes through voice box (larynx), which contains vocal cords. This is why participant can't speak when using a ventilator. The breathing tube can damage voice box.
- **Pulmonary edema.** The air sacs lungs can get filled up with fluid.



- **Blood clots.** Lying in the same position for a long time can increase the risk of blood clots forming.
- **Sedation-related delirium.** This can be caused by the sedatives and many other medications given to an individual who is on a ventilator with a breathing tube.
- **Impairment of nerves and muscles.** Lying still for many days, being sedated, and not breathing on own can result in disorders of nerves and muscles.
- **Fluid overload.** This can be caused by continuous infusions, drug toxicity, and renal failure.
- **Lung injury.** A ventilator can cause lung damage. This can happen for several reasons:
  - too much air pressure in the lungs
  - air leaks into the space between the lungs and chest wall (pneumothorax)
  - oxygen toxicity (too much oxygen in the lungs)