



**Bilingual Care Worker
Cooperative of Australia
Limited**

**Aged Care Policy & Procedure Manual:
Part 3 – Service Delivery and Clients**

Last Updated: 16 February 2025

Table of Contents

Advocacy Policy	1
Assessment and Review Policy and Procedure	4
Service Access Policy	14
Service Exit Policy and Procedure	19
Care Planning Policy and Procedure	23
Advanced Care Planning & End of Life Care Policy	29
Client Rights and Responsibilities Policy	36
Decision Making & Choice Policy and Procedure	41
Case Management and Consumer Care Policy	46
Client Participation and Social Inclusion Policy	49
Suspected Elder Abuse & Abuse Policy	51
Client Incident Management (incl. SIRS) Policy	56
Client Non-Response to a Scheduled Visit Policy	68
Missing Client Policy	71
Aboriginal and Torres Strait Islander People Policy	73
People who Live in Rural and Remote Areas Policy	77
People who are Homeless or at Risk of Becoming Homeless Policy	79
Working in a Care Recipient's Home Policy	81
Complex Wound Management Policy	85
Infection Control Policy	91
COVID-19 Policy	99
Lifestyle, Independence and Wellbeing Policy	103
Assistance with Daily Living Activities Policy	107
Challenging Behaviour Management Policy	110
Falls Prevention Policy	119
Food Safety Policy	123
Home and Yard Maintenance Policy	125
Household Cleaning Policy	129
Hydration and Nutrition Policy	133
Medication Management Policy	137
Pain Management Policy	148
Restraint Policy	152
Suicide and Self-Harm Policy	156
The Death of a Client Policy	159
Transporting Clients Policy	163

Waste Management Policy	166
Professional Boundaries Policy	175
Client Money and Property Policy	179
Client Home Care Package Budget Management Policy.....	182
Emergency Planning Policy.....	185

Advocacy Policy

1. Policy

Clients, their families and representatives actively participate in decisions relating to their wishes, needs and goals. They are encouraged to provide feedback, advise of changes and raise any areas of concern.

Some people find it difficult to speak for themselves. This may be due to a lack of confidence, reduced cognition, and difficulties with communication or feeling intimidated by the situation.

In such situations, an advocate can support the person to express their views or where this is not possible, to speak on their behalf.

Support Workers will respond effectively to the involvement of advocates on behalf of our clients and assist our clients, wherever possible, in accessing an advocate of their choice.

2. Purpose

To guide practice in supporting and standing with an individual, encouraging them to participate in all decision assisting them to express their needs, preferences, goals and values to protect and promote their rights and interests.

3. Care Procedure

Bilingual Care Worker Cooperative of Australia Limited promotes and protects the legal rights of each client to:

- be regarded as a unique and valued individual
- have their beliefs, values and wishes respected
- make informed decisions about their life
- be consulted about matters that will affect their quality of life.

Clients have the right to:

- quality of care in a safe and secure environment
- privacy, dignity and respect
- express their individuality and independence
- get information, the right to choose, and the right to make a complaint
- have access to an advocate of their choice.

Bilingual Care Worker Cooperative of Australia Limited will ensure that all clients are:

- provided with information and advice about their rights and responsibilities
- assisted to resolve problems or complaints
- aware of their right to have an advocate to represent their interests
- informed regarding advocacy options and resources
- assisted to access and use an advocate as required
- listened to, issues are clarified and addressed

- empowered through information to take control of their lives.

Support Workers / RNs / ENs may advocate on behalf of their clients when dealing with external parties. In this role, the Support Worker / RN / EN is representing the client, at their request, to ensure best quality outcomes for the client.

Bilingual Care Worker Cooperative of Australia Limited staff acknowledge and understand the role of advocates and are able to work with an advocate.

Bilingual Care Worker Cooperative of Australia Limited encourages clients to seek the assistance of a NOK/family member, friend or an advocacy service (e.g. Older Person's Advocacy Network (OPAN)) when making decisions. Client appointed advocates may speak on the client's behalf at any times, as determined by the client.

If the client would like a formal Advocate to act on their behalf, they, their family or the Support Workers / RNs / ENs can contact the:

National Aged Care Advocacy line on 1800 700 600;

or visit the My Aged Care Advocacy Web Page <http://www.myagedcare.gov.au/how-make-complaint/advocacy-services>

If a Support Worker / RN / EN is concerned that a client's ability to make informed decisions is compromised, they may explore whether Guardianship and Administration would be appropriate. This requires gaining informed consent by a person with legal authority and, where required, approval by the appropriate government institution for the Public Guardianship.

4. Working with an Advocate

It is essential that if a client utilises an advocacy service, then the details of that representative must be recorded and maintained within Bilingual Care Worker Cooperative of Australia Limited's headquarters. It is crucial that all key personnel within Bilingual Care Worker Cooperative of Australia Limited, are knowledgeable of all advocates that are present.

It is important that a client's needs are met and attended to. Bilingual Care Worker Cooperative of Australia Limited will ensure to clearly communicate to a client's assigned representative the important aspects of their lives. The advocate should be involved with things such as setting personal goals, planning referrals or services responses and assessments for further services.

5. Primary Assessment of Client (client without an advocate)

Bilingual Care Worker Cooperative of Australia Limited will confer with clients regarding their right to obtain and request a representative to assist with their communication and/or decision making. They are granted the opportunity to enquire to have an advocate present to help translate and provide answers on their behalf.

All communication will be recorded and maintained in the individual's personal file.

6. Primary Assessment of Client (clients with an advocate)

If an individual is currently utilising an advocate and their services, it is Bilingual Care Worker Cooperative of Australia Limited key personnel's responsibility to record and document all their details. This will be safely stored in a designated location which will be informed by key personnel to all individuals within Bilingual Care Worker Cooperative of Australia Limited.

It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited to communicate and contact a client's chosen representative to create awareness of the client's decision. It is also critical for Bilingual Care Worker Cooperative of Australia Limited to schedule a client's primary assessment, where their advocate is able to attend. If the chosen advocate is unable to be present, then Bilingual Care Worker Cooperative of Australia Limited must provide any identified advocate to represent the client.

If for any reason a client is seeking to alter their current advocate, then it is Bilingual Care Worker Cooperative of Australia Limited's duty to create awareness and assistance in helping client to meet their desires. It is an individual's right to change their existing advocate for an alternative representative.

7. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 4 - Services and Supports for Daily Living
- Standard 7 - Human Resources
- Standard 8 - Governance

Assessment and Review Policy and Procedure

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited continuously refers to the Assessment and Review Policy and Procedure to carry out the appropriate methods to assessing, planning and reviewing client support plans, care plans and service plans. This policy and procedure extend to all clients of Bilingual Care Worker Cooperative of Australia Limited, their families, carers and other advocates.

It ensures the correct protocols are put into place in order to promote the highest quality of care provision to clients. It allows them to receive all care and services in accordance with their requirements, goals, preferences etc.

This extends to all employees and meets relevant laws and regulations and standards.

2. Definitions

Therapeutic approach	A 'therapeutic approach' is the lens through which a counsellor addresses their clients' problems. Broadly speaking, the therapeutic approaches of counsellors fall into two categories: behavioural and psychodynamic. Behavioural approaches are usually short-term and address your behaviour and thought patterns.
Budget	The individualised budget outlines the available funds within a client's package and how the funds will be spent.
Care Plan	A plan that is developed with clients that explores their needs, preferences, goals and care requirements and the ways they want to be supported to achieve these. Planning will have a different focus for each person.
Duty of Care	A legal obligation to avoid causing harm or to prevent harm occurring to another person through any act that is careless or negligent and arises from a relationship between parties. Health and aged support workers have a duty of care to the older people they are assisting.
Dignity of Risk	Respecting each individual's autonomy and self-determination (or "dignity") to make choices for themselves.
Home Care Agreement	An agreement between Bilingual Care Worker Cooperative of Australia Limited and a client that sets out how services will be provided, who will provide them and how much they will cost. This agreement includes a Care Plan and an Individualised Budget. This agreement will be updated in line with program requirements and as care needs change. This process is referred to throughout this policy as planning.
Security of Tenure	As per the User Rights Principles 2014, security of tenure relates to the responsibility of each provider to provide the home care services as agreed with each client. Providers may cease providing home care to clients only if: <ul style="list-style-type: none"> clients can no longer be cared for in the community with the resources available via the Home Care Package program; clients notify their provider, in writing, that they wish to relocate to an area outside of the providers current service/catchment area; clients notify their provider, in writing, that they no longer wish to receive their home care;

	<ul style="list-style-type: none"> • the client's condition changes to the extent that: <ul style="list-style-type: none"> - the client no longer needs home care; or - the client's needs, as assessed by an aged care assessment team/service, can be more appropriately met by other types of services or care; or - the client has not paid to the approved provider, (for a reason within the client's control), any home care fee specified in the home care agreement between the client and the approved provider; and has not negotiated an alternative arrangement with the approved provider for payment of the home care fee; or - the client has intentionally caused serious injury to a staff member of the approved provider; or intentionally infringed the right of a staff member of the approved provider to work in a safe environment.
Wallet Check	An identity verification process required for My Aged Care client portal. Service providers are required to sight two types of client identification documents and confirm that they have sighted the original document on the client's record via the My Aged Care portal. This process only needs to occur once.

3. Policy

Bilingual Care Worker Cooperative of Australia Limited implements the Assessment and Review Policy which details the required planning and support that is offered by Bilingual Care Worker Cooperative of Australia Limited and its workers. It aims to provide planning or case management services with knowledge in developing confidential, community and independent approaches as one of their key functions. Bilingual Care Worker Cooperative of Australia Limited will always offer clients specific preparation support, such as by providing advice, details and recommendations concerning service delivery.

If a client seeks support planning assistance which extends above the limitations of this policy and procedure, the client will be allocated to an appropriate service provider. Referencing and connecting a client to the relevant service provider will span over 3-5 working days.

Assessment tools will be continuously utilised and the responsibility for Assessment and Review will belong to the Care Manager of Bilingual Care Worker Cooperative of Australia Limited. Workers will be required to utilise a caring, therapeutic approach that is classified as best practice.

Every assessment conducted is to be conducted in accordance with the complexity of needs, requirements, goals, special needs and preferences. Re-assessment will be completed regularly by the Care Manager in order to ensure all clients' needs and requirements are being met at all times. Bilingual Care Worker Cooperative of Australia Limited understands that changes and alterations to care and service may occur frequently and therefore will utilise this policy and procedure in order to ensure compliance with each individual client's requirements and to make sure their needs are being met.

Re-assessment and review allow Bilingual Care Worker Cooperative of Australia Limited to minimise any potential risks or hazards that could occur should Bilingual Care Worker Cooperative of Australia Limited fail to operate in accordance with a client's requirements.

4. Procedure

The Assessment and Review Procedure presents Bilingual Care Worker Cooperative of Australia Limited with guidance and support to assist clients to take on various responsibilities regarding their care. Management of Bilingual Care Worker Cooperative of Australia Limited must always take into consideration the desires of the client on acceptance or rejection of specific support services.

Service providers offering current or similar services to clients will be included in the assessment and review practices of clients if they provide their consent. Management personnel are required to discuss the rights and responsibilities of clients with them in reference to assessment and review of their documents or care provision.

If physical access concerns are identified, Bilingual Care Worker Cooperative of Australia Limited management will consider if the premises are accessible to the individual and, if it not, how they can be made accessible. Where required, an interpreter or advocate may be used to confirm the client's verbal understanding.

This assessment and review process will entail assessment or re-assessment of the following, however, is not limited to:

- the client's personal details such as age, living arrangements, whether they identify with a cultural group including Indigenous Australians, sexual identity, religious and spirituality identity
- their values, beliefs and past experiences,
- their primary and other languages;
- any communication or mobility/lifestyle aids;
- the client's support network, and how they can be supported to engage with this;
- Enduring Power of Attorney details (and whether enacted);
- the client's current and historic medical conditions and current treatment (including clinical and medicinal and any allergies or intolerances);
- goals
- preferences
- fees/budget
- Care Plan
- any Advanced Care Plans or End of Life wishes
- the client's current health status such as hearing, vision, swallowing and oral health, reflexes, continence, dietary needs/preferences
- the client's understanding of their health and well-being and expectations for care
- any barriers to community participation and strategies that could be put in place to help the client overcome them
- the client's current lifestyle such as smoking, alcohol, sleep pattern and social schedule;
- neurological/cognitive functioning such as their memory, judgement, mood, diagnosed dementia/Alzheimer's or similar

- how, when, and where the client requires supports to be delivered
- independence
- mental health
- incidents, complaints or feedback
- dietary requirements
- mobility access
- abilities and challenges
- risk assessments
- behavioural assessments etc.
- review of LMO/GP referrals and other allied health service referrals.

Assessments will initially be conducted with the client and Bilingual Care Worker Cooperative of Australia Limited. The Care Manager will arrange assessment interview times with the client and any of their required personnel such as their family, advocate, carer or representative.

The Care Manager will be required to identify all of the above-mentioned items during the assessment. This assessment process will be thoroughly explained to the client and all information will be collected as appropriate. Privacy and confidentiality will always be maintained in accordance with the associated policy and procedure.

In the situation where another worker undertakes the assessment, the Care Manager must review the assessment undertaken. Only workers trained in conducting assessments will be able to conduct assessments and reviews. These persons are the Care Manager, Registered Nurses and External Qualified Health Care Professionals.

All assessment forms, as well as hours spent with clients and their relevant personnel will be retained in hard copy in Bilingual Care Worker Cooperative of Australia Limited's filing cabinet as well as in soft copy format on the CRM system folder under a lockable password. These systems will be maintained in the Record and Information Keeping Policy and Procedure.

Reviews will be planned in advance by the Care Manager within the documented review date time frame. All changes to care will be documented and approved by the client or their relevant personnel. New plans will be developed, and workers will be required to review the new plan/document before recommencing care. The Care Manager will notify the client and any of their relevant personnel of the review date 1 week prior to the scheduled consultation.

A review may be required in various circumstances, additional to the next scheduled review date.

Reviews may be required in the following situations:

- If a client requires urgent changes or alterations to their Care Plan or Service Plan due to their care or service provision requirements.
- If a client requires additional support.
- If a client's health has dramatically decreased (e.g. due to a newly diagnosed disease).
- If the client has recently suffered from an illness, injury or accident.
- The use of most or all contingency funds.
- If the client has required hospitalization.

- If the client's family, representative or advocate requests a review on reasonable grounds.
- If the client has altered living or changed living arrangements such as moved homes.
- If the client has received a referral from a specialist or external health care professional that requires alteration to care or service provision.
- If a DVA client has been receiving community nursing services for 12 months (if there has been 13 consecutive 28-day claim periods), or they have been transferred from another community nursing provider.
- If a client has been received assistance with self-administered medication of Schedule 8 drugs from a Dose Administration Aid for 7 days (must be conducted by an RN or EN with an approved qualification in administration of medicines).
- If a client has Exceptional Case status, they must be seen by an RN at least once per week.

Upon completion of the review, a second review date will be documented. This process will continue until the client is no longer in care or service of Bilingual Care Worker Cooperative of Australia Limited. At a minimum, reviews will be conducted annually on the date of the client's preference or availability.

5. Dignity of Risk

Staff must accept the client's wishes with respect to accepting or rejecting particular support options.

Bilingual Care Worker Cooperative of Australia Limited respects each client's right to make choices for themselves that may involve risks as per Bilingual Care Worker Cooperative of Australia Limited's Decision Making & Choice Policy and Procedure and will identify and educate each client and/or their representative about any assessed risks to ensure they understand them clearly.

It is the Care Manager's responsibility to use a problem-solving approach when working with a client to manage or minimise a risk identified during initial assessment. Where possible, Bilingual Care Worker Cooperative of Australia Limited aims to continue meeting each client's needs, goals and preferences where a risk has been identified.

6. Documentation

As part of the Initial Assessment meeting, the Care Manager is responsible for completing the following with clients and/or their representatives:

- Home Care Agreement,
- Home Care Budget,
- Care Plan, and
- any other legislated or organisation required documentation such as:
 - Bilingual Care Worker Cooperative of Australia Limited's consent documentation;
 - view/copy client's Home Care Package allocation and level letter;
 - view/copy client's Income Test Fee outcome letter (where applicable);
 - complete Wallet Check requirements;
 - view/copy Enduring Power of Attorney documentation (where applicable);

- any fee payment documentation such as Direct Debit/ezidebit (where applicable);
- Medication Plan and Consent (if applicable);
- Charter of Aged Care Rights (as per Bilingual Care Worker Cooperative of Australia Limited's Client Rights and Responsibilities Policy and Procedure);
- Home/Client Risk Assessments; and
- Client's In-Home Communication Folder.

7. Home Care Agreement

Staff must work with clients and their supporters to formalise the services to be provided by Bilingual Care Worker Cooperative of Australia Limited in a Home Care Agreement. The Home Care Agreement is tailored to the individual needs of each client and must be completed within 7 days of initial client intake/request.

A client's Home Care Package cannot be accepted (via My Aged Care) and services commence unless the client has entered into a Home Care Agreement and Bilingual Care Worker Cooperative of Australia Limited has documented this (verbal or signature acceptance).

The Care Manager is responsible for ensuring clients and/or their representatives understand the contents of the Home Care Agreement and each parties' responsibilities within it.

The Home Care Agreement must include:

- the date the agreement is entered in to;
- Bilingual Care Worker Cooperative of Australia Limited's details;
- the client's details;
- any client representative's details;
- the commencement date for care and services;
- whether the client is transferring from another home care provider and the details in relation to this;
- the current home care package availability level and the client's eligibility level;
- that the care and services are to be delivered via a consumer-directed-care model (and what this means);
- description of and the inclusion of the Care Plan;
- description of and the inclusion of a budget and any fees to be charged/paid;
- Bilingual Care Worker Cooperative of Australia Limited's responsibilities;
- client's responsibilities;
- services available and any reasons why a service request may be declined;
- details of client's monthly statements, the cost of care and how fees are calculated;
- what notice is needed for the client to change, suspend or leave the Home Care Agreement, how this is done and what the conditions and exit costs (if any) are when ceasing Bilingual Care Worker Cooperative of Australia Limited's services;
- suspension of services and any requirements;

- details of equipment provision/ownership and Work Health and Safety responsibilities;
- information sharing and assignment conditions;
- what Bilingual Care Worker Cooperative of Australia Limited's obligations are where a client chooses to move to another provider;
- involvement of a Power of Attorney details;
- details of any costs, stamp duty or GST;
- conditions surrounding requests to vary the agreement;
- how a client and/or their representative can make a complaint or raise any concerns they may have, how they will be addressed and how to escalate to the Aged Care Quality and Safety Commission;
- guarantee and indemnity requirements if applicable; and
- Bilingual Care Worker Cooperative of Australia Limited's commitment to protecting client's privacy.

Whilst it is not a mandatory requirement that the Home Care Agreement be signed by the client and/or their representative, the Care Manager is responsible for ensuring each client and/or their representative has the opportunity to sign the agreement to demonstrate their understanding and acceptance. This also includes the client and/or their representative having sufficient time to peruse the agreement in their own time and/or seek legal advice regarding its contents.

If a client wishes to accept the agreement however does not wish to sign and does not have an authorised representative to sign on their behalf, the Care Manager must continue to review the contents of the agreement with the client at each Reassessment/Review. This ensures they continue to understand and accept the agreement and are given further opportunities to sign. All information surrounding the client's decision not to sign should be documented and the record kept on the client's file.

Where a client chooses not to enter into the agreement (however accepts the conditions and care and services commencing as above), the Care Manager is responsible for documenting the reasons why an agreement is not in place and the basis of the care being provided in the client's file.

In accepting the Home Care Agreement with each client, Bilingual Care Worker Cooperative of Australia Limited commits to upholding client's rights to security of tenure, ensuring each client receives home care package services for as long as needed.

Should Bilingual Care Worker Cooperative of Australia Limited need to cease the home care agreement and the client's security of tenure (due to reasons as defined within the User Rights Principles 2014 and outlined above in Definitions of this policy and procedure), all reasonable steps must be taken to communicate with the client and/or their representative to resolve any issues or concerns as per Bilingual Care Worker Cooperative of Australia Limited's Feedback and Complaints Policy and Procedure first and foremost.

See Bilingual Care Worker Cooperative of Australia Limited's Service Exit and Transition Policy and Procedure for further details of the cessation of client's care and services.

8. Care Plan

Each client is pivotal in the development of their Care Plan to ensure it outlines their specific and individual care needs and how these will be met.

It is the Care Manager's responsibility to partner with clients and/or their representatives to develop the Care Plan together respecting the clients right of choice and control over their care and services.

When developing each client's Care Plan, the Care Manager is responsible for ensuring support provided:

- supports them to maintain and strengthen their independence, social connections, and any activities they wish to continue or return to doing;
- respects their right to practice their culture, values and beliefs; and
- helps them remain in control of their choices.

For detailed information in relation to Bilingual Care Worker Cooperative of Australia Limited's Care Plan development and implementation processes please see the Care Planning Policy and Procedure.

9. Budget

Following the assessment of client's needs and the planning of their services, the Care Manager is responsible for developing a Home Care Package Budget with each client to ensure they understand:

- the portion of Government subsidy (and supplements if eligible) that contributes towards their care and services;
- any unspent funds that have been transferred as part of a package transfer from previous provider (where applicable);
- any fees the client can be asked to pay (such as Basic Daily Care Fee, Income Tested Fee and any additional fees agreed to); and
- the hourly rate charged for each of their care and services and how that contributes to the total amount of funds spent on their care each week/fortnight/month/year.

The Care Manager is responsible for working with each client and/or their representative to ensure all care and services required are achievable within the client's specific package budget.

The Care Manager and client and/or their representative signature within the budget demonstrates agreement of both parties to the care and services to be provided, fees to be charged and any other details within the budget document.

Where changes are made to a client's Care Plan, Bilingual Care Worker Cooperative of Australia Limited's costs change or clients and/or their representative request a review of the package budget, the Care Manager is responsible for developing an updated budget with clients and/or their representatives. Where the budget is to be updated, the same processes apply as above for initial budget establishment.

10. Records

Records of all documentation and the outcome of the assessment will be recorded within the client's file and electronic record in the Client Management System.

A copy of any documents signed and recorded must be provided to the client and/or their representative. Where the client chooses not to take a copy, staff must include a case note on the client's file explaining the reasons why the client did not receive a copy of their documentation.

11. Clients Transitioning to Bilingual Care Worker Cooperative of Australia Limited from Other Services

Where a client is transferring from another service provider, Bilingual Care Worker Cooperative of Australia Limited must seek consent from the client and/or their representative to contact the previous provider to discuss or obtain the person's support requirements, previous Care Plan and any information about their needs and goals in order to assist their transition.

Any information pertaining to the client's package funds (unspent funds) must also be obtained to ensure efficient and correct care and budget planning as the clients transfers to Bilingual Care Worker Cooperative of Australia Limited.

The Care Manager is responsible for confirming with the client and/or their representative and the previous provider clear timeframes for the transition and who is responsible for managing the steps involved in the transition, with the aim of minimising the impact of change on the client. In addition, risks associated with the transition must be identified, documented and responded to.

12. DVA Community Nursing Clients

When an entitled person is assessed as requiring low level personal care services up to and including 1.5 hours per week and the entitled person does not have a clinical need for any other community nursing services, the personal care services should be provided through VHC program.

When an entitled person is assessed as requiring low level personal care services up to, and including, 1.5 hours per week and the entitled person has a clinical need for community nursing services, all of the personal care services required should be provided through the DVA Community Nursing program.

If the personal care services should be provided through the VHC program, the CN provider should refer the entitled person to a VHC Assessment Agency on 1300 550 450.

When an entitled person is assessed as requiring higher level personal care services (more than 1.5 hours per week), regardless of whether the entitled person also has a clinical need, the personal care services should be provided through the DVA Community Nursing program.

13. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Care Plan
- Care Planning Policy and Procedure
- Advanced Care Plan
- Advanced Care Planning & End of Life Care Policy and Procedure
- Feedback Register
- Compliments, Complaints and Feedback Form

- Complaint Register
- Complaints and Feedback Policy and Procedure
- Service Access Policy and Procedure
- Advocacy Policy and Procedure
- Record and Information Keeping Policy and Procedure
- Client Risk Assessment Form
- Client Environment/Home Risk Assessment
- Pain Assessment Form
- Health and Safety Risk Assessment
- Behaviour Assessment
- Audit, Internal Assessment and Review Schedule

14. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 4 - Services and Supports for Daily Living
- Standard 7 - Human Resources
- Standard 8 - Governance

Service Access Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited utilises the Service Access Policy and Procedure to protect people’s right to receive adequate services that suit their requirements, and which are delivered in a clear and equal manner.

Bilingual Care Worker Cooperative of Australia Limited advocates equal rights and enjoyment by all individuals, in line with human rights and basic freedoms, and consideration of their inherent worth.

Bilingual Care Worker Cooperative of Australia Limited will always provide clear and concise updates to prospective and current clients as well as their family, advocates, or representatives on access to services, capability, opportunity, or possible delays in assistance when entering services with Bilingual Care Worker Cooperative of Australia Limited. This allows procedures to be consistent and ensures a highly satisfactory departure from the organisation if required.

This policy and procedure will aim to provide opportunity and independence for all prospective and current clients which is supported by Bilingual Care Worker Cooperative of Australia Limited, including family, Support Workers, representatives, advocates etc.

Bilingual Care Worker Cooperative of Australia Limited understands that we may not be equipped and trained to include the appropriate or required assistance, care, or service for all clients. This may be for prospective or current clients. Should this occur, Bilingual Care Worker Cooperative of Australia Limited will assist clients to access suitable services elsewhere. This policy provides direction for Bilingual Care Worker Cooperative of Australia Limited’s workers when considering the referral or request for supports and services to the organisation.

2. Definition

Eligibility	The state of having the right to do or obtain something through satisfaction of the appropriate conditions.
Advocates	A person who puts a case on someone else's behalf.
Interpreter	A person who interprets, especially one who translates speech orally or into sign language.

3. Policy

Bilingual Care Worker Cooperative of Australia Limited refers to the Service Access Policy and Procedure to evaluate and determine the eligibility of clients, assess priority and to plan waiting lists fairly, equally and responsibly. This is completed in conjunction with the Charter of Aged Care Rights.

Bilingual Care Worker Cooperative of Australia Limited implements the use of appropriate strategies of communication in order to appropriately converse with a diverse mix of people.

Resources will be easy to comprehend, and easily obtainable. Bilingual Care Worker Cooperative of Australia Limited will collaborate with other external agencies where required, also putting high effort into community involvement in order to exchange intelligence and set up specific systems that put the needs of people at the centre of assistance.

All prospective clients receive thorough information as well as undergo initial consultation with Bilingual Care Worker Cooperative of Australia Limited's personnel in order to allow clients, their families, advocates or representatives to make informed decisions and choices that are understandable, respectful and transparent.

Bilingual Care Worker Cooperative of Australia Limited is focused on delivering a clear and straightforward commitment to all individuals with a high level (and low-intermediate level) of care designed to meet needs and requirements.

Bilingual Care Worker Cooperative of Australia Limited prides itself on providing equal opportunity and access for all clients. Therefore, those clients who have been refused from other services or providers will not be disadvantaged at Bilingual Care Worker Cooperative of Australia Limited. As a general rule, Bilingual Care Worker Cooperative of Australia Limited will utilise My Aged Care for the primary referral source of clients.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited will aim to assist new and current clients with service access depending on their eligibility, preferences, goals, package, requests etc.

Enquiry or Referral Intake

Upon receiving phone calls for referrals, the delegated Manager of Bilingual Care Worker Cooperative of Australia Limited will be required to assist the client or their representative in all aspects they require. This key personnel/manager will usually be the Care Manager.

The Care Manager will be required to explain how care and service provision works, fees etc. They will be required to organise assessment, care planning, inform My Aged Care, assist them with referral to another service, assess their eligibility, review reports, documents and referrals, and also assesses the potential and ability for Bilingual Care Worker Cooperative of Australia Limited to provide the requested services.

Eligibility

Client eligibility will be determined by Bilingual Care Worker Cooperative of Australia Limited, based on Bilingual Care Worker Cooperative of Australia Limited's ability to provide best care and service provision as well as prioritise the need and demand for services. This will be based on the client's requirements.

Bilingual Care Worker Cooperative of Australia Limited will examine the individual needs of every client during the intake procedure. The client, their family, advocate, representative etc. Bilingual Care Worker Cooperative of Australia Limited also have the right to make a determination of whether the client needs an interpreter.

If so, Bilingual Care Worker Cooperative of Australia Limited will provide accordingly. Once recognising that a communication or cultural barrier is in place, Bilingual Care Worker Cooperative of Australia Limited may appoint a translator or liaise with a suitable outside organisation to support the client.

Bilingual Care Worker Cooperative of Australia Limited will inform clients on their ability to exercise their rights of having an advocate with them.

Bilingual Care Worker Cooperative of Australia Limited's management always aim to schedule a consultation meeting with the client and any of their support team in less than five business days of the initial enquiry, or earlier if the requirements of the individual are regarded serious and urgent.

Beginning Service Provision

Upon Bilingual Care Worker Cooperative of Australia Limited agreeing to providing service to clients, they will be provided with a Service Agreement to read, complete and sign. It will be provided in the client's preferable format or language. Bilingual Care Worker Cooperative of Australia Limited will maintain all documentation, information, reports and referrals from clients within their personal client file. In the situation where clients do not follow through with our services, Bilingual Care Worker Cooperative of Australia Limited will shred and appropriately dispose of all documentation on file in accordance with the Record and Information Keeping Policy and Procedure.

The Care Manager will then be required to create a Care Plan as per the Care Planning Policy and Procedure. The Care Manager will also be responsible for monitoring the amount of new client enquiries and provide monthly statistical reports to the Managing Director.

Should the situation occur where a client is seen as eligible for service, however there is no position or service provision available, the client will be placed on a waiting list for Bilingual Care Worker Cooperative of Australia Limited and will also be referred to another provider should they wish.

Refusal

In the situation where care and service provision will not be offered, the individual should be presented with a justified reason depending on the qualifying criteria, access priority specifications or waiting list systems of Bilingual Care Worker Cooperative of Australia Limited.

Bilingual Care Worker Cooperative of Australia Limited may deny providing services to an individual in circumstances where Bilingual Care Worker Cooperative of Australia Limited has no resources to accommodate the client's particular requirements. In this case, Management will provide reasoning regarding the acceptance/refusal of services and the options available, such as:

- **Waiting List Process:** Management of Bilingual Care Worker Cooperative of Australia Limited will be required to communicate with individuals that are placed on Bilingual Care Worker Cooperative of Australia Limited's waiting list once every 3 months. This is to confirm they wish to stay on the wait list, inform them of their current position on the list, provide an evaluation of the time remaining on the wait list, or offer any appropriate recommendations for other providers. These methods will maintain wait list times and volume to a manageable standard. Further services can be presented when supported by necessity and Bilingual Care Worker Cooperative of Australia Limited's resources permit.
- **Continuous Improvement:** Bilingual Care Worker Cooperative of Australia Limited retains a

database of clients that have been denied a service, explaining the conditions of the inadmissibility as well as, where applicable, the conditions for being put on the waiting list. Connection, service rejection, and comparative details should also be monitored in the client management framework of Bilingual Care Worker Cooperative of Australia Limited to always guide the continued improvement.

- **Alternative Supports:** Bilingual Care Worker Cooperative of Australia Limited will always operate in coordination with all clients denied services and (through expressed permission) their advocates to assess which complementary resources and recommendations are best suited to their conditions and preferences. Only with the individual's expressed permission, may Bilingual Care Worker Cooperative of Australia Limited conduct the referral process to another agency.

Appeal

Every client whose service is declined has the opportunity to challenge the judgement of Bilingual Care Worker Cooperative of Australia Limited management. This should be submitted in writing. Complaints will be submitted to Bilingual Care Worker Cooperative of Australia Limited's Management or Managing Director which must reach a decision. Where applicable, workers may provide assistance to an appealing individual either by composing their suggestions to Management for analysis or directing the individual to an interpreter or translator service for further communication assistance.

Towards the end of the assessment, documented guidance will be given to anyone not satisfied with their appeal. Operation will be conducted in accordance with the Feedback and Complaints Policy and Procedure.

DVA Community Nursing Services

Bilingual Care Worker Cooperative of Australia Limited will deliver community nursing services in line with the industry recognised, evidence-based best practice and ensure appropriately qualified RNs, ENs or Nursing Support Staff provide all services within the 28-day claim period and that a contact number is available 24 hours a day, 7 days a week.

Relevant qualifications and ongoing training/refreshers required of these roles can be found in our Human Resources Policy, Recruitment Selection & Onboarding Policy, and our Learning and Development Policy.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Advocacy Policy and Procedure
- Complaints and Feedback Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Service Agreement
- Record and Information Keeping Policy and Procedure
- Care Plan
- Care and Service Plan

- Care Planning Policy and Procedure
- Compliments, Complaints and Feedback Form
- Feedback Register
- Complaint Register
- Complaints and Feedback Policy and Procedure

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 4 - Services and Supports for Daily Living
- Standard 5 - Organisations Service Environment
- Standard 7 - Human Resources
- Standard 8 - Governance

Service Exit Policy and Procedure

1. Policy

Clients have the right to terminate their service provision and any time, and this decision will not prejudice future access to the service. Exit procedures are fair, transparent, follow due process, uphold the rights of clients and protect the safety and integrity of Bilingual Care Worker Cooperative of Australia Limited staff, clients, programs and services.

Client transitions from Bilingual Care Worker Cooperative of Australia Limited's services are planned and coordinated and undertaken in collaboration with clients. Transition arrangements are documented, communicated and effectively managed.

Where clients are transferring to other services, the transition is collaboratively planned, and the process is documented, communicated and effectively managed.

2. Procedures

Should a client and/or their representative or Bilingual Care Worker Cooperative of Australia Limited wish to end service provision before the dates set out in the Home Care Agreement, they must give the other party at least 2 weeks' notice.

Service exit and referral information must be tracked in Ezihealth to inform continuous improvement.

The Clinical Manager is responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge and ability to meet the requirements. As per Bilingual Care Worker Cooperative of Australia Limited's Human Resources policies and procedures, all relevant staff must undergo Induction, which includes training in Bilingual Care Worker Cooperative of Australia Limited's exit processes.

Staff knowledge and application of this policy and procedure is monitored on a day-to-day basis and through annual Performance Reviews. Additional formal and on-the-job training is provided to staff where required.

Client feedback and complaints regarding this policy and procedure must be addressed in accordance with Bilingual Care Worker Cooperative of Australia Limited's Feedback and Complaints Policy and Procedure.

In accordance with Bilingual Care Worker Cooperative of Australia Limited's Privacy and Confidentiality Policy and Procedure, respect for and protection of clients' privacy and confidentiality must be reinforced with consumers on an ongoing basis, verbally and in other information provided by staff.

Where required, clients must be provided with information and support to access a person of their choice, such as an advocate, to assist them to transition from Bilingual Care Worker Cooperative of Australia Limited. See the Decision Making & Choice Policy and Procedure.

To ensure clients or their representatives or families understand how to transition from Bilingual Care Worker Cooperative of Australia Limited's services, Bilingual Care Worker Cooperative of Australia Limited uses the Charter of Aged Care Rights, its Client Information Pack and website to provide information about this policy and procedure, in an easy-to-understand format.

To ensure clients understand this information, staff must provide information to them and their representatives in ways that suit their individual communication needs. Written information can be provided in different languages and Easy English or explained verbally by staff. Staff can also help clients access interpreters or advocates where required.

All clients exiting the service will be offered an Exit Interview, where the Care Manager will explain the reason for the client's service termination (if applicable), obtain feedback about where Bilingual Care Worker Cooperative of Australia Limited can improve its processes and communicate the steps to re-accessing the service should the client wish to.

3. Service Termination

As part of Bilingual Care Worker Cooperative of Australia Limited's entry processes, clients must be informed of their rights and responsibilities. Where Bilingual Care Worker Cooperative of Australia Limited makes the decision to terminate a client's package, information regarding the reason must be provided and explained to them. These reasons must also be included in the client's Exit Plan if required (see below).

See Bilingual Care Worker Cooperative of Australia Limited's Security of Tenure definition for further details as to reasons why Bilingual Care Worker Cooperative of Australia Limited may cease to provide the package.

The service exit must only be actioned after discussion and consultation with the client, their representatives and other important stakeholders, and strategies have been implemented to attempt to resolve challenges/barriers. Clients must be offered support to access interpreters or advocates to assist them through this process if necessary.

4. Client Requested Termination

Clients have the right to terminate their service provision and any time, and this decision will not prejudice their future access to the service.

Upon termination, the client and/or their representative will be sent a letter informing them of their rights to future service provision and information regarding advocacy services if required.

Bilingual Care Worker Cooperative of Australia Limited reserves the right to withhold an Exit Fee Amount, in accordance with the client's Home Care Agreement, relevant legislation and Home Care guidelines.

The Managing Director is responsible for notifying the Department of Health of the client's cessation within 31 days of the client ceasing service. This is completed in the My Aged Care provider portal, and the Department of Human Services portal.

The Finance Manager is responsible for notifying the client (or their authorised representative) in writing of their unspent home care amount within 56 days of the client ceasing service.

The Finance Manager is responsible for making payment of the unspent home care amount in accordance with relevant legislation and Home Care guidelines.

5. Unspent Funds

Any unspent funds will be discussed with each client and/or their representative. Unspent subsidies must be returned to the Department of Health, unless transferring to another provider in which case unspent subsidy amounts will be transferred to the new provider.

Any unspent fees paid in advance for services not yet provided must be returned to the client or their representative. If the client is transferring the package to an alternative provider, any unspent fee amounts (such as Basic Daily Care fee) must also be transferred to the new provider.

In the event a client passes away, the Finance Manager is responsible for notifying the Commonwealth of the client's unspent home care amount (of the Commonwealth portion including nil amounts) within 70 calendar days. This is completed through the claims process managed by the Department of Human Services.

The Finance Manager is then responsible for transferring the client portion to the client or their estate within 14 days of being shown the probate of the Will or letters of administration. The Commonwealth portion will be recovered through deductions in future home care subsidy payments made to the approved provider.

6. Appeal

Clients who have their services terminated by Bilingual Care Worker Cooperative of Australia Limited have the right to appeal. Appeals should be directed in writing to the Care Manager and a final decision will be made by the Management Team.

People who successfully appeal will be supported to continue accessing Bilingual Care Worker Cooperative of Australia Limited's services. People who are not successful in their appeal will be provided advice in writing to this effect.

If a person is unhappy with the outcome of their appeal, they will be directed to Bilingual Care Worker Cooperative of Australia Limited's feedback and complaints processes. As per Bilingual Care Worker Cooperative of Australia Limited's Feedback and Complaints Policy and Procedure, information on Bilingual Care Worker Cooperative of Australia Limited's complaints process can be provided in a variety of formats if required as well as support to access interpreters or advocates if necessary.

7. Exit Transition Planning

Where relevant, the Care Manager must work collaboratively with clients and their representatives to identify alternative services and referrals that could best meet their needs. See Bilingual Care Worker Cooperative of Australia Limited's Providing Information, Advice and Referrals Policy and Procedure.

With the client's or their supporter's consent, Bilingual Care Worker Cooperative of Australia Limited must provide relevant information to new service providers to support the client's seamless transition to them. Where required, Bilingual Care Worker Cooperative of Australia Limited staff should introduce the client to or meet with staff of alternative providers to facilitate a smooth transition for the client.

An Exit Plan must be agreed with the client and with their informed consent, any other stakeholders. The plan must contain identified timeframes outlining actions and those responsible to implement the actions. In addition, risks associated with the transition must be identified, documented and responded to.

Bilingual Care Worker Cooperative of Australia Limited must also ensure a copy of the client's most recent client Risk Assessment and Home Risk Assessment (if applicable) are provided to new service providers, with the client's consent of this information sharing documented in their Exit Plan. In addition, a risk assessment must be completed with any new service providers to ensure any risks of the transition process are captured within the Exit Plan, along with actions that will be taken to reduce those risks.

A copy of the Exit Plan must be provided to the client. A copy must also be kept on the client's file and key elements captured in Ezihealth. Where this is not practicable, or the client chooses not to have an Exit Plan, staff must include a case note on the client's file explaining the reasons why the client did not receive a copy of their plan.

8. Files and Documentation

Upon a client's exit from Bilingual Care Worker Cooperative of Australia Limited all documentation and information developed and implemented by Bilingual Care Worker Cooperative of Australia Limited remains the property of the service. Any documentation provided by other service providers and included in the client's file that has been used to facilitate the client's support must be returned to the client or their representative.

Bilingual Care Worker Cooperative of Australia Limited will retain copies of these documents.

All information in relation to the client will be retained, secured and stored in accordance with Bilingual Care Worker Cooperative of Australia Limited's Records and Information Management Policy and Procedure.

9. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Feedback and Complaints

Care Planning Policy and Procedure

All clients will have an individually tailored Care (Support) Plan (*Care Plan*) developed in conjunction (when appropriate) with their family, carer, representative or advocate and the Bilingual Care Worker Cooperative of Australia Limited Representative.

All package and private clients have the right to and are encouraged to fully participate in the *Care Planning* process and choose the services they receive and how they receive them.

This policy ensures that all clients have an individually tailored *Care Plan*, which reflects identified needs and goals and which focus on optimising health and wellbeing. Information specific to service delivery is provided to the Bilingual Care Worker Cooperative of Australia Limited's Care Team or other external providers. This information is securely distributed.

The Care Manager of Bilingual Care Worker Cooperative of Australia Limited will be responsible for the creation, assessment and re-assessment of care plans.

1. Home Care Packages Procedure

- 1) A care planning meeting will be scheduled with the client and attended by the Support Worker / RN / EN, who will also ensure the client is aware that they may have a family member or other representative with them when providing information relevant to their care.
- 2) Assessments and questions asked in the Care Planning meeting will follow the format outlined in Ezihealth and will reflect client choices, be empowering, encourage independence and be underpinned by a holistic assessment of the person, and the community within which the person lives.
- 3) Care Planning will include both long and short-term goals that aim to enable the client to meet their needs within their community. Short-term goals are defined as goals with an observable and measurable end point having one or more objectives to be achieved within a more or less fixed timeframe, as distinct from the broader long-term home care package goal. Goals will be documented in a manner that is meaningful to the client, and will demonstrate a creative, flexible and client driven approach.
- 4) Bilingual Care Worker Cooperative of Australia Limited will aim to identify and understand the client's physical, emotional, spiritual, cultural, social and financial requirements.
- 5) Support Workers / RNs / ENs must be familiar with and comply with the latest version of the *Home Care Packages Program Operational Manual: A Guide for Home Care Providers* when care planning with clients.
- 6) Information on formal advocacy services is provided in the *Client Information Handbook*, the *Advocacy Policy* and discussed with the client during the initial Assessment, if appropriate.
- 7) If identified in the Assessment or the Aged Care Client Record (ACCR)/My Support Plan that the client is from a special needs group, the Support Worker / RN / EN will be considerate of this and determine (in conjunction with the client/client representative or other relevant parties) what resources are required to ensure the client is able to understand, participate and make informed decisions about the services.

- 8) Translated information or interpreters will be engaged if required and arrangements noted by the Support Worker within the client's electronic file and creating an alert.
- 9) Support Workers / RNs / ENs must be aware of budgetary constraints and how to assist clients to access services they require which are outside of the program scope or budget capacity.
- 10) If a client's needs increase beyond the capacity of the Home Care Package and additional support services are required, the Support Worker will refer to My Aged Care (MAC) for an assessment to determine the most appropriate type of support.
- 11) Assessment Forms and Care Plans, when completed will be printed and provided to the client/representative for signature.
- 12) The Support Worker / RN / EN will provide the client/representative with a copy of the finalised *Care Plan* to sign and return for processing in a timely manner.
- 13) In the event that the signed *Care Plan* is not received within 28 days of the Home Care Agreement being signed, the Support Worker / RN / EN will follow up with the client/representative and note any delays and their action/s in the client's electronic file.
- 14) A signed copy of the *Care Plan* is provided to the client/representative.
- 15) The signed document is noted and attached in the electronic file.
- 16) The original signed document is stored within the client's hardcopy file.
- 17) The Activity Schedule within the Care Plan developed by the client, representative and the Support Worker / RN / EN outlining services to be delivered to the client. The Activity Schedule can also include activities that the client participates in/attends that are not funded by the package (e.g. community visitor, outings).
- 18) Clients or their advocate/representative will be required to fill and sign the Acknowledgement Form indicating they have read and understand the following:
 - Rights and responsibilities, including their right to access a support person of their choice, such as an advocate, in their dealings with Bilingual Care Worker Cooperative of Australia Limited.
 - Privacy and Confidentiality rights and Bilingual Care Worker Cooperative of Australia Limited's legal obligations with respect to sharing information.
 - The services offered and other support services available.
 - How to access, leave or re-access Bilingual Care Worker Cooperative of Australia Limited's services.
 - Charter of Aged Care Rights.
 - Conditions that may apply to service provision.
 - Confirmation they have completed all relevant Client Forms truthfully and honestly and that Bilingual Care Worker Cooperative of Australia Limited will be notified should any changes occur.
 - Fees to be charged, what the fees cover, timelines for payment and the process for addressing difficulties in making payment.

- The process for providing feedback or making a complaint, including information regarding fees.

Should a client refuse to sign any of the above-mentioned documentation, the Care Manager will take all necessary precautions to explore the reasoning behind the refusal. The Care Manager will attempt to ascertain and explain the purpose and use of these documents in attempt to receive full acknowledgement and understanding. Should the situation arise where the Care Manager is unable to receive a signature on the documentation, the Care Manager will record all discussions and attempts in the client's Progress Notes. A clear reasoning will be documented regarding why the client, or their advocate/representative, refused to sign the documents.

- 19) If there are changes to the client's budget between the initial assessment and subsequent re-assessments (examples below), the Support Worker / RN / EN will update this information in Ezihealth and produce a new document for the client. Examples include changes to:
 - Planned Income (e.g. Department of Health annual review of the Home Care Package funding rates)
 - Planned Service and Support provision expenses (e.g. Service Provider fee increase)
 - Planned Management costs
 - Planned Contingency Fund expenses
- 20) If there are changes to the client's services between the initial assessment and subsequent re-assessments, but there are no implications to the budget, the Support Worker / RN / EN will document this in Ezihealth.
- 21) A copy of the updated Budget is provided to the client, with an accompanying letter informing the client of the reason for the change. All information provided to the client is to be documented and attached in the client's file in Ezihealth.
- 22) Care Plans are subject to modification in consultation with the client to reflect changes in the client's needs/wishes, which are identified through the process of monitoring and review. Support Workers will document all changes in the client's file in Ezihealth.

10. Short-Term Care Plans

Bilingual Care Worker Cooperative of Australia Limited utilises a Short-Term Care Plan for specific issues that arise. This care plan will include the following:

- Date Identified
- Presenting Issue for Change
- Interventions or Treatments Required
- Evaluation or other Comments
- Staff Signature
- Date Resolved.

11. Long-Term Care Plans

Prior to commencing care or service provision, Bilingual Care Worker Cooperative of Australia Limited will utilise a Care Plan which is for a longer period of time. This care plan will include the following:

- Client's Details
- Emergency Contact
- GP Name/Practice
- Presenting Issues
- Patient History
- Current Medications
- Allergies
- Identified Risks
- Diagnosis
- Services Required
- Hours per Week Required
- Other Relevant Information.

This is a standardised format of a Care Plan and will not be used for Specialised Nursing requirements such as catheter care or tracheostomy care. These specialised interventions are incorporated in the Advanced Care Planning & End of Life Care Policy and Procedure and each requirement requires its own care plan.

12. Care Plan Review

Bilingual Care Worker Cooperative of Australia Limited establishes Care/Service Plan review dates according to personal client requirements. These reviews are conducted at least annually by the Care Manager. Should the client or their advocate/representative require an earlier review, this will be completed by Bilingual Care Worker Cooperative of Australia Limited within a timely manner. Reviews will also be conducted in accordance with each client's Care Plan.

- Care Plans for Level 1 and Level 2 clients must be reviewed at least every 6 months.
- Care Plans for Level 3 and Level 4 clients must be reviewed at least every 3 months.

Upon creating or developing an adjusted Care Plan, all relevant persons undertaking works to the client will be informed and provided with an updated care plan. Acknowledgement of receiving and viewing the updated care/service plan must be provided to Bilingual Care Worker Cooperative of Australia Limited's Care Manager.

13. Financial Budget

Care and service provision will be provided with an individualised and transparent budget reflecting the client's decision, choices, requirements, needs, preferences and goals. The budget refers to the total according to the package level, which is fully disclosed to the client prior to care and service commencing. The budget process includes allowances for contingencies as determined by the client, unspent funds are carried forward from month to month and year to year as necessary. Bilingual Care Worker Cooperative of Australia Limited utilises monthly statements detaining income and expenditure including any agreed contingency and unspent funds.

Budgets include all costs as per the Home Care Pricing Schedule and reflect the level of control being exercised by the client.

Bilingual Care Worker Cooperative of Australia Limited will operate in accordance with all set out rules, regulations and legislation as well as the set out Financial Management Policy and Procedure.

14. SMART Goals

Bilingual Care Worker Cooperative of Australia Limited utilises the mnemonic/acronym SMART, this highly recognised system for goal setting and implementation gives criteria in order to guide clients to meet their goals and objectives.

S – Specific

M – Measurable

A – Attainable

R – Realistic

T – Timely.

This ensures Bilingual Care Worker Cooperative of Australia Limited's workers are operating in line with the client's best interests. Each goal the client wishes to employ within their care or service provision will be held of the highest regard. Bilingual Care Worker Cooperative of Australia Limited will utilise all means necessary in order to assist the client to achieve their goals.

Specific – creating goals that are specific to the requirements and preferences of the client.

Measurable – create goals that can be measures over time in order to track progress, success and accuracy.

Attainable – creating realistic and attainable goals that can be completed within an appropriate time frame and is overall achievable.

Realistic – desirable goals that are achievable with the help and assistance required to be successful.

Timely – creating goals that can be completed within an appropriate time frame without the sense of being rushed or incomplete.

15. Home Care Services Procedure

- 1) The Service Delivery Team will receive a service request detailing the tasks for service delivery. This may be from a private assessment completed by a Team Leader or a request from a client.
- 2) The Service Delivery Team will ensure each visit in the client roster has a detailed task list using the example format below.
 - **Entry details:** e.g. Park in the driveway and use the back door. Dog will be restrained.
 - **Alerts:** e.g. Client has allergies to Soap, please be mindful when completing personal care Task: e.g. Personal Care Service every Tuesday 9am-10am. Ensure client is dressed in clothing set out by the client's daughter.
 - **PPE:** Ensure you use your Safety Switch and have access to appropriate Personal Protective.
 - **Equipment:** e.g. gloves as required for the client visit.
 - **Hazards:** Report all hazards, client behavioural/health changes and/or service feedback as

soon as possible. Non urgent feedback please email to homecare@bcwca.org.au .

- 3) The task list is displayed on the Support Worker / RN / EN's roster which is emailed to their secure Bilingual Care Worker Cooperative of Australia Limited email.
- 4) Any changes to the tasks for service delivery are altered within the rostered visit and documented within the notes.
- 5) The Service Delivery Team will ensure all documentation and communication from a client is attached within the electronic client file.
- 6) Support staff are informed of the changes via phone in the first instance and confirmed via email with their roster.

Refer to *Case Management and Consumer Care Policy* for more information on case management procedures.

16. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 4 - Services and Supports for Daily Living
- Standard 7 - Human Resources
- Standard 8 - Governance

Advanced Care Planning & End of Life Care Policy

1. Policy and Procedure

The Advanced Care Planning & End of Life Policy and Procedure depicts how Bilingual Care Worker Cooperative of Australia Limited manages advanced care plan requirements. This mainly comprises of specific and specialised nursing interventions and skills.

Bilingual Care Worker Cooperative of Australia Limited values and implements the Advanced Care Planning & End of Life Care Policy and Procedure in order to ensure clients receive the highest possible level of care and service they deserve towards their end of life. Bilingual Care Worker Cooperative of Australia Limited believes all clients or related persons have the right to feel safe, comfortable and confident in receiving services or care provision from Bilingual Care Worker Cooperative of Australia Limited's workers. It assists clients to achieve the best possible outcome in life.

This Policy and Procedure directly correlates to the Care Planning Policy and Procedure as the same methods, principles, policies, guidelines and procedures apply. The only difference is the Advanced Care Planning requirements are for specific nursing related interventions or adjusted outcomes for terminal illnesses.

All Care or Service Plans will be developed and evaluated in accordance and partnership with clients, advocates, families and Bilingual Care Worker Cooperative of Australia Limited. Consideration will always be taken when promoting individuality and diversity. It will also be completed in accordance with legislative requirements, guidelines, laws and standards.

2. Definitions

Nursing interventions	Medical dictionaries define nursing interventions simply as “any act by a nurse that implements the nursing care plan.” Nurses perform interventions on a daily basis.
Terminal illnesses	Terminal illness or end-stage disease is a disease that cannot be cured or adequately treated and is reasonably expected to result in death of the patient. This term is more commonly used for progressive diseases such as cancer or advanced heart disease.
Therapeutic relationships	The therapeutic relationship (also therapeutic alliance, the helping alliance, or the working alliance) refers to the relationship between a healthcare professional and a client (or patient). It is the means by which a therapist and a client hope to engage with each other, and effect beneficial change in the client.
Palliative Care	A quality of life approach to care that neither hastens death nor prolongs life for clients with life-limiting illnesses. Care encompasses physical, emotional and spiritual needs of the client and their families with a focus on individual client wishes and preferences, providing symptom management and care in the client's preferred setting.
Palliative Approach	Older adults (aged 65 or older; or over 50 for Aboriginal or Torres Strait Islander people) with a progressive, life limiting illness or frailty, or

	younger people with a life limiting chronic disease that are in need of a palliative approach in the last few years of life. They may not require a specialist palliative care team but benefit from awareness from providers to assess regularly for changes in health care needs and provision of regular opportunities to discuss end of life preferences and planning.
End of Life Care	Care provided in the last weeks of a person's life.
Terminal Care / Terminal Phase	Care in the last days of life.
Advance Care Planning (ACP)	This encompasses discussions and documentation designed to assist clients and their family to consider what is important to them regarding care and preferred place of care. The GP and wider care team would usually be involved in this process.
Advance Health Directive (AHD)	A legal document to record decisions and preferences about end of life care including directives about specific treatment options and resuscitation. Also known as an Advance Care Directive or Living Will, depending on the State/Territory. AHDs are to be completed in accordance with the relevant State/Territory.
Enduring Power of Attorney (EPOA)	A legal document to appoint an attorney(s) to make decisions for a client at a future date should they be unable to speak for themselves due to illness or capacity issues.

3. Policy

This Advanced Care Planning Policy incorporates the operation or care and service that Bilingual Care Worker Cooperative of Australia Limited will undertake when respecting end of life wishes, preferences or requirements as well as comply with a client required medical treatment, as documented on an Advanced Care Plan. All service and care provision will be conducted in accordance with the client's provided Advanced Care/Service Plan and operation will be conducted, respected, and followed within the legal capacity of Bilingual Care Worker Cooperative of Australia Limited.

The Care Manager of Bilingual Care Worker Cooperative of Australia Limited is directly responsible for supporting and directing client requests and wishes. This may include preferences of particular care and treatment. The Care Manager is made aware of the client's wishes for care and treatment. Any specialised care required by clients will only be conducted by the appropriately trained and qualified personnel of Bilingual Care Worker Cooperative of Australia Limited.

This policy directly depicts specified treatment requirements by clients should the time arise where they are unable to communicate effectively or make decisions themselves due to an illness or injury that may be terminal.

All workers, employees, management and volunteers are required to follow and abide by each client's Advanced Care/Service Plan. Failure to abide by the set-out plan may result in disciplinary action in accordance with the Disciplinary Action Policy and Procedure should the consequence or action be seen as injustice, malicious, abuse, neglect. Or should the consequence result in harm or failure to provide necessary set out care, strict consequences will apply.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited follows set out procedures for Advanced Care Planning in order to ensure all necessary care and service precautions are applied and adhered to by all persons.

Bilingual Care Worker Cooperative of Australia Limited continuously aims to create and implement flexible care or service plans that are individualised for each client, as Bilingual Care Worker Cooperative of Australia Limited understands that all individuals are unique and will require specified care or service provision.

Bilingual Care Worker Cooperative of Australia Limited forms therapeutic relationships with all clients, their families, representatives, or advocates. This promotes consistency, trust and ensures operation is conducted in line with the client's preferences, requirements and best interests.

Should the unfortunate situation arise where a client is recognised to be terminally ill, or dying, Bilingual Care Worker Cooperative of Australia Limited will take all necessary measures possible in order to maintain as much choice, comfort and quality of life possible. This is regardless of whether an Advanced Care/Service Plan is in place. Should this situation arise, Bilingual Care Worker Cooperative of Australia Limited will promptly and courteously ask the client, their family, advocate or representative for their Advanced Care/Service Plan and will operate accordingly.

Bilingual Care Worker Cooperative of Australia Limited will ensure to provide any clients, their family, advocates or representatives with information regarding Advanced Care Planning. Bilingual Care Worker Cooperative of Australia Limited may discuss Advanced Care Planning with those who wish to receive more information, however, are prohibited to assist in the creation of an Advanced Care Plan.

Should Bilingual Care Worker Cooperative of Australia Limited recognise a frail or terminally ill patient may require an Advanced Care Plan, Bilingual Care Worker Cooperative of Australia Limited will notify the client, their family, advocate or representative as required. Bilingual Care Worker Cooperative of Australia Limited's workers are prohibited to assist any persons to create, write or draft an Advanced Care Plan. Should the client or relevant persons require further assistance or explanation, then the Care Manager will refer the client or relevant persons to appropriate advocacy services to assist them.

Bilingual Care Worker Cooperative of Australia Limited acknowledges that Advanced Care Plans are optional, and some clients may prefer to avoid making decisions in regard to their future. However, they may choose to make decisions regarding their medical requirements or treatment plans when the time comes.

Bilingual Care Worker Cooperative of Australia Limited will always encourage clients to develop an Advanced Care Plan while they still hold the mental capacity and ability to decision make and understand the choices they are making. Should the client require an advocate or representative to complete this, they will have the ability to on behalf of the client.

Advanced Care Plan Step by Step Process

Bilingual Care Worker Cooperative of Australia Limited utilises a step-by-step process when implementing and reviewing Advanced Care Plans.

Step 1. Recognition of an Advanced Care Plan.

Bilingual Care Worker Cooperative of Australia Limited will ask the client, their family or advocate/representative if they have an Advanced Care Plan upon receiving their Care Plan. Should they indicate they do have an Advanced Care Plan, request a copy for Bilingual Care Worker Cooperative of Australia Limited's reference.

Step 2. Review.

The Care Manager will be responsible for reviewing the client's Advanced Care Plan. The Care Manager will be required to review the client's preferences, medical history and wishes for end-of-life care, as well as any other specified requirements. This is done in order to ensure the actions and decisions are legally permissible, and the operation as allowable within Bilingual Care Worker Cooperative of Australia Limited's policies and procedures.

It is also vital to ensure the document is signed, dated and appropriately witnessed in order to ensure legality, legibility and accuracy. Bilingual Care Worker Cooperative of Australia Limited understands that various situations may arise regarding the Advanced Care Plan. This could be any of the following situations:

Situation	Action
Legally Permissible Advanced Care Plan	Ensure the Plan is placed in the client's file and any relevant workers or staff are advised of the Plan.
Non-Legally Permissible Advanced Care Plan	The Care Manager will be required to meet with the client to discuss the issues and advise them that the Plan is not able to be operated with at this point in time.
Should the client return with a revised Advanced Care Plan that is Legally Permissible.	Ensure the Plan is placed in the client's file and any relevant workers or staff are advised of the Plan.
Should the client fail to return with a revised Advanced Care Plan.	Document the requirement to discuss this issue with the client, when possible, also document actions within the client's Progress Notes.

Step 3. Implementation.

Bilingual Care Worker Cooperative of Australia Limited will store and retain legally permissible and compliant Advanced Care Plans in line with the Record and Information Management Policy and Procedure. Bilingual Care Worker Cooperative of Australia Limited's Care Manager will ensure all workers, employees, staff, volunteers or management undertaking service or care provision are aware of each individual client's Advanced Care Plan and the requirements, goals, preferences and indications set out within it. The Care Manager will be required to clearly document any relevant actions to be taken.

Should it be required, the Care Manager will discuss relevant aspects of the Plan with workers in order to ensure they understand and implement any specific actions required by the client.

Step 4. Review.

The Care Manager is responsible for conducting formal reviews, and verifying with the client or their family, advocate or representative if their Advanced Care Plan remains the same and is still current. Should there be adjustments required, Bilingual Care Worker Cooperative of Australia Limited will retain new copies as well as old. New copies will also be provided to workers providing care or service provision to the client.

5. End of Life Plan

Working alongside the client to develop their individual End of Life Plan, Bilingual Care Worker Cooperative of Australia Limited's Care Manager is responsible for documenting the following information (as appropriate for each person):

- Medical diagnosis and the client's understanding about the diagnosis and any treatment;
- Extent of family/carer/other representative support and involvement;
- Key additional contact for the client and their relationship to the client;
- Whether any Advanced Care planning has commenced/been completed (for example Wills, Enduring Power of Attorney and Statement of Choices);
- Client preferred place of care and services for end of life care, noting this may change as the clients health declines and care needs increase;
- Any other services involved (or plan to be involved) and their roles/responsibilities and contact details. The client's General Practitioner is often the key point-of-contact regardless of the involvement of other health professionals;
- After-hours support available should the client require it (including whether the General Practitioner is available for home-visits and any 24- hour advice and support services);
- Any spirituality preferences and wishes of the client including whether they identify with a group or church and/or whether their spiritual/religious leader is to be contacted as part of the End of Life Plan; and
- Any cultural preferences or considerations such as rituals, ceremonies and other wishes during end of life or following death.

6. Ongoing Support

Any information pertaining to a client's end of life wishes and preferences including any End of Life Plan developed is to be highlighted and listed with priority as part of their records.

Bilingual Care Worker Cooperative of Australia Limited staff will respect each client's right to decline an End of Life Plan and/or change their wishes and preferences as their condition progresses. This will be documented on the client's file accordingly.

The Care Manager will engage with clients and/or their representatives regularly to receive feedback, information and document any changes in order to shape the way Bilingual Care Worker Cooperative of Australia Limited respects and supports the client's end of life wishes and preferences. This includes the Care Manager reviewing and updating the client's End of Life Plan.

The Care Manager will be responsible for the effective communication of changes to the staff involved in the client's care and services.

Each staff member involved in the client's care is responsible for ensuring changes in their physical, emotional or spiritual condition or changes in their wishes around end of life care are communicated in a timely manner to the Care Manager.

Each staff member is responsible for conducting a risk assessment according to Bilingual Care Worker Cooperative of Australia Limited's Risk Management Policy and Procedure and reporting any concern relating to the client's end of life care to the Care Manager.

Bilingual Care Worker Cooperative of Australia Limited is responsible for supporting staff in their role by providing appropriate training, resources and opportunities for staff to have additional supervision as per Bilingual Care Worker Cooperative of Australia Limited's Human Resources Policy and Procedure.

7. Education and Training

Bilingual Care Worker Cooperative of Australia Limited will ensure all staff understand and know what is required to make each individual client feel respected, valued and safe, including receiving the end of life care and services that they need and prefer.

During Induction, all staff will be provided with education and training to ensure they understand general palliative care and end of life support for community clients, communication skills and boundaries in relation to the complex and intensive nature of end of life care. This includes educating staff about palliative care, death and dying as a normal part of life.

Bilingual Care Worker Cooperative of Australia Limited will appoint appropriate palliative care Champions within the organisation to support and encourage other staff members.

Direct Support workers will also be educated on the individual end of life preferences of clients before visiting for the first time to ensure the care delivered aligns with the client's End of Life Plan or any wishes and preferences they have identified.

8. Following the Death of a Client

Bilingual Care Worker Cooperative of Australia Limited will ensure staff are aware of the following in relation to clients who have identified as end of life:

- That an ambulance is unlikely needed following an expected death at home;
- Who is responsible for completing the Death Certificate or Life Extinct Form (usually the client's General Practitioner or Specialist Palliative Care Team arrange this); and
- Who is responsible for contacting the funeral director (if applicable) to transport the deceased.

Following the death of a client, Bilingual Care Worker Cooperative of Australia Limited will provide support to any significant family/carer/representative and Bilingual Care Worker Cooperative of Australia Limited staff involved in the client's life. Support may be offered via referrals to counselling and/or grief and loss specialist services or via the Employee Assistance Program for staff.

Bilingual Care Worker Cooperative of Australia Limited will also consider individual and group supervision to assist staff in processing anything they have found challenging or distressing related to the client's death.

Bilingual Care Worker Cooperative of Australia Limited will consider as an organisation ways to honour clients who have died.

Refer to Death of a Client Policy for further information.

9. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Care Planning Policy and Procedure
- Care Plan
- Client Support Review Form
- Progress Notes
- Record and Information Management Policy and Procedure

10. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 4 - Services and Supports for Daily Living
- Standard 8 - Governance

Client Rights and Responsibilities Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited utilises and implements a Client Rights and Responsibilities Policy and Procedure in order to ensure clients are advised of and supported to understand and exercise their Rights and Responsibilities as a Home Client.

Bilingual Care Worker Cooperative of Australia Limited ensures clients have security of tenure, in line with the identified Agreements under the Aged Care Act.

The intent of this policy and procedure is to clarify how Bilingual Care Worker Cooperative of Australia Limited ensures employees are informed of their duties and rights to protect clients.

Bilingual Care Worker Cooperative of Australia Limited continuously utilises, reflects and refers to the User Rights Principles within the organisation. Bilingual Care Worker Cooperative of Australia Limited aims to collaborate with all clients in order to ensure best possible service is delivered in accordance with personal preferences and medical requirements.

2. Definitions

Human Rights	A right which is believed to belong to every person.
Social Justice	Justice in terms of the distribution of wealth, opportunities, and privileges within a society.
Equality	The state of being equal, especially in status, rights, or opportunities.
Capacity	The maximum amount that something can contain or is able to perform.

3. Charter of Aged Care Rights

As per the Charter of Aged Care Rights, all clients have the right to:

- safe and high-quality care and services;
- be treated with dignity and respect;
- have their identity, culture and diversity valued and supported;
- live without abuse and neglect;
- be informed about their care and services in a way they understand;
- access all information about themselves, including information about their rights, care and services;
- have control over and make choices about their care, and personal and social life, including where the choices involve personal risk;
- have control over, and make decisions about, the personal aspects of their daily life, financial affairs and possessions;
- their independence;
- be listened to and understood;

- have a person of their choice, including an aged care advocate, support them or speak on their behalf;
- complain free from reprisal, and to have their complaints dealt with fairly and promptly;
- personal privacy and to have their personal information protected; and
- exercise their rights without it adversely affecting the way they are treated.

4. Policy

The Client Rights and Responsibilities Policy supports Bilingual Care Worker Cooperative of Australia Limited and its clients in making choices and decisions relevant to the service provision they are receiving. Bilingual Care Worker Cooperative of Australia Limited and all workers and Management focus on establishing individualised client-centered goals. Where required, Bilingual Care Worker Cooperative of Australia Limited will request support services that promote clients' health and wellbeing.

Bilingual Care Worker Cooperative of Australia Limited recognises that by enabling clients to thoroughly understand and execute their responsibilities, this allows Bilingual Care Worker Cooperative of Australia Limited to provide the best possible service to clients and maintain a high level of safety and understanding throughout service provision.

The best interest of clients will continuously be held of the highest value, therefore Bilingual Care Worker Cooperative of Australia Limited will always aim to act in accordance with the client's personal preference, goals, aspirations, and care requirements. This is done in order to ensure clients have maximum choice and control in service provision which allows them to feel safe and comfortable.

Bilingual Care Worker Cooperative of Australia Limited will not complete any actions that limit a client's request to access information or opportunities. Bilingual Care Worker Cooperative of Australia Limited will also never impact, constrain or influence a client's choice and control.

All workers and management of Bilingual Care Worker Cooperative of Australia Limited will follow this policy and ensure all clients understand and execute their rights and responsibilities.

5. Procedure

The Client Rights and Responsibilities procedure indicates how Bilingual Care Worker Cooperative of Australia Limited's staff, workers, volunteers, subcontractors etc. Bilingual Care Worker Cooperative of Australia Limited highlight and provide clients with knowledge regarding their rights and responsibilities when receiving care under the Aged Care Act.

Client Information Package

Bilingual Care Worker Cooperative of Australia Limited will provide clients with all information required in terms of rights and responsibilities and access to information. Bilingual Care Worker Cooperative of Australia Limited will provide all clients in their initial meeting with a Client Information Package. Bilingual Care Worker Cooperative of Australia Limited will provide copies of the Charter of Aged Care Rights in the initial consultation and in any circumstance where the client requests another copy. This may be for personal reference, or for a nominated person, such as an advocate, guardian, family member etc.

Bilingual Care Worker Cooperative of Australia Limited recognises that this document may not encompass all requirements the client requires. Therefore, Bilingual Care Worker Cooperative of Australia Limited will provide any other program specific requirements addressing client rights and responsibilities. Each client is provided information in their requested format to assist them in understanding the following:

- The costs of the services Bilingual Care Worker Cooperative of Australia Limited is providing.
- Their Rights and Responsibilities when receiving the services.
- Available services provided by Bilingual Care Worker Cooperative of Australia Limited.
- Complaints and Feedback Process.
- Advocacy Services.
- Interpreter Services (if required).
- Other relevant information regarding service provision, delivery or time frames.

During the initial consultation or meeting, Bilingual Care Worker Cooperative of Australia Limited will provide the client or their nominated persons/advocate an Information Package which will contain the following documents concerning Rights and Responsibilities:

- Organisation's Brochure
- Client Information Handbook
- Acknowledgement Form
- Compliments, Complaints and Feedback Forms
- Home Care Agreement
- Charter of Aged Care Rights
- Aged Care Quality Standards
- Authority to Act as an Advocate
- Care Plan
- Client Consent Form

Bilingual Care Worker Cooperative of Australia Limited's workers or Management conducting the consultation with clients will discuss the client's rights and responsibilities by examining and explaining each principle and providing examples if required.

As a protocol, should a client have or be suspected of having a cognitive impairment or disability which reduces their capacity to understand their rights, Bilingual Care Worker Cooperative of Australia Limited will ensure there is an advocate or representative present that can understand the client's rights and responsibilities for them.

By client's signing the provided Acknowledgement Form, this indicates that the client understands and recognises ALL of their Rights and Responsibilities.

Should the situation arise where a client refuses to sign the Acknowledgement Form indicating they have viewed and understand their rights and responsibilities, for any number of reasons, Bilingual Care Worker Cooperative of Australia Limited will document this through the client progress notes and carry-on with the delivery of care to the best of their ability.

However, Bilingual Care Worker Cooperative of Australia Limited must indicate this situation through the client's progress notes. This must be done in written documentation should the client choose to personally refuse to acknowledge and sign the supplied documentation. This also indicates Bilingual Care Worker Cooperative of Australia Limited holds no liability.

Ongoing Assistance

Bilingual Care Worker Cooperative of Australia Limited will continue to monitor service provision to ensure it is conducted based on fundamental values of social justice, equity, equality, embracing diversity and conducted under the appropriate human rights. Any staff or worker of Bilingual Care Worker Cooperative of Australia Limited will be provided with training regimes in order to ensure service/care provision is conducted in a format that ensures clients feel safe and comfortable without the fear of retribution when filing complaint or feedback forms.

Bilingual Care Worker Cooperative of Australia Limited's workers and management are continuously focused on assisting clients to exercise their rights and responsibilities in order to promote continuous improvement and high-quality service provision.

Should any updates or changes occur in Bilingual Care Worker Cooperative of Australia Limited all clients will be notified of the updated information via a communication system such as email, brochure, pamphlet etc.

Bilingual Care Worker Cooperative of Australia Limited's Management is responsible for managing and monitoring service/care provision to ensure client's rights are always respected. Updates will be conducted annually to ensure the rights and responsibilities provided to clients is the most accurate and up to date information. It will be in accordance with all set out rules, regulations and legislation.

Bilingual Care Worker Cooperative of Australia Limited implements client and staff surveys annually (at a minimum) in order to obtain positive or negative feedback regarding Bilingual Care Worker Cooperative of Australia Limited's implementation and commitment to uphold each and every client's rights and responsibilities.

6. Client Responsibilities

As part of conversations with clients about their rights, Bilingual Care Worker Cooperative of Australia Limited staff will ensure that any client responsibilities are also discussed and understood by each client/their representative.

As per the Aged Care Act 1997 (Cth), client responsibilities include:

- clients, their families, carers and visitors must respect and be considerate to Bilingual Care Worker Cooperative of Australia Limited staff (violence, harassment or abuse towards staff or others is not acceptable or tolerated);
- client's service environments must be safe for Bilingual Care Worker Cooperative of Australia Limited staff to perform their duties (for example Bilingual Care Worker Cooperative of Australia Limited can request pets be kept away from staff and clients not smoke near staff);
- clients must provide significant information about themselves that will assist Bilingual Care Worker Cooperative of Australia Limited to deliver safe and quality care services; and
- clients must pay any agreed fees on time.

If any of the above responsibilities cannot be met, Bilingual Care Worker Cooperative of Australia Limited will work with the client to provide solutions and support as best as possible.

7. Staff Responsibilities

To ensure compliance with this policy and the Charter, staff will:

- think about where human rights are relevant to their activities and decisions that they make;
- where rights are relevant to the decision or action, consider whether or not the decision or action is limiting a human right in the Charter; and
- be able to demonstrate that any limitation on a human right is reasonable and consider whether the limitation is lawful, necessary, and proportionate in the circumstance.

A 'reasonable' limitation is determined based on the standards in a free and democratic society, including human dignity, equality and freedom and taking into account:

- the nature of the right;
- the importance and purpose of the limitation;
- the nature and extent of the limitation;
- the relationship between the limitation and its purpose; and
- whether there is any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.

Upon commencement, all staff will undergo induction, which will include education about the Charter, client rights and responsibilities and how best to ensure each client understands them.

Decision Making & Choice Policy and Procedure

1. Policy

Bilingual Care Worker Cooperative of Australia Limited is committed to empowering clients to play an active role in decisions that affect their lives and to make choices for themselves. All people have the right to maintain their personal, gender, sexual, cultural, religious and spiritual identity, and the right to dignity of risk. They also have the right to maintain their independence in physical, intellectual, emotional, cultural, social, civic and financial matters.

The Aged Care Quality Standards (Quality Standards) include a focus on Consumer Dignity and Choice, which recognises the consumer’s sense of self and the importance of them being able to act independently, make their own choices and take part in their community.

Bilingual Care Worker Cooperative of Australia Limited will:

- inform clients about the opportunities for choice available to them
- support clients to make informed choices which will provide them opportunities
- keep records of client preferences regarding their service
- enable clients to build self-reliance and maintain social inclusion

2. Definitions

Cultural Safety	Understanding a client’s culture, acknowledging differences, and being actively aware and respectful of these differences in planning and delivering care and services.
Duty of Care	A legal obligation to avoid causing harm or to prevent harm occurring to another person through any act that is careless or negligent and arises from a relationship between parties. Health and aged support workers have a duty of care to the older people they are assisting.
Dignity of Risk	Respecting each individual's autonomy and self-determination (or “dignity”) to make choices for themselves.
Formal Decision Makers	Are representatives appointed legally to make decisions for a person who requires decision-making support.

3. Procedure

Information in appropriate formats about the opportunities for client choice will be provided to clients at each major service point from intake to end of service. If clients have literacy or communication issues, then every effort should be made to ensure they understand their rights and opportunities in making decisions regarding services. The information is available in the following documents:

- On the Department of Health Website
- Included in the Service Agreement Document

- In the client's Care Binder in their home.

It includes the client's right to:

- safe and high-quality care and services
- be treated with dignity and respect
- have their identity, culture and diversity valued and supported
- live without abuse and neglect
- be informed about their care and services in a way they understand
- access all information about themselves, including information about their rights, care and services
- have control over and make choices about their care, and personal and social life, including where the choices involve personal risk
- have control over, and make decisions about, the personal aspects of their daily life, financial affairs and possessions
- independence
- be listened to and understood
- have a person of their choice, including an aged care advocate, support or speak on their behalf (refer to *Advocacy Policy*).
- complain free from reprisal, and to have their complaints dealt with fairly and promptly
- personal privacy and to have their personal information protected
- exercise their rights without it adversely affecting the way they are treated.

During initial services access and intake conversations, staff will advise and educate clients and any representatives of the consumer-centred care approach to aged care, and Bilingual Care Worker Cooperative of Australia Limited's focus to support and maintain all clients' independence for as long as possible.

Staff will advise clients/representatives/family members (whomever is most appropriate in the client's individual situation) when making any initial and ongoing meetings that they are entitled and welcome to have an independent support person at the meetings to assist them in the decision-making process. This will also be extended to any ongoing communication between Bilingual Care Worker Cooperative of Australia Limited and client/their representative about their care and services.

If it becomes apparent during initial conversations that the client would like a support person, then the staff member will facilitate this, and reschedule any further discussions and decisions to a time where the client has their nominated support person with them. Should the client need or request an independent support person or advocate, Bilingual Care Worker Cooperative of Australia Limited staff will provide information about independent advocacy and agencies that can assist. Further information about independent advocacy can also be found within Bilingual Care Worker Cooperative of Australia Limited's Client Information Pack which will be discussed during initial assessment meetings and ongoing reassessment/review discussions.

Where clients and/or their representatives would like initial information and Home Care Package documentation (such as Agreements or Care Plan templates) ahead of formal meetings in order to process and make pre-informed decisions, Bilingual Care Worker Cooperative of Australia Limited staff will provide any requested information in formats and languages to suit the client and/or their representative's needs.

Bilingual Care Worker Cooperative of Australia Limited staff will offer and support requests to contact advocates, independent support people or other representatives, giving them the day, date and time of meetings clients would like them to attend.

Bilingual Care Worker Cooperative of Australia Limited staff will support clients/representatives/family members to access any information they reasonably require to enable them to participate in decisions affecting clients' lives. This includes supporting them to access technology, aids, equipment and services that increase and enhance their decision-making and independence.

Staff will ensure to acknowledge and respect the cognitive, communication, sensory, mobility, dexterity and environmental needs of clients (during all service access and delivery activities), and utilise the required equipment, devices and technology to provide support in a way that maintains and promotes independence and choice.

Staff will regularly engage in open dialogue with clients about their lifestyle, care and other preferences and encourage and support the inclusion of client's previous life experiences when planning care services and goals.

Staff will be responsive to the changing needs, goals, aspirations and choices of clients and will communicate in appropriate format/s to facilitate their informed decision-making and choice.

4. Support to Make Decisions

Clients will have the opportunity to make choices about their service in the following ways:

- Service delivery access – this includes the types of service available, the days and times a service can be accessed, frequency of attendance, the location, and how the service is provided to ensure that it meets individual needs (particularly in terms of physical, cultural or communication needs).
- Individual service planning – this includes expressing preferences for the level or intensity of service, which other services are involved, the ways that personal goals will be achieved, and how progress reviews are conducted.

Bilingual Care Worker Cooperative of Australia Limited actively supports clients to make choices in the way they use services and have strategies in place to assist and enable clients to make informed choices. This includes follow-up on written information, specific assistance to clients who may experience cultural or language barriers, or who may need specialised advocacy or support to take full advantage of the opportunities and providing information in a range of mediums: written, pictorial, verbal.

If a person is unable to make decisions because of disability or impairment, a guardian or administrator can be appointed to make decisions for them.

A guardian can make personal and lifestyle decisions on another's behalf.

An advocate can be a family member, friend or an independent person from a community organisation. Advocates assist clients to express their needs or speak on behalf of a client. They are not substitute decision makers but are there to ensure the clients' needs and wants are listened to.

5. Record Keeping

Bilingual Care Worker Cooperative of Australia Limited documents all input from clients regarding their service preferences. This is recorded on client electronic file under dated Notes.

6. Dignity of Risk

Where a client has the capacity for decision making, all options, risks and possible consequences must be discussed with them, and all relevant stakeholders involved in the decision-making process. If a decision doesn't place anyone at risk of harm, Support Workers are to comply with the decision. Support Workers will support a client's access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.

All Support Workers will be trained in responding to the needs of clients, client decision making, dignity of risk and assisting clients to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

7. Clients with Cognitive Impairment

All clients have access to and are supported to receive quality care and services as well as participate in decision making, regardless of any special needs or impaired cognition.

Clients with a diagnosis of a cognitive impairment may have limited ability to make decisions about their care and services (e.g. understand and sign forms, provide input into care planning and advocate for themselves). However, they will always be consulted about their wishes and supported in achieving their goals.

8. Involvement of a Client Representative

The Support Worker should ensure the client is involved to their full capacity, but also (with the client's consent) involve a person who acts as a representative of the client. This person may be informal (e.g. Carer, Family Member) or formal (e.g. Advocate, Guardian, Administrator, Solicitor or Power of Attorney).

The Support Worker should ensure that the client's representative (informal or formal) is involved in:

- Assessment, Reassessment and Support Plan Development & Delivery.
- Signing or co-signing any forms as required
- Decisions where there may be a risk to the health and safety of the client.

If a person has no carer or authorised representative, the Support Worker should consult with their team at the monthly Care Management Practice Review meeting or (if delay too lengthy) their Direct Manager to determine the best course of action.

Application to/consultation with the state Civil Appeals Tribunal Guardianship List for appointment of a Guardian or Administrator may be discussed.

9. Guardian Administration

If appointed, a Guardian has the legal authority to act on behalf of a client to make decisions about accommodation, access to services and medical decisions. An Administrator has the legal authority to act on behalf of a client to make decisions about financial and legal affairs.

10. Risks & Hazards

The Support Worker will note risks/hazards in the home for the client with cognitive impairment, such as safe use of gas appliances, hot water thermostat settings, and be aware of the need for more frequent monitoring in some cases.

11. Documentation

The Support Worker should ensure that the following is noted in Ezihealth:

- Representative's name & relationship to client (including Guardian Contact Details (if relevant)).
- Three (3) emergency contacts if available
- Disabilities/medical conditions
- An alert about cognitive impairment

12. Referral to Service Providers

The Support Worker will alert providers to the cognitive impairment, advising of behaviours or concern (if any) and management strategies on the Service Request Form.

13. Home Care Packages Procedure

Where a client has a diagnosis of a cognitive impairment, they may have limited ability to make decisions about their care and services (e.g. understand and sign forms, provide input into care planning and advocate for themselves). However, they will always be consulted about their wishes and supported in achieving their goals.

14. Home Care Services Procedure

If a client with a cognitive impairment engages services from, it is important for the Care Manager to establish who is responsible for paying accounts. If the client is paying the accounts, their ability to understand the client agreement, the costs of the service and their ability to pay for the services needs to be determined.

The client's emergency contact details should be sought from the client or the private client's representative by the Care Manager.

Support Workers are requested to provide feedback in relation to the client's health, living conditions and any changes to cognition/ behaviour.

15. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice

Case Management and Consumer Care Policy

1. Policy

Bilingual Care Worker Cooperative of Australia Limited is committed to using a strengths-based consumer-centred care approach to case management to support clients to identify their individual needs and develop goals that will promote their independence and achieve optimal wellbeing and social participation.

The organisation will:

- clarify the role and responsibilities of clients, carers and Care Managers and the purpose of the case management process
- ensure that clients are involved in case meetings
- gather information to enable screening and comprehensive assessment
- assist and support active involvement and decision making by the client and relevant family members, carers or advocates
- provide information about formal and informal support options
- prepare a case management plan and provide accessible up-to-date information about the care/service arrangements
- coordinate, monitor, review and document the case plan
- support clients to transition to other services or cease services as needed
- support and monitor staff caseloads to ensure staff are able to deliver effective case management services
- employ case management staff that have the necessary skills and experience to undertake the role and provide them with regular structured supervision and staff development

2. Clarifying Roles and Responsibilities

Care Managers/Registered Nurses will ensure that clients are informed and understand:

- the rights and responsibilities of clients and their families and/or carers
- the rights and responsibilities of the case management practitioners – including the role of the practitioners in facilitating access to informal and formal supports
- Bilingual Care Worker Cooperative of Australia Limited's complaints procedure.

3. Screening and Assessment

Bilingual Care Worker Cooperative of Australia Limited strives to provide clients with a level of care that exceeds expectations. Bilingual Care Worker Cooperative of Australia Limited meets the physical and functional needs of clients through a thorough assessment and by matching with skilled Support Workers.

An initial screening process will be undertaken by the Care Manager (Level 1 and Level 2) or RN (Level 3 and Level 4) under Home Care Package guidelines to determine a client's eligibility for case management services.

Screening may also include a preliminary assessment to determine priority of assessment and/or a client's immediate primary needs (e.g. food, safety, shelter).

Prior to gathering any assessment information from a client, Bilingual Care Worker Cooperative of Australia Limited will obtain documented consent from the client (or guardian/representative) for assessment and services. The consent of the client (or guardian/representative) will also be sought prior to exchanging any client information with other services that will be involved in providing services as part of the case management plan.

The assessment process will gather information on the social, emotional, educational, cultural and health needs of the client and develop goals in these areas to improve overall consumers wellbeing. To assist in information gathering, the following strategies will be put in place to encourage and support clients to provide detailed information regarding their assessment. This may include involving family members or advocates, specific assistance to clients who may experience cultural or language barriers or involving other practitioners such as medical or allied health practitioners in the assessment.

4. Formal and Informal Support Options

In determining the most appropriate support options with the client, the organisation will consider cultural and language requirements, existing family and carer support, whether the person is of Aboriginal or Torres Strait Islander background, the person's mental health, the age of the client and current risks to the client.

5. Case Planning, Records and Documentation

An individual client folder will be prepared by the Care Manager/Registered Nurse for each client receiving case management services.

The file will contain client referral, eligibility assessment, case management plan, client consent forms, notes from meetings etc.

The Care Plan follows a standard format, and all plans should be completed in the Care Plan Template.

The Care Plan will include goals, strategies/ steps for achieving goals, other agencies involved in service provision, schedule of services, formal and informal support strategies.

When the case management plan has been developed, the plan will be jointly signed by the Care Manager/Registered Nurse and the client, and a copy kept in the client's home binder.

The client file will be updated in Ezihealth and made available to the client for review at any time.

The client (or their guardian/representative) will also receive a copy of the case management plan once it has been developed, including any updates as they are made.

6. Coordination, Monitoring and review

The Care Manager/Registered Nurse will liaise with all other service providers supporting the consumer (and draw up a memorandum of understanding/document service agreements) to ensure that the client's needs are met through these services. The Care Manager will also maintain current information on service networks through participation in relevant local interagency groups.

The Care Manager will undertake regular monitoring of the client's progress against their goals and seek feedback from them, community workers, and other services involved in care for the recipient. The Care Manager may conduct case coordination meetings to gather information from all relevant sources.

Care Plans will be amended as required in discussion with the client and updated copies provided to the client.

Clients receiving case management services will be reviewed following one or more of the following events:

- change in client circumstance
- request from client or carer
- time frame - after 6 months.

Other reasons for a review of the *Care Plan* include:

- a health crisis or episode
- after hospitalisation
- a significant change in care needs - especially a change which cannot be met within the care budget, or within the capability of Bilingual Care Worker Cooperative of Australia Limited and relevant 3rd party service providers
- a change in living or family/carer arrangements
- increasing requirement for clinical services
- a significant change in the cost-of-service provision

Where a significant increase in care needs is identified, Bilingual Care Worker Cooperative of Australia Limited will arrange a re-assessment by the ACAT - with the permission of the client. Changes may be made in the *Care Plan* because of review.

However, all changes in the *Care Plan* must be agreed to by the client or their legal representative. Any change in fees shall be explained to the client and shall be determined in a way that is transparent, accessible and fair.

7. Exit and transition planning

See *Service Exit Policy and Procedure* for exit, transition and management of unspent funds.

8. Staffing

Care Managers will be supported to continually develop their case management skills and professional networks.

Recruitment for case management positions will clearly identify the competencies required for case management.

Staff development will be provided to Care Managers to enable them to develop specialised skills and ensure their knowledge remains current.

Client Participation and Social Inclusion Policy

1. Policy

Bilingual Care Worker Cooperative of Australia Limited is committed to empowering and supporting clients to fully participate in the community and in this organisation.

The organisation will:

- support clients to participate in communities and activities of choice respecting their choices and plans regarding employment, education, leisure and their social lives;
- enable clients to be involved in decisions that affect them and the services they receive;
- encourage and support clients to be involved in service development, evaluation, planning and organisational management;
- seek client input regarding information strategies, assistance and support, service involvement and development;
- develop links with other groups to promote greater opportunities for connections and meaningful participation in the community.

2. Information Strategies

Information about participation opportunities is provided to clients through the following mechanisms:

- Charter of Aged Care Rights
- Pamphlet about client participation to enable clients to decide what areas they would like to contribute to

To ensure clients can easily access these documents, they are available in multiple locations:

- on the website
- service entrance
- client information packs

Clients are also provided with information about participation opportunities at each stage of service from:

- Comprehensive assessment and onboarding process
- Service review

3. Assistance and Support

Strategies to support and assist client participation are reviewed biannually and, in the interim, where needed with clients, as necessary. Clients are actively supported to participate by:

- follow-up on written information
- specific assistance to clients who may experience cultural or language barriers
- providing specialised advocacy or support to those who need it
- reviews at each stage of service

The strategies also include:

- Training workshops for clients – developing self-confidence, skills building
- Developing a toolkit for staff – on how to support client participation
- Covering expenses of participation
- Providing information in a range of mediums (written, images, verbal, video)
- Provision of a support person.

4. Self-reliance and Social Inclusion

The strategies might include:

- Training workshops for clients – developing employment related skills
- Providing clients with information and support to enrol in courses which would enhance their independence (e.g. nutrition/cooking, avoiding falls, cardiac wellness)
- Identifying areas of social interest of clients and encouraging and assisting them to develop their social networks (e.g. joining a local club)
- Providing training for staff and volunteers – to understand, respect and support clients in their skill development
- Providing opportunities for clients to take part in social activities
- Encouraging clients with special interests to link up with a group in the local community

5. Service Development and Organisational Management

Clients are encouraged and supported to become involved in-service development and organisational management, if they choose to do so.

These opportunities include:

- taking part in surveys and feedback forums, including design of surveys and forms
- input when new services or activities are being developed
- representation on committees or groups
- attending training or conferences
- active membership of the organisation
- standing for the board or management committee.

Suspected Elder Abuse & Abuse Policy

1. Policy

The abuse of vulnerable people is not a new social problem and there is no evidence overall that indicates abusive situations are becoming more prevalent. Abuse involving vulnerable people is a complex social problem which requires careful and considered responses.

Bilingual Care Worker Cooperative of Australia Limited staff involved with older people and people with disabilities may encounter abusive situations and are empowered to delicately investigate situations of suspected abuse and support the person to develop response strategies.

2. Types of Abuse

Elder abuse is a complex phenomenon which is not easily classified. Abuse of an older person occurs within a broad range of different relationships and environments. The perpetrator may be a relative, friend or service provider. Incidents can fall into more than one category and involve more than one person.

- Financial abuse
- Physical abuse
- Sexual abuse
- Psychological or emotional abuse
- Social abuse
- Neglect

3. Possible Risk Factors

The complex dynamics in which abuse occurs make it difficult to determine or identify all factors associated with an increased risk of abuse.

Identifying risk requires staff to balance the autonomy of a person and that person's perception of risk, with the anxiety of relatives and professionals about risks.

The following circumstances may indicate a need for support to reduce the risk of abuse or address suspicions about abuse.

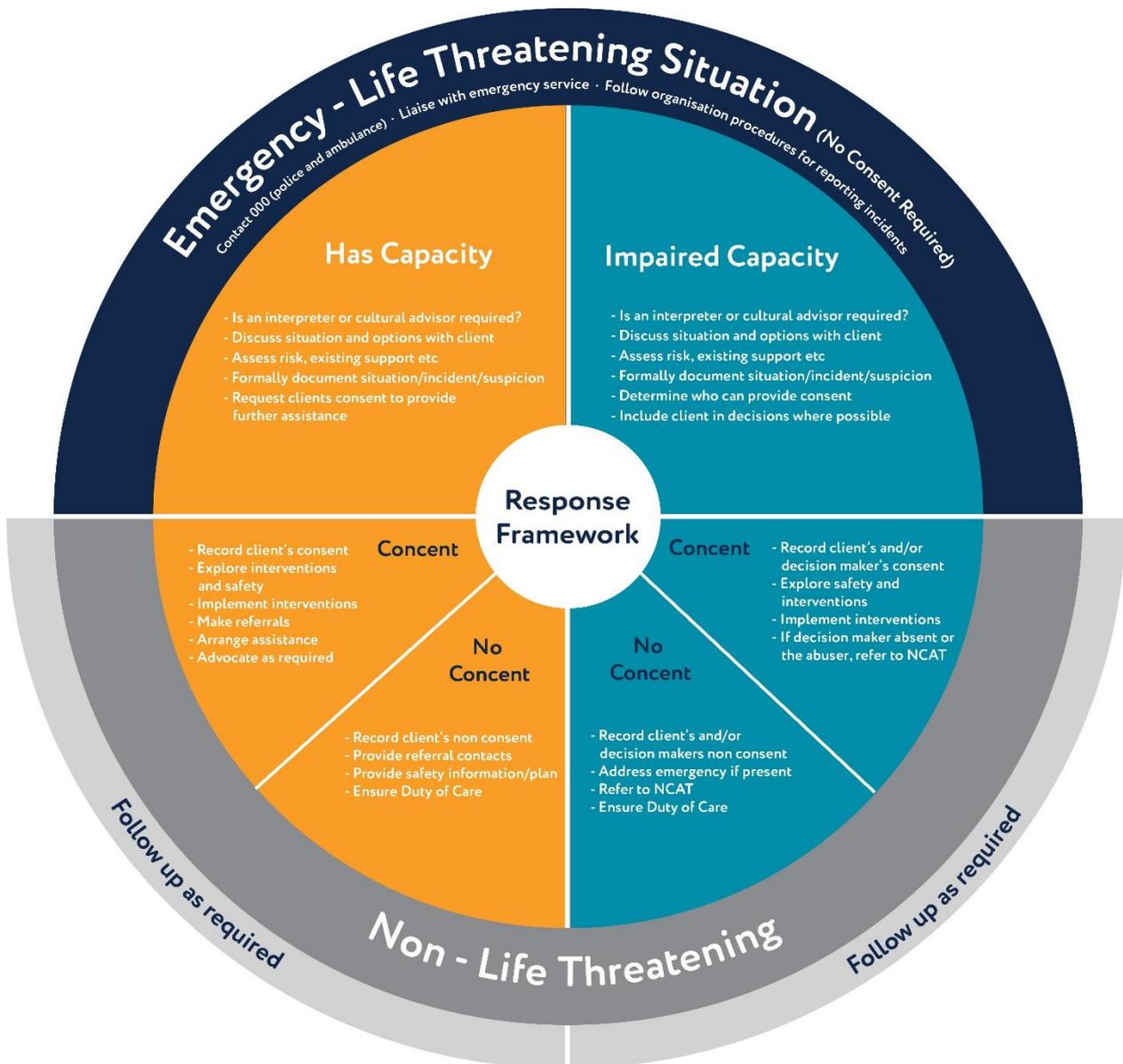
- Stress in the care relationship
- Difficulties accepting care due to health status
- Family violence (dementia may be a compounding factor)
- Isolation
- Dependency
- Psychopathology in an abuser
- Older parents caring for a mature aged child with a disability
- Other circumstances, including lack of information about rights, insufficient planning for ageing, psychological dependency, poor housing, cultural factors

4. Duty of Care

All staff hold an obligation to take reasonable care to avoid physical or psychological harm to an older person/ person with a disability, whom it can be reasonably foreseen, might be exposed to such risk by an act or omission.

5. Procedure

5.1. Response Framework



5.2. Incident Reporting

Staff should refer to the Consumer Incident Management (incl. SIRS) Policy for all definitions and processes to be followed regarding reportable incidents.

Staff members involved in responding to suspected elder abuse or any abuse will be supported by Bilingual Care Worker Cooperative of Australia Limited to develop appropriate self-care strategies. Bilingual Care Worker Cooperative of Australia Limited will ensure the provision of adequate supervision, monitoring and support of staff involved in cases of suspected or alleged abuse. Bilingual Care Worker Cooperative of Australia Limited provides free access to an Employee Assistance Program.

5.3. Gathering and Documenting Clear and Relevant Evidence of Abuse

The staff member will investigate, collect, weigh and interpret relevant information about the client's situation including suspected elder abuse/abuse. The staff member will record all information in Ezihealth.

5.4. Assessment

The assessment is an investigative process using professional and interpersonal skills to uncover relevant issues, identify needs and develop a Support Plan.

Several assessments may be required and include other agencies and professionals. In the case of suspected elder abuse/abuse a service specific assessment may be needed, depending on the type and scale of abuse and draw on specialist knowledge (e.g. sexual assault, drug treatment, legal services).

5.5. Client's Mental Capacity to Make Decision and Give Consent

An assessment and understanding of a person's mental capacity to make decisions and informed choices is important. Their right to refuse support should be respected. A person with mental capacity may be capable of managing their own affairs with minimal support from the staff member.

If there is doubt about a person's mental capacity, a referral to a cognitive dementia and memory service clinic (CDAMS), GP, psychiatrist, neurologist, psycho-geriatrician or a neuropsychologist might be appropriate. In the first instance, assessment using the Psychogeriatric Assessment Scale (PAS) or Rowland Universal Dementia Assessment Scale (RUDAS): A Multicultural Cognitive Assessment Scale may also help in determining cognitive decline.

If a person refuses to be assessed, and there is concern for their safety, an application to the Civil & Administrative Tribunal in their state, for the appointment of a Guardian may be necessary.

Before taking this step, the staff member will discuss the refusal of assessment with relevant family or friends and consult with the persons appointed advocate, guardian, or attorney.

5.6. Plan for safety intervention

If the person is deemed competent but refuses help, the staff member can only support and give advice about options.

The staff member will advise the client of their concerns about their welfare due to suspected abuse.

The staff member can advise the client to contact emergency services or reassure the client that such assistance can be provided. Strategies can be developed to help break through possible denial of abuse and feelings, such as fear, isolation, guilt and self-blame.

If the abuse continues to progress, the following strategies need to be undertaken with the guidance from the Care Manager.

- Document Elder Abuse concerns clearly by date and source of information
- Write objective notes in plain English, detailing known current or past injuries, circumstances or concerns relevant to the suspect or abusive situation
- Refer or assist an older person to:
 - Attend a specialist assessment by a geriatrician or GP if required
 - Involve local police if abuse is of a criminal nature
 - Involve local legal service, depending on the type of abuse
- Awareness of cultural considerations when planning options
- Awareness of factors which may inhibit the client to act on advice given to them by Bilingual Care Worker Cooperative of Australia Limited staff
- Review the plan regularly because circumstances may change for the older person
- Document all information in Ezihealth.

5.7. Support Planning

Intervention planning should consider what the aim of the intervention is:

- Prevention of further abuse
- Early intervention to prevent the escalation of abuse
- Intervention to support the person if the abusive situation continues
- Intervention to stop abuse re-occurring
- Resolution of the underlying causes of the abuse
- Intervention to stop abuse

If a staff member suspects a criminal offence may have been committed, they will discuss this with their Direct Manager prior to contacting the police service in their state.

Most cases of abuse are not clear cut. The staff member may need to explore several approaches to assist the person.

A possible Support Plan may include:

- Accessing services to relieve carers stress and further support the care of a person
- Cultural sensitivity and understanding e.g. what is acceptable/ customary practice/ intervention
- Informing the person of their rights and options for change, and of formal services and support available
- Approaching carers and family members to inform and educate them about alternative ways to support the person

- Monitoring and continuing to observe the situation until more evidence becomes available or the situation resolves
- Strategies to reduce isolation
- Strategies to reduce carer stress

The staff member is not expected to:

- Solve the problem
- Medically assess the person and their living situation in any way
- Decide whether the incident meets the threshold for laying criminal charges.

The staff member in consultation with their Direct Manager is expected to:

- Follow Bilingual Care Worker Cooperative of Australia Limited's Policies and Procedures
- Contact local police if the matter is urgent and of a criminal nature
- Consult specialist services if unsure what action is required
- Refer the abuse of the person to the appropriate authority where further action is required to ensure the safety and wellbeing of the person
- Discuss possible options with the person and the primary carer (if appropriate)
- Keep detailed record of what happened in Home Care System

5.8. Service Providers

The duty to report any changes in client's condition and concerns about their welfare is outlined in the Service Agreement. All communications must be documented in the Home Care System.

5.9. Training and Education

All staff are required to undergo an induction and ongoing training in relation to the different categories of abuse. They will also be trained in what is reportable, identifying change in client behaviour, and information required to report abuse.

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 8 - Organisational Governance

Client Incident Management (incl. SIRS) Policy

1. Policy

Bilingual Care Worker Cooperative of Australia Limited is committed to ensuring that incidents which occur in relation to the provision of services are managed consistently and effectively, and that workers can identify, manage, report and resolve incidents.

Bilingual Care Worker Cooperative of Australia Limited collects and reviews data on incidents in order to inform improvement activities.

Bilingual Care Worker Cooperative of Australia Limited regularly reviews its incident management system and processes to ensure that they are:

- Appropriate to the size of the organisation and the classes of supports it provides
- Well documented
- Readily accessible to all workers employed or engaged by the organisation
- Reflective and adaptive, with an intent to prevent incidents

2. Definitions

Incidents	Acts, omissions, events or circumstances that occur or could occur during or in relation to the provision of supports, or the alteration or withdrawal of supports, that cause harm, either physically or emotionally, to a Support Worker, client, or other stakeholder. Incidents also include acts, omissions, events or circumstances that have caused or could cause damage to property, the environment, material or cause public alarm.
Serious Incident Response Scheme (SIRS)	An initiative that helps prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government. It became applicable to Residential Care and Flexible Care in April 2021, and Home Care in December 2022.
Reportable Incidents	Refers to the 8 reportable incidents under the SIRS. These include: <ul style="list-style-type: none"> • Unreasonable use of force – for example, hitting, pushing, shoving, or rough handling a consumer • Unlawful sexual contact or inappropriate sexual conduct – such as sexual threats against a consumer, stalking, or sexual activities without consumer consent • Neglect of a consumer – for example, withholding personal care, untreated wounds, or insufficient assistance during meals • Psychological or emotional abuse – such as yelling, name calling, ignoring a consumer, threatening gestures, or refusing a consumer access to care or services as a means of punishment • Unexpected death – where reasonable steps were not taken by the provider to prevent the death, the death is the result of care or services provided by the provider or a failure by the provider to provide care and services • Stealing or financial coercion by a staff member – for example, if a staff member coerces a consumer to change their will to their advantage, or steals valuables from the consumer

	<ul style="list-style-type: none"> • Inappropriate use of restrictive practices – where it is used in relation to a consumer in circumstances such as: <ul style="list-style-type: none"> – where a restrictive practice is used without prior consent or without notifying the consumer’s representative as soon as practicable – where a restrictive practice is used in a non-emergency situation, or – when a provider issues a drug to a consumer to influence their behaviour as a form of restrictive practice • Unexplained absence from care – where the consumer is absent from the service without explanation and there are reasonable grounds to report the absence to the police.
Workers	Staff, contractors and volunteers employed or engaged by Bilingual Care Worker Cooperative of Australia Limited.
Abuse (in the context of this policy)	Verbal, physical and/or emotional mistreatment and/or lack of care of a person. Abuse can include bullying, physical abuse, sexual abuse, emotional and psychological abuse, racial, cultural and religious abuse and domestic violence.
Financial Abuse	Any act which involves misusing the money or property of a client without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.
Neglect	The failure to provide a person with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that their health and development is, or is likely to be, significantly harmed.
Negligence	Doing, or failing to do, something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.
Offender or Perpetrator	A person who mistreats and/or harms another person.
Procedural Fairness	A principal that requires a fair and proper procedure be used when making a decision.
Restrictive Practice	Any practice or intervention that has the effect of restricting the rights or freedom of movement of a client.

3. Procedures

3.1. Induction and staff training

All Support Workers must be familiar with Bilingual Care Worker Cooperative of Australia Limited’s incident management system, understand the organisation’s definition of a Reportable Incident, and understand the procedures they must follow for reporting all incidents to the organisation and an external body (if required).

Bilingual Care Worker Cooperative of Australia Limited promotes a culture of open reporting and ensures that all workers understand that they are supported to report any incident or alleged incident, and that there will be no negative consequences for doing so.

3.2. Incident identification

If a Support Worker observes an incident, or a client or member of the public notifies a Support Worker about an incident that does or could cause permanent or temporary detriment to a client, Support Worker or other stakeholder, then the Support Worker must report the incident to the Care Manager.

Support Workers and clients will be protected against any adverse actions as a result of reporting or alleging that an incident has occurred.

3.3. Immediate response

First respondents (e.g. the Support Worker on site and the Care Manager or Clinical Advisor (whoever can reach the site first)) understand that they must contact emergency services if the situation warrants. They must also preserve any physical or documentary evidence that may be critical to an investigation by the Police or Bilingual Care Worker Cooperative of Australia Limited's Managing Director.

In the case of alleged sexual abuse that has occurred, to preserve any forensic evidence, the person should not be showered or bathed or offered drinks or food until after the Police have been contacted and provide further instruction.

If Emergency Services are not required, but the client requires medical attention (including for psychological trauma), call their treating GP to make an appointment. If the GP is not available (for example, after hours), with the client's consent make an appointment with an alternative local GP or after hours home visiting service or take them to the nearest local Emergency Department.

Where a staff member is accused or suspected of harming the client, any medical practitioner called must be independent to Bilingual Care Worker Cooperative of Australia Limited.

3.4. Remove alleged perpetrator/s

Where a staff member is accused or suspected of harming the client, they must be removed from contact with all clients pending an investigation.

If another client is accused or suspected of harming the client, where possible, they must be removed from contact with other clients pending an investigation.

3.5. Notification requirements

Staff must report incidents to various agencies and persons based on the following priority system:

- For serious incidents, Support Workers must first contact emergency services
- Support Workers must report all incidents internally to their direct manager
- If it is determined that the incident is serious, the Care Manager is responsible for notifying families, guardians and advocates of the client
- If an incident is a Reportable Incident, the Care Manager will notify the relevant external body within the expected timeframe of the external body (see below).

Where the client consents, or does not have the capacity to consent, contact the client's next of kin.

3.6. Reporting procedures

The staff member who first becomes aware of an incident must report it as soon as practicable to the most senior staff member in the work area. The most senior staff member in the work area is responsible for reporting relevant incidents to the Police. The report must be made as soon as practicable, once immediate safety and medical needs are met.

Staff must report all client incidents to their direct Manager or another member of the Management Team as soon as practicable.

Details of all incidents, their investigation and review must be recorded in Bilingual Care Worker Cooperative of Australia Limited's Incident Register. The register must include:

- a description of the incident, including the impact on, or harm caused to, any client affected by the incident;
- the time, date and place at which the incident occurred (if known) or the time and date the incident was first identified;
- the names and contact details of the people involved in the incident;
- the names and contact details of any witnesses to the incident;
- details of the assessment of the incident;
- the actions taken in response to the incident, including actions taken to support or assist the client affected by the incident;
- any consultations undertaken with the client affected by the incident;
- whether the client affected by the incident or their representative have been provided with any reports or findings regarding the incident;
- if an investigation is undertaken, the details and outcomes of the investigation; and
- the name and contact details of the person making the record of the incident.

Bilingual Care Worker Cooperative of Australia Limited must notify the Commission of all reportable incidents. This includes incidents that occur, or are alleged or suspected to have occurred, and includes incidents involving a care recipient with cognitive or mental impairment (such as dementia). Incidents should be reporting using the SIRS tile on the My Aged Care Provider Portal. Bilingual Care Worker Cooperative of Australia Limited will ensure staff have training and access to the portal to submit reports on time.

Incidents that are not one of the 8 reportable incident types listed above are not required to be reported to the Commission. However, depending on the circumstances, they may need to be reported to another government body (e.g. Worksafe/Safework).

3.7. SIRS reporting timeframes

If a reportable incident occurs or is alleged or suspected to have occurred, Bilingual Care Worker Cooperative of Australia Limited must immediately act to protect the safety and wellbeing of those involved and determine if the incident is either Priority 1 or Priority 2 based on:

- the incident type
- the harm and/or discomfort caused to the client

- whether there are reasonable grounds to report the incident to the police.

The priority of the incident determines when it must be reported to the Commission.

The Managing Director is responsible for lodging a SIRS incident. Please see Priority 1 and Priority 2 incidents below.

3.8. Priority 1 Reportable Incidents

Priority 1 reportable incidents must be reported to the Commission within 24 hours of the provider becoming aware of the incident. Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, a consumer physical or psychological harm and/or discomfort that would usually require medical or psychological treatment to resolve, or
- if there are reasonable grounds to contact the police, or
- of unlawful sexual contact or inappropriate sexual conduct, or
- when there is the unexpected death of a consumer or a consumer's unexplained absence from the service.

Staff must also report an incident to the police where there are reasonable grounds to do so. This includes scenarios where they are aware of facts or circumstances that lead to a belief that an incident is unlawful or considered to be of a criminal nature (for example sexual assault). These incidents must also be reported to police within 24 hours of becoming aware of the incident.

Reporting to police in relation to criminal conduct should occur regardless of whether the incident is alleged or suspected to have occurred.

3.9. Priority 2 Reportable Incidents

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident.

Bilingual Care Worker Cooperative of Australia Limited must report Priority 2 reportable incidents to the Commission within 30 days of becoming aware of it occurring.

3.10. Supporting clients

Throughout the incident management process, from initial response through to review, clients will be supported by the organisation through means of:

- Reassurance if the client reported the incident;
- Trauma and counselling services, where required;
- Changes to regular supports, if necessary;
- Clear, ongoing communication regarding the progress and outcomes of the investigation.

Clients will be involved in the management and resolution of the incident where appropriate.

3.11. Assessment and investigation

The Care Manager is responsible for creating an initial assessment of any incident, to determine the severity of an incident and to establish the need for, and scope of, an investigation. If an incident is a Reportable Incident, an internal investigation will take place. All investigations will be undertaken and conducted in accordance with principles of natural justice and procedural fairness.

Incidents involving criminal allegations will be reported to law enforcement, who will receive full support of the organisation in their investigations.

Whenever an investigation into an incident is conducted, it should establish:

- The cause of an incident
- The effect of an incident
- Any organisational processes that contributed to or did not function in preventing an incident
- Changes the organisation can make in order to prevent further incidents from occurring

Information related to incident investigations, including records of phone conversations, emails, documents and, where possible, records of face-to-face interviews will be recorded and kept in strict confidence.

3.12. Incident resolution

Based on the Care Manager's assessment, the organisation may undertake remedial action proportionate to the severity of the incident, including but not limited to:

- Providing an apology
- Disciplinary action
- Financial compensation

The organisation will inform and involve clients, family and advocates in the process of incident management and resolution.

3.13. Investigating Incidents

The options for investigating incidents are:

- No further investigative action – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concern about the safety of the client or the quality of care the client is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).
- Monitoring and support required – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. Bilingual Care Worker Cooperative of Australia Limited may manage these issues by monitoring and supporting affected staff members or clients and documenting this on relevant staff and client files. The incident must then be the subject of a review (detailed below).
- Internal investigation – This option may be selected only where Bilingual Care Worker Cooperative of Australia Limited has the capability to undertake an investigation independently.

- External investigation – In other cases, Bilingual Care Worker Cooperative of Australia Limited will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Person leading the investigation may commission an investigator, or a person from another organisation, with relevant expertise.

Regardless of the type of incident or investigation method used, incident investigation must focus on the incident only. All parties involved in an incident must be provided with procedural fairness and with the support and information necessary to participate in the investigation process.

For every Reportable Incident where there may be a conflict of interest, the Managing Director must appoint a Person leading the investigation to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The person leading the investigation must determine the appropriate investigative action for all incidents within a maximum of 72 hours of Bilingual Care Worker Cooperative of Australia Limited becoming aware of the incident. The Person leading the investigation may seek advice from other staff members if appropriate.

Investigations must take a person-centred and rights-based approach, taking into account what is important to the client impacted by the incident. The person and their supporters should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, remain impartial and independent at all times.

All investigations must be completed (including report finalisation) within 28 working days.

Bilingual Care Worker Cooperative of Australia Limited must provide information on investigation progress and outcomes to the client involved in the incident (or their supporters) and, with the consent of the client or their representative, any other person.

An investigation report must be completed by the Person leading the investigation. Investigation reports should include:

- details of any internal or external investigation or assessment that has been undertaken in relation to the incident, including:
 - the name and position of the person who undertook the investigation;
 - when the investigation was undertaken;
 - details of any findings made; and
 - details of any corrective or other action taken after the investigation;
- a copy of any report of the investigation or assessment; and
- whether the person affected by the incident (or their supporter) has been kept informed of the progress, findings and actions relating to the investigation or assessment.

Once any actions required as a follow-up to the investigation have been implemented, the Person leading the investigation can complete the incident investigation.

3.14. Communication

Bilingual Care Worker Cooperative of Australia Limited must provide timely feedback to anyone who reports an incident, raises concerns or makes a complaint about harm to another person. Feedback must be provided as soon as possible and within 7 days from the incident occurring.

If an incident cannot be responded to in full within 7 days, an update must be provided. This should include the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.

The person leading the investigation or Care Manager should discuss the outcome of an incident investigation verbally with those involved, where possible. This must be followed by written advice that provides people the opportunity to make further contact with the person leading the investigation or Care Manager if required.

The written advice must also include information on what further action may be available or taken at the conclusion of the incident investigation. This may include escalating the matter further with an external agency or seeking a further review within the business. Written advice should also seek feedback from the person regarding their experience of the incident management process.

Support must be provided to assist people's understanding of correspondence regarding incidents, where this is required (e.g. interpreters, referral to advocates, etc.).

Open Disclosure

Open disclosure in aged care refers to the process of communicating with clients, their families, and other stakeholders following an incident that affects a client's health, safety, or well-being. It is guided by principles of transparency, honesty, and continuous improvement. Bilingual Care Worker Cooperative of Australia Limited promotes this method by:

- Recognizing and Reporting the Incident
 - Care staff must promptly identify and report incidents (e.g., falls, medication errors, neglect).
 - Reporting should be done through internal systems and regulatory bodies (e.g., Aged Care Quality and Safety Commission).
- Immediate Response and Support
 - Ensuring the client's immediate safety and well-being.
 - Provide medical assistance if required.
- Communication with the Client and Family
 - Inform the client and their family about the incident as soon as possible.
 - Express empathy and take responsibility where appropriate.
 - Explain what happened, potential impacts, and immediate actions taken.
- Investigation and Root Cause Analysis
 - Conduct a thorough investigation to determine the cause.
 - Identify systemic failures or human errors.
- Implementation of Preventative Measures
 - Develop an action plan to prevent recurrence.
 - Provide staff training if needed.
 - Update policies and procedures based on findings.
- Follow-up and Continuous Improvement

- Keep clients and families updated on improvements made.
- Review and refine the open disclosure process regularly.

3.15. Incident Review

Incident review includes identifying, monitoring and acting upon trends and systemic issues identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of incidents in order to safeguard the safety and wellbeing of individual clients, as well as improve the quality of supports.

The Incident Register must be reviewed at monthly Management Team meetings. The Care Manager is responsible for monitoring the Incident Register in order to analyse and report on incident trends.

Reviews should consider:

- the causes, handling and outcomes of incidents;
- processes, timeframes and record keeping practices associated with incident management; and
- feedback provided by staff and clients about incidents.

Where preventative or improvement measures are identified, these must be tracked in the Continuous Improvement Register.

Incident Reviews also help us to improve the management and prevention of incidents. Bilingual Care Worker Cooperative of Australia does this by:

- Strengthening Staff Training and Awareness
 - With regular training on incident response and communication.
 - Reinforcing a culture of transparency and learning from mistakes.
- Implementing Advanced Risk Assessment Tools
 - Using digital systems to track potential risks (e.g., falls, medication errors).
 - Conduct routine client risk assessments.
- Enhancing Communication Channels
 - Introducing digital reporting tools for real-time incident documentation.
 - Improving feedback loops between care staff, management, and families.
- Encouraging a No-Blame Culture
 - Fostering an environment where staff feel safe reporting incidents.
 - Focusing on system improvements rather than individual blame.
- Strengthening Regulatory Compliance and Auditing
 - Conducting regular internal audits to assess compliance with open disclosure standards.
 - Engaging independent reviews to identify gaps in incident management.
- Leveraging Technology for Better Monitoring
 - Using smart home monitoring devices to detect risks like falls or wandering.
 - Implementing AI-based medication management tools to reduce errors.
- Personalizing Client Care Plans
 - Tailor care based on individual needs and risk factors.

- Regularly review and update care plans with families.

All of the above policies and procedures allow us to collect data relating to all incidents. Our incident management system collects data in the following ways:

- Incident Reporting
 - Care staff report incidents through an electronic incident reporting system (on Eziplan) or paper-based forms.
 - Reports include details such as date, time, location, type of incident, affected individuals, contributing factors, and immediate actions taken.
- Categorization and Classification
 - Incidents are classified by type (e.g., medication errors, falls, abuse, neglect, near-misses).
 - Severity levels (low, moderate, high, critical) help prioritize responses. Priority 1 or 2 for SIRS.
- Root Cause Analysis (RCA)
 - Investigations identify underlying causes (e.g., staff training gaps, equipment failure, procedural issues).
 - Techniques like the “5 Whys” method, flowcharts or fishbone diagrams help determine root causes.
- Data Storage and Integration
 - All incident data is stored in a centralised database.
 - The system integrates with client care records, compliance monitoring, and risk management systems.
- Trend Analysis and Reporting
 - Automated data analytics tools generate real-time reports.
 - Patterns and trends (e.g., frequent falls in certain clients, repeated medication errors by certain staff) are identified.
- Action Planning and Continuous Improvement
 - Findings are shared with management, clinical governance teams, and frontline staff.
 - Corrective actions are implemented (e.g., policy updates, staff training, technology upgrades).
 - The effectiveness of changes is monitored over time.

The logical next step is for the incident management system to identify trends and address systemic issues. The system achieves this by:

- Proactive Risk Management – By spotting trends early, the organisation can take preventative measures before incidents become widespread.
- Evidence-Based Decision Making – Data-driven insights help in policy reviews, training enhancements, and process improvements.
- Regulatory Compliance – Ensures compliance with Aged Care Quality and Safety Commission (ACQSC) requirements and Serious Incident Response Scheme (SIRS).

- Improved Staff Accountability – Tracking incidents at an individual, team, or location level ensures staff are trained and supported appropriately.
- Client-Centric Improvements – Identifying recurring issues leads to better personalized care plans and tailored interventions.

4. Sexual Abuse

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the client may be required.

4.1. Indicators of Abuse

Indicators of abuse include, but are not limited to:

- a client alleges that abuse has occurred, by a staff member, another client, or other person;
- a staff member observes or is told about alleged abuse;
- a staff member suspects that abuse has occurred (for example, a client may have unexplained injuries, a client may be distressed or anxious, or clothes may have been ripped);
- a client's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and
- a client complains of physical symptoms, or a staff member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

4.2. Responding to Allegations of Sexual Abuse

Suspicious and allegations of abuse should always be treated seriously. The person's feelings about themselves may be influenced by initial reactions to their suspicion and/or allegation.

If abuse is disclosed, or a staff member is suspicious of abuse, or becomes aware of abuse, a helpful response may include:

- ensuring their immediate safety, health and wellbeing needs are met;
- ensuring their specific support needs are addressed including access to communication aides and resources;
- listening carefully to them;
- reassuring them they did the right thing by telling someone;
- asking them what can be done to make them feel safe and explaining the actions you will take next;
- with their consent, engaging family, significant others or an advocate to support them and advocate on their behalf; and
- with their consent, notifying other service providers working with them, if appropriate.

4.3. Interpreting

For clients who are from culturally and linguistically diverse or Aboriginal and Torres Strait Islander communities, staff should consider referring them to specialist agencies or staff for additional support. It may also be necessary to arrange an interpreter. Interpreters of the same sex as the client should be engaged wherever possible.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter.

When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the client or their immediate cultural community.

5. Supporting documents

- Incident Report Form
- Incident Register

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 6 - Feedback and Complaints
- Standard 8 - Organisational Governance

Client Non-Response to a Scheduled Visit Policy

1. Purpose

The purpose of this policy is to provide guidance to Bilingual Care Worker Cooperative of Australia Limited staff when a client does not respond to the phone, doorbell or knock on the door at a time when the client had said they would be available to see the Support Worker, volunteer or other worker.

2. Policy statement

Bilingual Care Worker Cooperative of Australia Limited acknowledges that the safety and wellbeing of clients is paramount and needs to be protected and maintained.

Clients who live alone in the community are vulnerable and require procedures to be in place in order to investigate their wellbeing in the event they do not respond to scheduled visits.

Bilingual Care Worker Cooperative of Australia Limited will ensure:

- there are procedures in place for those times that a client does not respond to a scheduled visit.
- the response will be based on assessment and individualised as each client's circumstances will differ.
- All incidents of a client's no response to a scheduled visit will be recorded, followed through and changes made to individual service plans and service/program practices as required.

3. Procedure

3.1 Identifying the planned approach

During the intake process, the Care Manager (or delegate) will ensure there is a planned response for when a client does not respond to a scheduled visit. Such a response will be developed after consultation with the client (and where appropriate their carer/family).

The response will be individualised for each client and documented with a copy made available to the client (usually Emergency Plan).

In the event that a client does not want any response, this should be documented.

The planned response must be available to all in Ezihealth (Emergency Summary and if necessary, in Alerts).

Clients with external case managers will be notified if a scheduled service does not take place.

The planned response and client's emergency contact details will be reviewed as part of the regular Care Plan review.

3.2 Spare key to client's home

Upon intake, the Care Manager will discuss with the client the option of a spare key to the client's home being accessible and when it may be used. A spare key may be left in a locked box outside the client's home, with a neighbour or with a family member/friend.

The Care Manager will record on the client's file where the client has spare keys to their home. This information must be kept secure to prevent unauthorised people discovering the key or combination to a locked box. It is therefore inappropriate for these details to be on paper rosters held by Support Workers.

If there is a key to the client's home left in a locked box, this will only be used to access a client's home if:

- the client is physically unable to open the door;
- the client has a hearing impairment, and we know this is preventing her/him from hearing the staff/volunteer at the door;
- the client has locked her/himself out; or
- it is known the client is alive but is unable to open the door.

Where a client agrees to have a spare key accessible, the Care Manager must ensure the client specifies the circumstances under which the key may be used and documented in the Client Agreement.

3.3 Clients with a history of not responding

If the client has dementia, a history of falls, mental health problems, and/or a history of being missing or not responding to scheduled visits, the Care Manager will ensure that this is detailed in the client's record.

If a Support Worker phones their Care Manager to say that such a client is not responding, the Care Manager may recommend the staff/volunteer revisit the client later in their shift or will ensure the client's contact person/next of kin or Care Manager follows up later in the day.

3.4 When a client is not responding/contactable

- Where a client has requested that they do not want a planned response and a Support Worker has concerns or there is an indication that there may be something wrong, the Support Worker should raise their concerns with the Care Manager who will then make a record of these concerns.
- If the client is not there or responding when the Support Worker arrives at a pre-arranged time and place, the Support Worker will make reasonable efforts to clarify that the client is safe by:
 - phoning the office staff who will phone the client.
 - looking in the windows (if safe to do so from ground level) and checking the house for "signs of life" or disturbance. If the client appears to be unconscious or injured or if there are signs of forced entry, the Support Worker will phone the office staff (or on-call Coordinator) who will phone the Police and client's next of kin. If the client is being supported by an external case manager, then the external case manager will be notified that the service was not completed, as soon as possible.

As detailed above, there are restrictions on when a spare key can be used to access a client's home. Support Workers need to speak to office staff to gain permission before using a client's spare house key. The office staff may identify with the Support Worker the most appropriate person to accompany them when entering a client's home. This may be a Coordinator, neighbour, or an emergency worker.

If there is no sign of the client, the Support Worker/volunteer/staff member will phone their Care Manager who will then phone the client. If still no response, the office staff will phone the client's next of kin/first contact and ask if they know the whereabouts of the client. If they can be contacted, the next of kin are to then take on the responsibility for following through on investigation and action.

If there are no next of kin, or the next of kin are unable to assist, the office staff will notify the Police.

The Care Manager is to determine how long the Support Worker should wait for the client or client's next of kin.

4. Client/carer responsibilities

The client/carer agrees to notify the service provider if the client is not going to be home for the prearranged visit. The client/carer is to ensure that emergency contacts know they have been nominated as a contact and that emergency contact details are current.

5. Joint plans between providers where possible/appropriate

Where possible and appropriate, the formulation of a joint plan among service providers, where a client is receiving services from multiple providers, will be discussed with the client.

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 8 - Organisational Governance

Missing Client Policy

1. Policy and Procedure

The Missing Client Policy and Procedure is implemented throughout Bilingual Care Worker Cooperative of Australia Limited to ensure the correct protocols are taken if a client is suspected or deemed missing.

2. Policy

Bilingual Care Worker Cooperative of Australia Limited is committed to providing 24/7 care and services for clients. The Missing Client Policy and Procedure outlines the actions that are required to take if a client is missing. It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited to effectively respond and to ensure the health and safety of their clients.

Worker Responsibilities:

- Immediately report and notify key personnel if it is noticed or suspected a client is missing.
- To maintain a watchful eye and continuously monitor clients.
- Report to Care Manager.

Management Responsibilities:

- To ensure the safety of all personnel.
- To contact client's related personnel in the event a client is missing.
- Report to Care Manager or emergency services.

3. Procedure

The Missing Client Procedure is utilised throughout Bilingual Care Worker Cooperative of Australia Limited, to ensure the safety of all clients. It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited's personnel to monitor all whereabouts of clients. In the exceptional circumstances a client is in suspicion or is deemed missing, then immediate action will take place, and related personnel to that individual will be made aware of the situation.

Principles of Missing Clients

It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited and Bilingual Care Worker Cooperative of Australia Limited's personnel to provide 24/7 care to their required clients. It is extremely crucial that all key personnel and personnel of Bilingual Care Worker Cooperative of Australia Limited are aware and have developed the understanding of their client's behaviour patterns and should determine if they require extra monitoring. It is essential that personnel are to perform and deliver a nursing or medical assistance if they are not professionally trained in the area. The 24/7 care workers must clearly communicate to clients the actions and measurements that will be utilised to meet Bilingual Care Worker Cooperative of Australia Limited's duty of care.

All Support Workers, or in the circumstance that a sub-contractor is responsible for caring for a client, are to promptly act upon any incidents, however they must ensure the initial safety of themselves.

Personnel are to ensure frequent communication to the Care Manager, and especially make them notified if an emergency were to occur. The Managing Director and/or Care Manager may work with additional skilled external organisations and experts/consultants where a client is suspected missing.

Missing Client

In the event a client is deemed missing, it is essential that Bilingual Care Worker Cooperative of Australia Limited's personnel and Care Manager follow the below specifications. However, it is not limited to:

- Communicate to the client's mobile phone frequently (if they possess one).
- Enquire with all persons who were in contact with or had seen the client that current day. Also ask surrounding neighbours if they have seen the missing client.
- Conduct a thorough and careful search of the home, and surrounding areas.
- Ensure to contact the Managing Director, Care Manager to report the situation.
- Contact emergency services if directed by the Care Manager or the Managing Director. If for any reason the Support Worker is unable to contact the Care Manager, then it is the responsibility that they contact emergency services immediately. They must follow all instructions given to them by police or the Care Manager.
- If a client is found, it is essential that all personnel are made aware of the positive outcome. Family members should also be immediately informed.
- It is essential that all events are recorded and documented, via the Incident Report Form and then placed in the client's personal file.
- The incident must be investigated thoroughly to ensure elimination of potential future occurrences.

Aboriginal and Torres Strait Islander People Policy

1. Policy

Australia has two Indigenous cultures as part of its national heritage – Aboriginal and Torres Strait Islander. Aboriginal and Torres Strait Islander peoples are the First Australians, having lived in Australia for more than 40,000 years. There is no place in Australia that is not Aboriginal or Torres Strait Islander land.

Aboriginal and Torres Strait Islander people, like the rest of the population, are a diverse group of people. Their experiences vary, depending when they were born, where they live (city or rural) and how colonisation has impacted on them, their family and their way of life.

It is critical for Bilingual Care Worker Cooperative of Australia Limited staff to be aware of some of the issues faced by this particular group of people to ensure sensitivity and understanding.

Bilingual Care Worker Cooperative of Australia Limited understands that in order to provide better care and service outcomes for clients, all staff must understand each client’s cultural identity and that what is culturally safe for one client can be different to what is culturally safe for another.

Bilingual Care Worker Cooperative of Australia Limited is committed to working with each client, and any representative or person of their choosing, so that their cultural preferences and needs can be understood.

All clients receive support to articulate their individual needs, wishes and preferences. Care is tailored to meet identified requirements, thereby ensuring quality care outcomes.

2. Definitions

Cultural Awareness	Sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group. It is also the awareness that one’s own cultural values are not universal, nor automatically ‘better’ than another set of values.
Cultural competence	Means becoming aware of the cultural differences that exist, appreciating and having an understanding of those differences and accepting them and being prepared to guard against accepting your own behaviours, beliefs and actions as the norm. Cultural competence includes the ability to translate awareness into a positive outcome from an exchange between yourself and a person from a different cultural background.
Cultural safety	Understanding a client’s unique cultural identity, acknowledging differences, and being actively aware and respectful of these differences in planning and delivering care and services in a way that meets their needs, expectations and rights. It means working from the cultural perspective of the other person, not from your own perspective.
Unsafe cultural practice	Any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

3. Home Care Packages Procedure

1. Support Workers will ask the client, as part of the assessment, to identify themselves as belonging to a special needs group, if they would like, and to share as much or as little information about what this means to them.
2. The Support Worker will assist the client in managing any areas of concern for them. Factors which might be identified by the client include:
 - mental health concerns (depression, anger/ frustration, being disenfranchised);
 - use of alcohol and drugs as coping mechanisms;
 - isolation/ lack of ability to connect to others/ inability to fit society and
 - Loss of identity, loss of culture and traditions, not feeling respected
 - Shortened life expectancy.
3. Ways to assist Aboriginal and Torres Strait Islander people will vary. They are the best source of information and should be able to help identify how the package can help them. Support Workers should not assume that social activities or support will be provided by a person from the same culture.
4. Compared to other groups, Aboriginal and Torres Strait Islander people have a lower life expectancy. Support Workers should be working with organisations funded to provide “Closing the Gap” programs to assist clients to access appropriate health and medical information which aim to educate, prevent about chronic diseases and prolong life expectancy.
5. If a Support Worker would like further advice about Aboriginal or Torres Strait Islander people, they should contact their local Indigenous outreach worker or Aboriginal and Torres Strait community organisation.
6. Close relationships with experts will result in greater access to resources and provide a better understanding of the local Aboriginal or Torres Strait Islander culture.
7. It is recommended that staff, who do not have experience in working with Aboriginal and Torres Strait Islander people undertake culturally specific training. This will enable respectful interactions and a greater understanding of what is important in a cultural perspective.
8. Care plan design will need to take into consideration factors identified during the assessment. Support staff may need to be trained or specifically chosen for their ability to work with Aboriginal and Torres Strait Islander people.
9. For clients who engage in excessive alcohol or drug consumption the aim is to keep all parties as safe as possible, allowing the client to take reasonable risks and at the same time protecting them and the support staff member.
10. For Aboriginal and Torres Strait Islander people, who have a cognitive decline, it is advisable to have any assessments undertaken by an Aboriginal Health service. Funding supplements are applied for after conducting a Kimberley Indigenous Cognitive Assessment or other assessment accepted in the local community.

11. Dementia and cognitive decline are particularly problematic for Aboriginal and Torres Strait Islander communities, as elders hold the knowledge and pass on history and stories to younger generations.
12. Any kind of cognition loss results in a “loss of role” for the elder and a loss of culture for the next generation. Early intervention and recording of information will assist the client and the community.
13. End of Life - Many older Aboriginal and Torres Strait Islander people live away from their original lands or country. This is often felt as a greater loss at times of stress, including towards the end of life.
14. Many older people have a strong desire to go back to their country at these times and doing so can be more important to them than receiving health treatment (Indigenous Palliative Care Project).

4. Home Care Services Procedure

1. Team Leaders/delegate will identify the key factors for private clients that will impact on their satisfaction with their service, through understanding the needs and wishes of Aboriginal and Torres Strait Islander people.
2. An appropriate *Care Plan* is developed ensuring Support Workers have relevant information about and possess appropriate skills to provide services for the client.
3. The needs and wishes of the client are considered prior to commencing care through the identification of factors that may impact on their experience of care including:
 - The client’s understanding of the service
 - The client’s understanding of the process
 - The client’s specific preference (e.g. personal hygiene services)
 - The client’s expectation of Support Workers.
4. During the assessment the Team Leader/ delegate will:
 - Consider communication preferences
 - Physical health and restrictions, mental health or substance abuse concerns
5. Team Leader/ delegate will note all preferences specified by the client and match support staff. If required notes / alerts are placed in Ezihealth to ensure critical information about the client is readily available.

5. Staff Training

Bilingual Care Worker Cooperative of Australia Limited will ensure all staff understand and know what is required to make each individual client feel respected, valued and safe including receiving culturally safe care and services.

During Induction, all staff will be provided with education and training to ensure they understand the differences between cultural awareness, cultural competence and cultural safety (including what is deemed as unsafe cultural practice).

Direct support workers will also be educated on the individual cultural preferences of clients before visiting for the first time to ensure the care delivered makes the client feel comfortable and safe.

Bilingual Care Worker Cooperative of Australia Limited will encourage clients (where comfortable/able) to educate their allocated direct support workers on their individual preferences and welcomes feedback in relation to whether their expectations of cultural safety are being met by staff.

Bilingual Care Worker Cooperative of Australia Limited will research the different cultural groups within its service area and link with elders and other experts/stakeholders that can provide information and education as how best to support their specific community.

6. Supporting Documents

- Decision Making and Choice Policy and Procedure
- Assessment and Review Policy and Procedure

People who Live in Rural and Remote Areas Policy

Provision of services in rural and remote regions requires creative use of resources, cooperation, and an understanding of the local community. Bilingual Care Worker Cooperative of Australia Limited understands there are often limited resources in these locations, which requires a more specialised response to care planning. Regardless of location, clients are encouraged to exercise their preferred level of independence and choice.

1. Purpose

To ensure clients are supported in their local community and are able to access their desired services and retain options and choices. The client's Care Plan will clearly identify their preferences and assistance required.

2. Home Care Packages Procedure

1. Support Planning and goal setting will be undertaken in the same manner as for all other clients, ensuring the client is fully involved in the process and is partnering with Bilingual Care Worker Cooperative of Australia Limited to meet their goals.
2. Support Workers are aware of local resources available to the client and will be able to articulate options, costs (possible travel/ transport expenses) and choices for the client.
3. Depending on the recipient, their goals and care needs will be met in various ways. The Care Plan may involve specialist services, local community resources and volunteer services. Providing ideas, advice, resources to enable the client to meet their goals, within a finite budget, is a key role for the Support Worker.
4. Many clients who live in rural and remote communities do so because they have done so for a long time and enjoy the lifestyle it offers. Clients should be encouraged to plan for potential changes in their situation (e.g. hospitalisation, placement in residential care, palliative care) and be made aware of their options, both local and in a major city.
5. Future planning may enable clients to remain in their chosen environment, rather than having to move, due to lack of access to services/ resources.
6. Creative care planning (e.g. organising transport for two clients at the same time, ensuring local support staff are rostered in an efficient way to limit travelling expenses and utilising local community resources), will ensure maximum effectiveness of funding.

3. Home Care Services Procedure

1. Regional Coordinators will, during the assessment process of private clients, identify the key factors impacting on service provision. This will enable the development of an appropriate Care Plan and ensure Support Workers have relevant information.
2. The needs and wishes of the client are considered prior to commencing care through the identification of factors that may impact on care including:
 - The client's understanding of the service
 - The client's understanding of the process
 - The client's specific preference (e.g. personal hygiene services)

- The client's location and any access limitations to their property
 - The client's expectation of Support Workers.
3. During the assessment the Regional Coordinator:
- Consider communication preferences
 - Consider risk factors to the Support Worker and other staff
4. The Regional Coordinator will note all preferences specified by the client and match Support Workers. If required notes/alerts are placed in the Home Care System to ensure critical information about the client is readily available.

People who are Homeless or at Risk of Becoming Homeless Policy

Bilingual Care Worker Cooperative of Australia Limited recognises that access to safe and secure housing is a basic human right. Some older Australians do live in unstable housing or experience homelessness and experiences have a very significant effect on an individual's wellbeing.

1. Definitions

Primary Homelessness	Experienced by people without conventional accommodation (e.g. sleeping in rough or in improvised dwellings).
Secondary Homelessness	Experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, 'couch surfing').
Tertiary Homelessness	Experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

2. Purpose

- To create an opportunity in the assessment process for individuals to (if they wish) identify as at risk of becoming homeless in the assessment process.
- To ensure staff are aware of the types of homelessness, the various reasons why people may be or become homeless and the individual impacts of these.
- To provide guidance for staff to support individuals by referring to specialist services to help find better and more suitable accommodation, accessing resources and assisting individuals to set goals to ensure maximum empowerment and independence.

3. Home Care Packages Procedure

1. The Support Worker will usually be able to identify if a person is homeless (primary, secondary or tertiary) or at risk of becoming homeless during the assessment or at some point soon thereafter.
2. Support planning and goal setting will be undertaken in the same manner as for all other clients, ensuring the client is fully involved in the process and is partnering with Bilingual Care Worker Cooperative of Australia Limited to meet their goals.
3. Support Workers should be aware of resources available to people who would like to change their living situation. It should be understood that "lifestyle" may be a conscious choice and that not all people who meet the category of "homeless" will want to change their living arrangements.
4. It is important for a Support Worker to be sensitive of the client's history and their experiences. Being able to understand where some of the client's feelings and wishes are originating from will allow the opportunity for open discussion and over time and assist to achieve positive outcomes for the client.
5. Depending on the client and their wishes; goals and care needs will be met in various ways. This may include involving specialist services or assistance to access additional services/ resources.

6. Support Workers may wish to undertake additional training to enable more effective understanding and response to people in these special needs groups.

4. Home Care Services Procedure

It is important that services are provided in a safe, acceptable and dignified manner.

During the admission/assessment process, the Care Manager will obtain a thorough understanding of the needs and wishes of the client and identify the key factors that will impact on service provision such as the client's:

- Understanding of the service
- Understanding of the process
- Communication preferences
- Specific preferences (e.g. personal hygiene services),
- Expectation of Support Workers.

The Care Manager will consider risk factors to the client and staff.

A Care Plan will be developed with the client taking into account the information collected and discussed during the assessment process.

The Care Manager or delegate will match support workers to client preferences/needs, have discussions with Support Workers (if relevant) and note all preferences in Ezihealth.

Support Workers will gain an understanding of the client's preferences and needs by having access to readily available relevant/crucial information through discussions with the Care Manager (if relevant), roster notes and alerts in Ezihealth.

Working in a Care Recipient's Home Policy

1. Purpose

This policy seeks to minimise risk to staff health and wellbeing whilst using equipment in client homes.

2. Risk

Risks to staff working in client homes are increased due to use of unfamiliar equipment in an unfamiliar (and sometimes unsuitable) work environment.

As staff might not be apprised of changes to the environment and equipment, staff need to exercise caution and conduct risk assessments prior to beginning each task.

3. Policy

Where Bilingual Care Worker Cooperative of Australia Limited delivers services in client homes, it is responsible to minimise risk to staff providing supports. Bilingual Care Worker Cooperative of Australia Limited will conduct an initial risk assessment in consultation with clients, and other stakeholders (as appropriate) and identify potential hazards and put appropriate controls in place prior to commencing service delivery.

Risks will change over time: Bilingual Care Worker Cooperative of Australia Limited staff should assess risks as they deliver services and report any risk to the client and/or staff health and wellbeing as they emerge.

4. Responsibilities

Safety and wellbeing are shared mutual responsibilities (see Client Handbook). Bilingual Care Worker Cooperative of Australia Limited and clients, their carers and their families should work together to provide a safe environment for workers.

- Bilingual Care Worker Cooperative of Australia Limited should:
 - clearly communicate and understand what services are to be provided;
 - assess additional services before delivery;
 - review an activity that may have changed to ensure the controls are still working or need to be altered;
 - document the daily monitoring of the service using various methods (e.g. a communication folder/book or electronically) particularly where there are several service providers or several community workers for a particular client.
- Clients and/or carers (and landlords – where appropriate) should:
 - maintain a safe work environment (e.g. repair broken steps, mow long grass, restrain animals, provide adequate lighting)
 - look after their own in-home safety (e.g. maintain electrical equipment and install smoke alarms and safety switches to switchboards)
 - cooperate with service providers and Support Workers to ensure safe work procedures and a safe work environment (e.g. move furniture to allow adequate workspace, use lifting

equipment based on assessed needs)

- keep their equipment safe, well maintained and in good order
- inform service providers and others of any known hazards.

5. Risk Assessment (Pre-service)

- Where Bilingual Care Worker Cooperative of Australia Limited delivers services in clients' homes, it will conduct an initial assessment of possible domestic hazards, prior to commencing service delivery.
- The risk assessment will be conducted in consultation with (as appropriate):
 - clients,
 - their families and carers
 - landlords and other stakeholders
 - other services providing supports, where possible.
- Bilingual Care Worker Cooperative of Australia Limited will see that adequate controls are put in place prior to commencing service delivery.
- The risk assessment will follow the 5-step Risk Management Process (see Risk Management Policy and Procedure)
 - Identify hazards.
 - Analyse: Assess and prioritise risks.
 - Treat: Implement controls to eliminate or mitigate the risk.
 - Monitor and review: Continually monitor and evaluate the risks and treatments to maintain their effectiveness and appropriateness.
 - Report: Provide regular reports to the organisation and stakeholders.

(Consultation should be carried out at each step of this process)

- If the assessment shows that Support Workers are exposed to significant risks, Bilingual Care Worker Cooperative of Australia Limited will determine whether they need to modify or suspend that particular service until the risk has been adequately controlled. Client advocacy groups are available to work with all parties to address the issues.

6. Risk Assessment (On-going)

Responding to changes

Changes will sometimes occur which can affect workplace health and safety.

Changes which may affect staff health and safety include the following:

Changes in client's health

- Illness, injury and other changes to a client's health status, should be monitored as a potential source of risk to workplace health.
- Staff should:
 - regularly monitor the client's health status
 - inform their supervisor and initiate the need for a review of the Care Plan

- reassess their activities to ensure the risks are controlled
- discuss the need for changes with the client and their families.

Changes to the home environment

- A client's home environment can change between visits. Changes may include:
 - positioning of furniture
 - inoperable electrical equipment
 - people or animals are now present
 - altered storage patterns
 - spills or leaks
 - new equipment or furniture
 - obstructed access.
- Support Workers need to:
 - determine at each visit the safety of the client's home as a workplace before commencing duties;
 - undertake a visual scan of the client's home immediately on arrival, and of the equipment before use.

Changes to service arrangements

- Changes to service arrangements could include:
 - changes in the service required
 - requested staff change by client or by Support Worker
 - changes in alternate service provider.
- Where time does not allow normal assessment and planning, Bilingual Care Worker Cooperative of Australia Limited will:
 - complete a provisional assessment
 - make interim arrangements
 - follow up with long-term arrangements.
- Bilingual Care Worker Cooperative of Australia Limited will indicate its expectations for managing risk prior to commencing service delivery.

7. Reporting incidents

- All incidents involving staff and clients will be reported, as per the Client Incident Management Policy.
- Reportable incidents include:
 - injuries to clients or Support Workers
 - emergency situations
 - near miss incidents where there is no injury but requires preventative action.
- Support Worker induction will include training in Bilingual Care Worker Cooperative of Australia Limited's Incident Management procedures

- Bilingual Care Worker Cooperative of Australia Limited will include all incidents recorded in the Incident Register in its WH&S review as regulated in the Internal Audit Schedule.

8. Electrical equipment

- Bilingual Care Worker Cooperative of Australia Limited is responsible for the testing and maintenance of equipment it provides for use in client homes. Staff should:
 - report faults and suspected faults immediately
 - treat electrical equipment left in client residences as detailed below.
- Where Bilingual Care Worker Cooperative of Australia Limited must use the client's electrical installation and electrical equipment (i.e., power points, lights, extension leads etc), they should:
 - Visually inspect the electrical installation to satisfy themselves as to the electrical safety of the installation, paying particular attention to details such as damaged or missing parts and burning or discolouration of the electrical fittings in the installation (e.g. damaged light switch or cracked power point).
 - Avoid using the client's electrical equipment (i.e., electric kettles, vacuum cleaners, extension leads etc) if possible, as Bilingual Care Worker Cooperative of Australia Limited is not in control of the electrical condition of this equipment.
 - Connect client equipment via a compliant safety switch. If the client's residence is not fitted with a safety switch – or if uncertain – staff should use their own portable safety switch.

9. Hazardous substances/chemicals

- All chemicals are hazards that should be identified and managed.
- There are a number of chemicals used in community service work, particularly for cleaning, laundry and gardening tasks. Some of these chemicals may be hazardous with the risks increased in areas with poor ventilation (e.g. shower alcoves, ovens or small gardening sheds). The effects from exposure to hazardous substances can range from minor skin irritation to chronic diseases such as occupational asthma and various forms of cancer.
- Disinfectants and cleaning solutions are a common cause of chemical injuries among workers in the home environment. Substances, like sodium hypochlorite (bleach) are an irritant and, in high concentrations, may cause burns to the skin, mucous membranes and eyes.
- Where Support Workers use chemicals supplied by clients, they should:
 - avoid using chemicals that have been decanted into another container
 - read the first aid information and precautions on the label before use;
 - note any adverse reactions to chemical use;
 - consult with client about replacing the product or designing the task where possible
 - report adverse reactions as an incident to be documented in the Incident Register

Medications

- Medications, with the exception of a few such as cytotoxic (anti-neoplastic) drugs, are not classified hazardous substances.

Complex Wound Management Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited provides complex wound management services through the implementation of this Policy and Procedure. This policy and procedure set out quality complex wound management principles for clients that Bilingual Care Worker Cooperative of Australia Limited supports. It ensures that Bilingual Care Worker Cooperative of Australia Limited's complex wound management is provided in a safe and hygienic manner while following the correct guidelines.

This extends to all employees and meets relevant laws and regulations and standard.

2. Definitions

Palliative	Relieving the pain and improving quality of life without dealing with the cause of the condition, generally with people who are dealing with life-threatening illnesses which lead to death.
Haemorrhaging	Lose or expend large amounts of blood in a seemingly uncontrollable way.
Exudate	A mass of cells and fluid that has seeped out of blood vessels, organs or wounds. Especially in inflammation.
Sloughing	The shed and or removal of dead tissue.
Necrosis	The death of most or all of the cells in tissue due to disease, injury or failure of the blood supply.
Debride	Remove damaged tissue or foreign objects from a wound.
Autolysing	Autolysis refers to the breakdown of damaged tissue at a wound site by the body's natural defence system by enzymes that digest specific components of body tissues or cells, e.g. proteins, fibrin and collagen.
Gauze	A thin transparent fabric of silk, linen or cotton. Generally used for wounds.
Sutures	A stitch or row of stitches holding together the edges of a wound or surgical incision.
Oxygen Saturation Levels (SaO ²)	The extent to which haemoglobin is saturated with oxygen (O ²) (generally should be 95-100).
Haemoglobin	An element in your blood that binds with oxygen to carry it through the blood stream to the organs, tissues and cells within the body.

Systemic	A disease, drug or poison reaches and has an effect on the whole of the body instead of being localised.
Episodic	Made up of separate, especially loosely connected episodes.
Antimicrobials	A substance active against microbes.
Peri-wound-	The tissue surrounding a wound.
Maceration	To soften tissue after death by soaking and by enzymatic digestion, as occurs with stillborn.
Desiccation	The removal of moisture from something.

3. Policy

Bilingual Care Worker Cooperative of Australia Limited follows and supports the guidelines for identifying, managing and implementing complex wound management. Bilingual Care Worker Cooperative of Australia Limited understands the importance of good practice when it comes to complex wound care/management and has implemented a range of processes to promote this. Bilingual Care Worker Cooperative of Australia Limited understands that supporting a client with complex wounds will have impacts on the client's physical, social and mental aspects of life. It is important to support the client as a whole and not only focus on the wound itself as the wound can have affects such as pain, low self-esteem, decreased social activities, decreased physical activities, increased hospital access and increased illness.

There are multiple things which can also magnify the effects such as the age of the client, smoking, medication, overweight/obese, poor overall health, medical issues, incorrect wound management, incorrect materials used for wounds and decrease in physical activities. It is important to take this into consideration when providing complex wound management. Bilingual Care Worker Cooperative of Australia Limited will take all wound management situations seriously and will implement the correct procedures for each area of management to ensure the client benefits in every way possible.

4. Procedure

When a client has a complex wound, it is important to follow strict procedures to ensure the wound is managed as best as possible through the correct preparation, PPE, equipment, infection prevention, hygiene and ongoing management.

Initial Consent

Bilingual Care Worker Cooperative of Australia Limited will ensure the client has provided consent for complex wound management before the management has begun, this will be provided via a consent form and will be provided verbally as well. Bilingual Care Worker Cooperative of Australia Limited will ensure the client understands each step of the complex wound management process before gaining the consent, this will be done verbally and through a client handbook which will have an added section for complex wound management. To make sure the client has understood what is

involved in the complex wound management process, the client will complete an acknowledgement form.

Palliative Care

When palliative care is required, Bilingual Care Worker Cooperative of Australia Limited's goal will be maintaining and improving the client's comfort from the wound. This will be done by reducing the pain of the wound, removing odours, any itching or sensations and avoiding haemorrhaging.

5. Use of the aseptic technique

When applying or changing dressings, an aseptic technique is used in order to avoid introducing infections into a wound. Even if a wound is already infected, an aseptic technique should be used as it is important that no further infection is introduced.

What you will need:

- A clear available workspace, such as a stainless-steel trolley. The space must be big enough for the dressing pack to be opened on
- A sterile dressing/procedure pack
- Access to hand washing sink or alcohol hand wash
- Non-sterile gloves to remove old dressing
- Apron
- Appropriate dressings
- Appropriate solution for cleaning the wound, if needed.

6. Steps of complex wound management

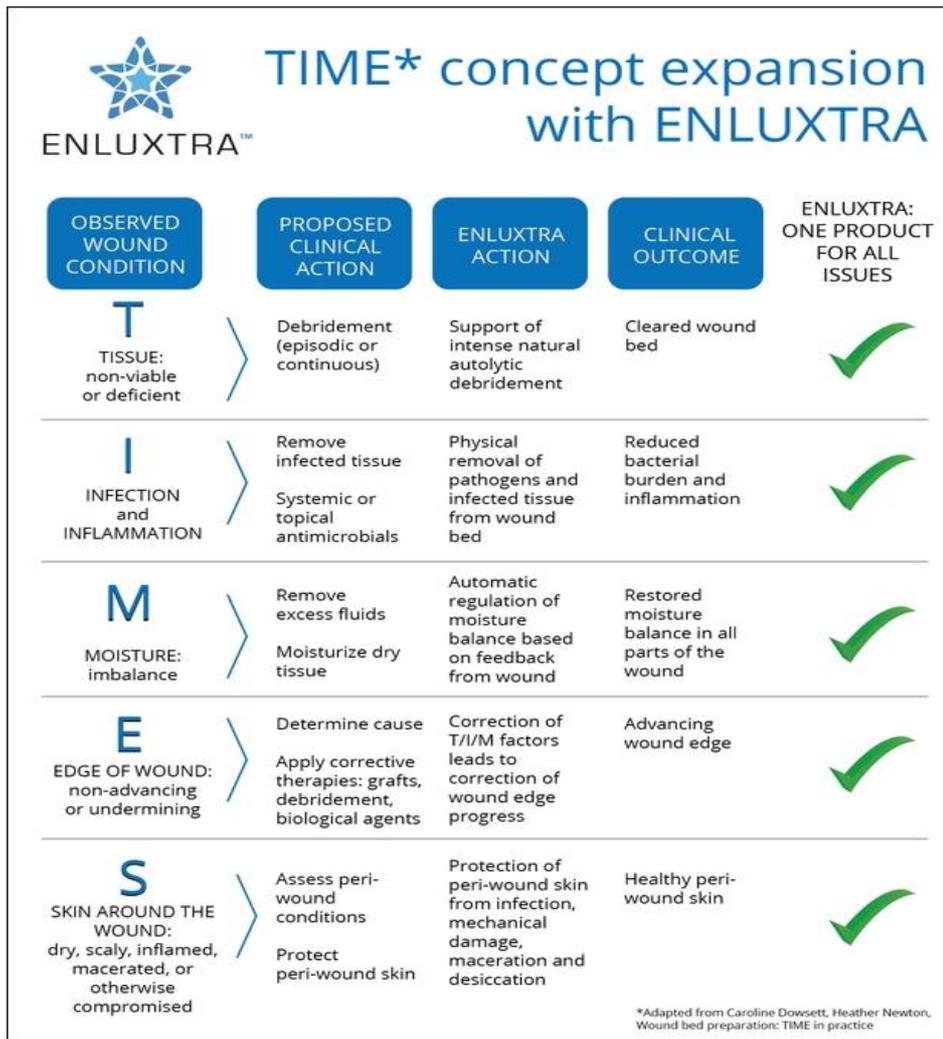
1. Prepare the client: the worker of Bilingual Care Worker Cooperative of Australia Limited will begin by introducing themselves, followed by explaining what they are about to be doing with the client. The worker will explain why they are going to be doing the procedure. The worker will then gain the client's consent again which can be made verbally. The worker will revise client's notes regarding the wound and any other relevant information to consider any changes and if the client's dressings are due for changing. Once complete, the worker will then ensure the client is comfortable and the client has complete privacy and dignity.
2. Initial cross contamination management: The worker will reduce the risks of cross contamination by washing hands thoroughly using soap and water, cleaning the work area (such as the trolley) with soap and water followed by disinfectant wipes.
3. Preparing equipment: The worker will use the cleaned workspace (such as a trolley or big bench) to prepare the equipment on. The equipment needed will be non-sterile gloves, an apron, correct dressings and solutions for the wound and a sterile dressing pack.
4. Secondary cross contamination management: The worker will re-wash hands and put the non-sterile gloves onto hands.
5. Remove the dressing: The worker will now remove the dressing; this will be done by gentle manipulating the edges of the dressing and slowly pulling it away from the skin. If the dressing is difficult to remove gently, the worker will use a solution such as saline to dampen

the area to make it easier. Once removed, the dressing should be disposed in a waste bag/bin.

6. **Wound assessment:** The worker will assess the wound for anything noticeable including odour of the wound and the size of whether it's increased, decreased or stayed the same in size. Throughout the assessment, the worker should note the level of swelling/erythema involved in and surrounding the wound as well as the level of exudate, bleeding, colour, sloughing, nature of the wound and any other noticeable features. The below table can be used for assessment, action and outcomes.

If the worker is concerned about any infections, they should take a swab for analysis by a local professional. If the wound seems to have started the necroses stage, the worker may be required to debride the affected area or apply autolysing dressings. The Bilingual Care Worker Cooperative of Australia Limited should refer the client to a GP if the wound is getting worse, if Bilingual Care Worker Cooperative of Australia Limited is in doubt or hasn't improved as per the client's care plan, Bilingual Care Worker Cooperative of Australia Limited should also review the care plan and include any medical professionals in the review process to develop a more effective plan.

1. **Gather correct dressings and cleaning materials:** The worker should gather correct dressings and cleaning materials based on the assessment made taking into consideration the size, type, location and the moisture of the wound.
2. **Clean wound:** The worker will then begin the cleaning process by wash hands and applying the sterile gloves as carefully as possible to avoid contamination. If the gloves become contaminated at any time, the worker must dispose of gloves and re-apply new sterile gloves. The worker should pour the recommended solution into the sterile pack/on the sterile gauze. The worker should have tweezers within the sterile cleaning pack, the worker will use these to pick up the solution covered cleaning gauze and begin cleaning the wound (starting from the dirtiest area to the cleanest). The worker must be gentle to avoid any further damage, pain and distress of the client (especially if sutures are in place). The worker will not overuse the gauze to prevent re-contamination, after a few short circular motions of the gauze, the gauze will be put into the waste bag/bin without contaminating any sterile materials (avoid going above clean areas). Do this until wound is free of exudates, slough, remnants of previous dressings and any necrotic tissue (which may require debridement).
3. **Dress wound:** Using the sterile materials, the worker should dress the wound with the correct dressing to suit the wound and using the dressing instructions supplied along with the dressing.
4. **Clean workplace:** The worker will now begin the cleaning process by gathering all used items and placing them into the waste bag/bin. The worker will now remove gloves carefully and put them in the waste bag/bin. This will be followed by washing hands with soap, water and disinfectant along with the workspace (trolley/bench).
5. **Document:** The worker should now document the wound assessment and the cleaning/dressing procedure.
6. **Educate:** The client should be educated on how to manage the current wound situation and what to do if it gets worse.
7. **Report:** The worker should report any changes of the wound to the GP.



Hydration

Hydration is an important factor when it comes to wound management. The client should be kept well hydrated to best benefit the healing process, Bilingual Care Worker Cooperative of Australia Limited will promote best fluid intake practices and may also document fluid intakes if the client is lacking in fluids.

Nutrition

Nutrition plays a vital role in wound healing, having a balanced diet should be implemented for a client who is going through the wound healing process. This diet should consist of proteins for tissue growth, carbohydrates and vitamins such as C, A and zinc. Having a nutritionist or dietician make an assessment may be needed.

Oxygenation

Wounds need plenty of oxygen to promote healing, this is ensuring the client has plenty of oxygen too, this is known as Oxygen Saturation Levels (SaO₂). If these levels are below normal, Bilingual Care Worker Cooperative of Australia Limited should take additional steps to increase the levels, which may also require medical assistance.

7. Applicable Aged Care Quality Standards

- Standard 3 - Personal Care and Clinical Care
- Standard 4 - Services and Supports for Daily Living

Infection Control Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited utilises the Infection Control Policy and Procedure in aims to reduce the risk of harm to workers, clients and visitors that may occur through the transmission of infectious substances or illnesses in the workplace.

Our processes are in line with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019* and depicts the appropriate measures and precautions to undertake when managing infection.

It depicts the appropriate measures and precautions to undertake when managing infection.

It aims to promote the health, safety and welling of all persons.

This extends to all employees and meets relevant laws and regulations and standards.

2. Definitions

Infectious substances	Infectious substances are substances which. or fatal disease in otherwise healthy humans or animals. are known or are reasonably expected to contain. Indicative examples of substances that meet these criteria. pathogens.
Immunization screening	A blood test can check a person's immunity against certain diseases (such as chickenpox, measles, mumps, rubella and hepatitis B). This can help the doctor decide if immunisation is appropriate.
Transmission	A method of transmission is the movement or the transmission of pathogens from a reservoir to a susceptible host. Once a pathogen has exited the reservoir, it needs a mode of transmission to the host through a portal of entry. Transmission can be by direct or indirect contact or through airborne transmission.
Multi-resistant organisms	Multi-resistant organism (MROs), which are predominantly bacteria, are resistant to multiple classes of antimicrobial agents. Antimicrobial resistance increases the morbidity and mortality associated with infections and contributes to increased costs of care due to prolonged hospital stays and other factors, including the need for more expensive drugs. A major cause of antimicrobial resistance is the exposure of a high-density, high-acuity patient population in frequent contact with healthcare workers to extensive antimicrobial use, along with the attendant risk of cross-infection.
Antimicrobial stewardship	A coordinated program that ensures the optimal selection, dose, and duration of an antimicrobial therapy that leads to the best clinical outcome for the treatment or prevention of an infection while producing the fewest toxic effects and the lowest risk for subsequent resistance.

3. Policy

This Infection Control Policy is utilised in to promote safety and good health for all persons. It sets out strict protocols that all persons must follow in aim to minimise incident of illness, disease or injury related to any forms of infection.

Droplet, airborne and blood borne pathogens are significant ways of virus transmission and contamination. Transmission of infections may also occur from using materials that are contaminated. This could include food, water, medicines, products, appliances or equipment. This is the reason why efficient infection control is crucial to delivering excellent assistance for clients and to create a safe working atmosphere and environment for all workers of Bilingual Care Worker Cooperative of Australia Limited.

Limiting the spread of infection and disease allows our health care system to manage accordingly, rather than receive a large influx of incidents which causes stress and strain on the Australian Health Care System.

Bilingual Care Worker Cooperative of Australia Limited recognises that workers and clients are most probable sources of contagious viruses and are the most common vulnerable host. Therefore, controlling infections is vital to supporting clients. Bilingual Care Worker Cooperative of Australia Limited's Management has an obligation of responsibility and will follow all appropriate precautions to avoid infection transmission.

In order to assist with infection minimization and control, Bilingual Care Worker Cooperative of Australia Limited ensures clients are active in decision making on their personal care and are properly informed so that they can assist in minimizing the risk of transmission. During this process, Bilingual Care Worker Cooperative of Australia Limited ensures client's rights are understood, implemented and respected.

Bilingual Care Worker Cooperative of Australia Limited ensures to maintain connection and agreement with appropriately qualified and licensed organisations for safe and effective waste removal, pest control, qualified trades, medical supplies, pharmaceuticals, supply of PPE as well as household equipment.

All workers and Management are responsible for abiding by all Infection Control protocols in aims to minimise risks, hazards, illnesses and infections.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited implements the Infection Control Procedure which provides all workers of Bilingual Care Worker Cooperative of Australia Limited the appropriate training and induction to safety and adequately manage infectious substances and methods to minimise transmission.

Bilingual Care Worker Cooperative of Australia Limited follows the protocols as set out by the Health Department and the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). Staff are required to complete the hand hygiene online learning modules as provided as part of the National Hand Hygiene Initiative.

Bilingual Care Worker Cooperative of Australia Limited also follows the correct procedures when managing Notifiable Diseases. These are diseases which health care workers must disclose to the Health Department. Any worker or Management of Bilingual Care Worker Cooperative of Australia Limited will be prohibited from undertaking work until their GP advises them that it is safe to do so. If any workers or Management present with symptoms of any infectious diseases or viruses, such as the common cold or flu, they must remove themselves from the workplace until they receive clearance.

The Clinical Advisor is directly responsible for the oversight, training, direction and management of any situations involving Infectious Substances. It is their responsibility to ensure workers are abiding by correct, appropriate and safe procedures when participating in Infection Control. The Clinical Advisor is required to provide Bilingual Care Worker Cooperative of Australia Limited's Managing Director monthly reports on any situations regarding infection that have occurred. The Clinical Advisor will also encourage all appropriate vaccine requirements to be met before workers undertake practice within Bilingual Care Worker Cooperative of Australia Limited. Failure to provide sufficient evidence of the required vaccines will result upon immediate leave to rectify the issue or will result in lack of employment opportunity for prospective workers.

Bilingual Care Worker Cooperative of Australia Limited will closely follow the Risk Management Policy and Procedure in order to support Infection Control measures.

Bilingual Care Worker Cooperative of Australia Limited's workers are required to abide by all Standard Precaution measures which will be explained and demonstrated in the initial new employee induction training. This will be reviewed at least annually by the Clinical Advisor. Standard Precaution measures include donning PPE, correct waste management, and correct etiquette such as coughing or sneezing into a tissue and correct hand hygiene practice. Standard precautions also refer to appropriate management of contaminated sharps, clinical waste, soiled PPE or linen. These Standard Precaution methods must be utilised when any worker may come into contact with the following:

- Mucous Membranes
- Wet or Dried Blood
- Non-Intact Skin
- All body substances such as excretions and secretions.

Bilingual Care Worker Cooperative of Australia Limited promotes client encouragement for undertaking infection control measures. This is completed by following the following steps:

1. Bilingual Care Worker Cooperative of Australia Limited must take client feedback into consideration when implementing policies and services.
2. Bilingual Care Worker Cooperative of Australia Limited will inform clients about Bilingual Care Worker Cooperative of Australia Limited's methods of infection control and advise clients to report their health or risk condition where there is a possible source of infection.
3. Bilingual Care Worker Cooperative of Australia Limited will advise clients about the protocols for safeguarding their privacy and confidentiality.
4. Bilingual Care Worker Cooperative of Australia Limited offers clients with opportunities to recognise and discuss risks which allows clients to use feedback through the services feedback, complaints and compliment procedures.

5. Bilingual Care Worker Cooperative of Australia Limited will provide educational content using a range of flyers, posters and informative videos on prevention and control of infections.

Bilingual Care Worker Cooperative of Australia Limited’s workers will also be trained in recognising various infections and their pathway for transmission. Workers will be competent in understanding the below:

Droplet Pathogens	This is small droplets that can be transmitted via fluid. This includes Rubella, Influenza, SARS and Mumps.
Airborne Pathogens	This is small particles transited in the air. This includes Chickenpox or Tuberculosis etc.
Contact Pathogens	This is direct contract from one surface to another, usually transmitted via skin-to-skin contact. This included infections such as Scabies or Gastroenteritis.

Bilingual Care Worker Cooperative of Australia Limited’s workers are also trained in routine cleaning methods in aims to kill bacteria, infections and limit the spread of these particles. This includes:

- Surfaces should be cleaned and have disinfectant applied, before and after they are used and when they are noticeably dirty.
- Flooring should be cleaned every day or as required with a vacuum cleaner or with a mop.
- All leaks and spills should be immediately dealt with.
- All wet zones must be cleaned daily.

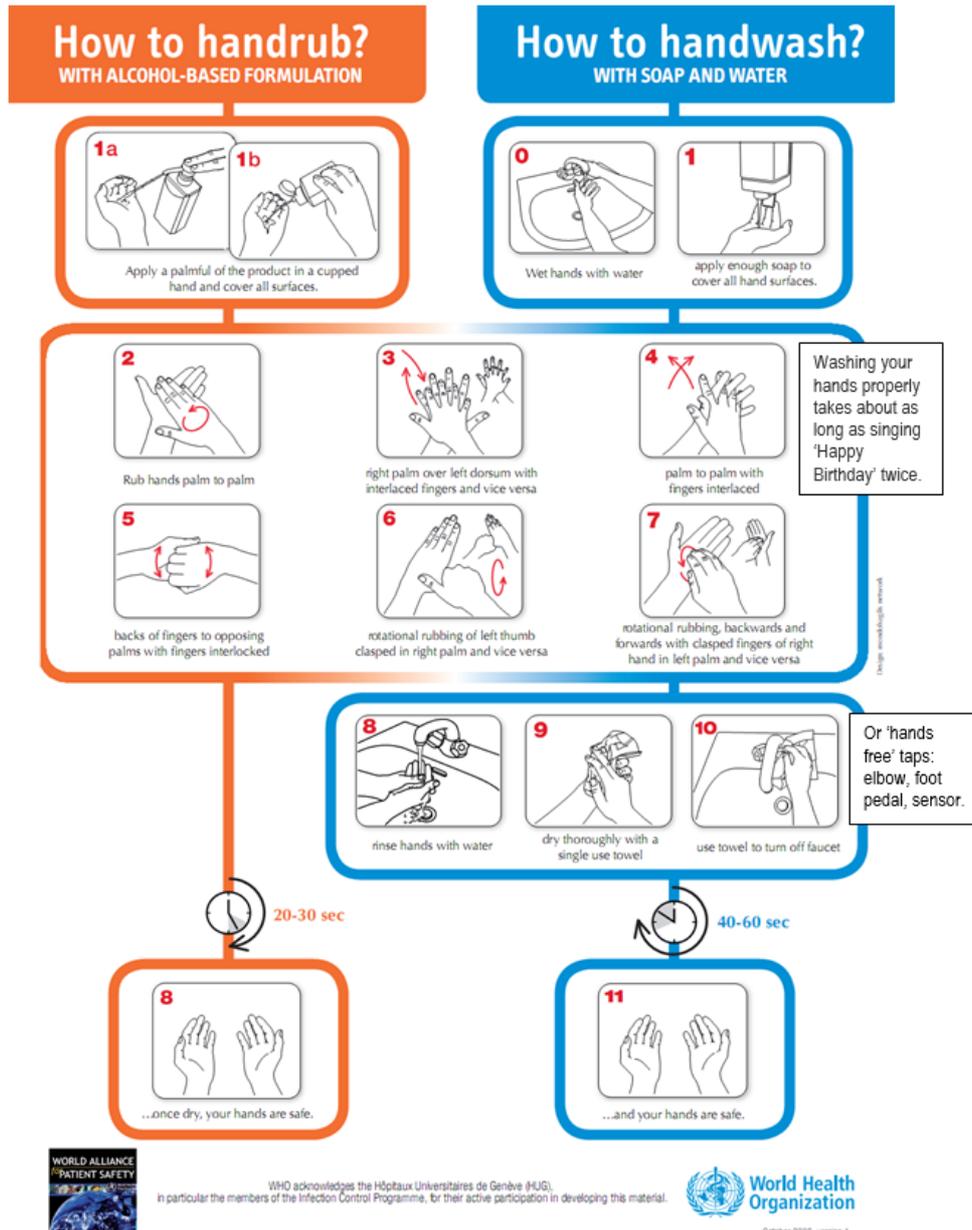
To ensure a safe environment and avoid contaminated environments, Bilingual Care Worker Cooperative of Australia Limited should implement a cleaning and maintenance schedule which includes the following:

- Minimize dispersal of microorganisms into the air
- Avoid creation of aerosols
- Use detergent and warm water for routine cleaning
- Use surface disinfection if required and in accordance with manufacturer’s instructions
- Wash buckets and mops with detergent and dry before storing.

Hand Hygiene must be conducted in accordance with the set-out Hand Hygiene Protocol which is in line with the National Hand Hygiene initiative and provided in hardcopy to all workers. Hand Hygiene should be conducted in the following situations; however, this is not limited to:

- Before and after consuming food
- After using bathroom facilities
- After coming into contact with any surface, environment, object or person that may be contaminated or infected.
- After coming into contact with any blood, body fluids or non-intact skin.

- Before and after donning PPE.
- Before and after providing direct contact care.
- Before and after break times.
- After smoking.
- Whenever hands are visibly soiled.



Workers are required to undergo health and immunization screening before beginning works for Bilingual Care Worker Cooperative of Australia Limited.

All care staff (care staff refers to care staff providing direct care to clients) are required to provide evidence of the following vaccinations/immunizations:

- Hepatitis B
- Hepatitis A

- Varicella
- Tuberculosis
- Influenza
- Pertussis
- Adult Diphtheria and Tetanus
- Measles, Mumps and Rubella.

Maintenance or cleaning staff (refers to persons not coming into contact with clients):

- Influenza
- Hepatitis A

Workers of Bilingual Care Worker Cooperative of Australia Limited may be required to undertake Specimen Collection if ordered by an authorised health care professional such as a GP, RN, specialist etc. Workers will be required to adhere to all precautionary principles such as PPE and appropriate hand hygiene. Specimens can only be collected by workers who are trained in the correct and procedures and protocols when completing this task. Workers must follow all collection instructions required by the health care professional. Once completing the collection, specimens must be placed in a clear plastic bag marked with the biohazard symbol, this is usually provided. It must then be taken to the pathology centre by the appropriate person.

All sub-contractor workers must abide by Bilingual Care Worker Cooperative of Australia Limited's Infection Control Policies and Procedures as well as their professional practice requirements at all times.

5. Antimicrobial stewardship

Bilingual Care Worker Cooperative of Australia Limited will work with medical professionals experienced in the detection of endemic and emerging pathogens, monitoring transmission of microorganisms, planning and conducting epidemiologic investigations.

Where a client is prescribed the uses of antimicrobials, RNs or appropriately qualified ENs will monitor dose, duration and clinical outcomes so as to minimise adverse consequences and report any adverse findings to prescribing medical professionals. Communication with the client's GP must be maintained weekly throughout the duration of therapy.

Procedures include:

- educating healthcare staff on antimicrobial resistance, recognition of infection (especially severe infection and sepsis the nature of colonisation), and that not all infections require treatment with antimicrobials;
- implementing tracking and reporting on antimicrobial use and resistance within our client base;
- providing Clinical Governance via the Clinical Advisors who are accountable for promoting and overseeing antimicrobial stewardship activities. They will also share relevant data with other clinicians in order to maintain awareness and provide feedback to prescribing physicians;
- ensuring only RNs are responsible for the safe and correct administration of antimicrobial medications and monitoring the effectiveness of this treatment;
- including stewardship-related expectations in position descriptions for management and

clinical staff;

- implementing this Infection Control policies that support the minimisation of infection, particularly in those using antimicrobials;
- ensuring receipt of full medical records, including infection risk/status and management plan, where care is transferred from another health care provider (e.g. hospital or ambulance service).

Bilingual Care Worker Cooperative of Australia Limited will establish appropriate links with individuals and organisations with antibiotic expertise to implement antibiotic stewardship activities. These include:

- seeking support from infection disease consultants and consultant pharmacists with training in antibiotic stewardship;
- participating in relevant education programs at local hospitals;
- maintaining access to a current list of notifiable infectious disease and points of contact within the relevant department/area of Public Health Units at NSW Health

6. Risk Based Workforce Immunisation Program

To further prevent the spread of infection, Bilingual Care Worker Cooperative of Australia Limited will have an influenza vaccination program that:

- provides staff and volunteers of the service with access to a free influenza vaccination on an annual basis, either directly provided on site or indirectly (for example making arrangements for staff to be able to access a vaccine at a local pharmacy);
- actively promotes the benefits of an annual vaccination for their staff and volunteers, and for the health outcomes of clients; and
- keeps records of the number of staff that receive an influenza vaccination each year.

Our vaccination program will also be extended and adapted to COVID-19 vaccinations as guidelines continue to develop.

7. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Workplace Health, Safety and Security Policy
- Lifestyle, Independence and Wellness Policy and Procedure
- Hazardous Substances Register
- Waste Management Policy and Procedure
- Risk Management Policy and Procedure
- Hand Hygiene Protocol
- Complaints and Feedback Policy and Procedure

8. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 3 - Personal Care and Clinical Care

- Standard 8 - Organisational Governance

COVID-19 Policy

1. Policy and Procedure

What is a coronavirus and COVID-19 – Coronaviruses are a large family of viruses known to cause respiratory infections. These can range from the common cold to more serious diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). This new coronavirus originated in Hubei Province, China and the disease caused by the virus is named COVID-19.

This policy should be read in conjunction with the Infection Control Policy.

Who	Key Steps & Clarification
All Employees	<p style="text-align: center;">PREVENTATIVE INITIATIVES</p> <p style="text-align: center;">Standard Precautions</p> <ul style="list-style-type: none"> • Practise good hand and sneeze/cough hygiene. • Wash your hands frequently with soap and water, before and after eating, and after going to the toilet. • Cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser. • If unwell, avoid contact with others (stay more than 1.5 metres from people). • Exercise personal responsibility for social distancing measures. • If you are seriously unwell (e.g. experiencing shortness of breath) call 000. <p style="text-align: center;">Office Precautions</p> <ul style="list-style-type: none"> • All offices will: <ul style="list-style-type: none"> • Install alcohol-based hand sanitisers (with more than 60% alcohol) for use on arrival. • Place COVID-19 information posters (as released by the Health Department) in visible locations throughout the office and entry. • Provide Personal Protective Equipment (PPE) to all staff, as required. • Maintain daily communication with staff to share the most up-to-date information from health authorities and determine health and availability of workers. • Maintain staff training and up-to-date rosters to ensure continuity of care. • Support staff who need to self-isolate. • Maintain a contact list for additional staff members in order to be able to cover a 20-30% staff absentee rate. • Ensure they maintain adequate stock of consumable materials required during an outbreak (e.g. PPE, hygiene products, cleaning supplies) and in advance of a lockdown/blanket isolation period. • Ensure all staff training is up-to-date, including: <ul style="list-style-type: none"> - Symptoms and signs of COVID-19

Who	Key Steps & Clarification
	<ul style="list-style-type: none"> - Exposure risk levels for COVID-19, including international travel - Personal hygiene, particularly hand hygiene, sneeze and cough etiquette - Appropriate use of PPE such as gloves, gowns, eye protection and masks - Actions on experiencing symptoms of COVID-19 (do not work or visit a client) - Handling and disposal of clinical waste - Processing of reusable equipment - Environmental cleaning - Laundering of linen - Food handling and cleaning of used food utensils
All Employees	<p style="text-align: center;">INFECTION CONTROL</p> <p style="text-align: center;">Working with Clients</p> <p>Individuals over the age of 65 are more susceptible to COVID-19 and are more likely to develop complications. All employees have a duty of care and must take all reasonable steps to safeguard clients, staff and other stakeholders from infection.</p> <p>The most common signs and symptoms of COVID-19 infection are:</p> <ul style="list-style-type: none"> • Fever (though this may be absent in the elderly) • Dry cough <p>Other symptoms can include:</p> <ul style="list-style-type: none"> • Shortness of breath • Sputum production • Fatigue <p>Less common symptoms include:</p> <ul style="list-style-type: none"> • Sore throat • Headache • Myalgia/arthralgia • Chills • Nausea or vomiting • Nasal congestion • Diarrhoea • Haemoptysis • Conjunctival congestion <p>Older people may also have the following symptoms:</p> <ul style="list-style-type: none"> • Increased confusion • Worsening chronic conditions of the lungs • Loss of appetite <p>To protect staff and our clients, the following guidelines should be followed:</p> <ul style="list-style-type: none"> • Wear masks when visiting clients.

Who	Key Steps & Clarification
	<ul style="list-style-type: none"> • Exercise correct hand washing techniques. • Carry alcohol gel on person. • Avoid handshakes, cuddles, kissing, high fives etc. • Mandatory - ensure staff remain up-to-date on current training and best practice: https://covid-19training.com.au/login.php • Avoid non-essential meetings and gatherings. • Avoid touching hard surfaces and clean/sanitise regularly, especially high-touch areas, such as handrails and counters. • Maintain rigorous hygiene and food handling procedures, including hand, equipment and surface sanitisation before and after and wearing gloves, where body fluids or wounds may be present. • Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow respiratory hygiene and cough etiquette as follows: <ul style="list-style-type: none"> • Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses; • Use tissues to contain respiratory secretions; • Dispose of tissues in the nearest waste receptacle or bin after use; • If no tissues are available, cough or sneeze into the inner elbow rather than the hand; • Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials; and • Keep contaminated hands away from the mucous membranes of the eyes and nose. • Exercise self-isolation, as required. • Where clients have been placed into isolation or diagnosed with COVID-19, they must advise Bilingual Care Worker Cooperative of Australia Limited immediately. All home care services will cease for the period of isolation or until the client has been cleared by a doctor. A letter of clearance from a doctor will be required for services to recommence.
All Employees	<p style="text-align: center;">NOTIFICATION</p> <ul style="list-style-type: none"> • Notify Care Managers/Managers if you present with any of the following: <ul style="list-style-type: none"> • You have returned from overseas in the 14 days before and you feel unwell. • You have been in close or casual contact of a confirmed COVID-19 case in the 14 days before you feel unwell. • You have a fever OR acute respiratory infection (e.g. shortness of breath, cough, sore throat) with or without fever. • You have a severe community-acquired pneumonia and no other cause of it is clear to your doctor, with or without recent international travel. • If you are a healthcare worker with direct patient contact and have a fever (≥ 37.5) AND an acute respiratory infection (e.g. shortness of breath, cough, sore throat).

Who	Key Steps & Clarification
	<ul style="list-style-type: none"> • Notify your local GP via telephone for advice on authorities to be notified and where to present yourself for testing/treatment. Do NOT visit your GP, unless you are instructed to do so. • Contact the local Public Health Unit. • Consult the Coronavirus Health Information Line 1800 020 080 for further notification requirements. <p>Bilingual Care Worker Cooperative of Australia Limited care staff are reminded we deliver services to vulnerable individuals (aged care setting) and they should not return to work until at least 5 days after their symptoms have subsided.</p> <p>All staff will need to return a negative RA test before returning to work, as verified by a medical certificate. For more information on your obligations before return to work, staff should refer to the NSW Government’s Case, Contact and Outbreak Management Policy.</p> <p>Staff who have taken sick leave following the return of a positive COVID test, will be required to adhere to the above before returning to work.</p>
Care Managers	<p style="text-align: center;">REPORTING</p> <p>Incident reports (Level 3) are to be escalated to the Managing Director within 24 hours, for the following:</p> <ul style="list-style-type: none"> • Any staff or clients that are in isolation (this includes any staff in self-isolation following overseas travel or contact with a diagnosed COVID-19 carrier). • Staff or clients who test positive for COVID-19. • Staff or clients that are hospitalised. • Any deaths attributed to COVID-19. <p>Care Managers to notify a client’s family where any of the above relate to their client or a staff member working with their client.</p>
	<p style="text-align: center;">LOCKDOWN PROCEDURES</p> <p>Should lockdowns occur, the following Emergency Procedures will be implemented to enable us to provide continuity of care and to safeguard our staff.</p> <ol style="list-style-type: none"> 1. Obtain guidance from the Health Department on how to safely provide continuity of supports during a lockdown/isolation period. 2. Communicate and adopt recommended procedures. 3. Ensure all staff and management complete mandatory training. 4. Ensure clients have supply of medicines, food and toiletries. 5. Consult Client families and establish protocol to purchase medicines, foods and toiletries and to limit client exposure to potential carriers of the virus. 6. Suspend unnecessary third-party products and services.

Clients in isolation or with the virus – services will cease.

Lifestyle, Independence and Wellbeing Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited implements and utilises the Lifestyle, Independence and Wellbeing Policy in order to provide clients with the best possible care and service provision.

This policy promotes the setting of specific goals in order to maintain the best quality of life for clients. This includes continuously promoting a healthy lifestyle, personal independence and choice, as well as advocating for good wellbeing for clients.

Bilingual Care Worker Cooperative of Australia Limited puts a strong emphasis on a person-centred approach in order to recognise each individual client's strengths, abilities, preferences and goals in aim to empower clients to determine the direction of their care and life.

2. Definitions

Provision	The action of providing or supplying something for use.
Cognitive decline	Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe.
Psychosocial behaviour	Behaviour and mental activities of individuals and groups that influence and determine their relationships, their ability to work together, and their attitudes towards each other.

3. Policy

Workers will always aim to improve client independence by encouraging them to take responsibility for all aspects of their care.

Bilingual Care Worker Cooperative of Australia Limited acknowledges that special consideration is required when promoting independence in certain groups such as clients with dementia, disability, illness or cognitive decline. In these situations, the input of families, advocates and representatives will be considered.

At all times, a client will be respected in all aspects of their personality and their life. This includes their financial status, marital status, ethnicity, nationality, religion, race, gender, age, sexual orientation etc. Bilingual Care Worker Cooperative of Australia Limited holds the capacity and capability to provide high level, flexible and responsive supports, services and care that meet the individual requirements of each client.

Bilingual Care Worker Cooperative of Australia Limited aims to employ a diversified approach when providing care and service provision which recognises the difference and individuality of each client. Life experience will be highly acknowledged, and respect will be provided at all times.

Bilingual Care Worker Cooperative of Australia Limited always aims to encourage clients to live their best life and will encourage social interactions and interventions that sustain a healthy lifestyle and wellbeing.

All workers and Management are required to continuously implement correct protocols which benefit a client's health, safety, wellbeing, independence and lifestyle.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited maintains a Lifestyle, Independence and Wellbeing Procedure which Bilingual Care Worker Cooperative of Australia Limited aims to improve client's life.

Independence

Bilingual Care Worker Cooperative of Australia Limited always promotes client independence as well as involvement from their family, advocate or representative in important decision-making. Goals and preferences are held of the highest value and all reasonable measures will be implemented to act and operate in accordance with the client's goals and preferences.

Should the situation arise where we cannot accommodate a client's identified wishes, Bilingual Care Worker Cooperative of Australia Limited has the ability to begin negotiation regarding the issue. This will be documented in the client's file.

Bilingual Care Worker Cooperative of Australia Limited may decline a client's wish on reasonable grounds. This could be if the preference or service may cause harm to workers of Bilingual Care Worker Cooperative of Australia Limited, if the requested service is outside the scope of the client's package, if the request directly implicates Bilingual Care Worker Cooperative of Australia Limited legally, or if the request is required to be provided by an external organisation Bilingual Care Worker Cooperative of Australia Limited does not approve.

Regardless, Bilingual Care Worker Cooperative of Australia Limited will undertake all reasonable effort to provide clients with their goals, preferences and requirements.

In order for clients to make decisions and choices regarding aspects of their care and service provision, clients are required to be of reasonable sound mind and competent in doing so. For clients who are noted as not of sound mind and incompetent in controlling all aspects of their care and service provision, their family, advocate or representative are required to directly make decisions regarding their care and service provision as well as provide approval to updates or changes.

Bilingual Care Worker Cooperative of Australia Limited's initial assessment process will indicate a client's level of independence. Bilingual Care Worker Cooperative of Australia Limited will therefore provide care and service accordingly. Bilingual Care Worker Cooperative of Australia Limited utilises Care Plans in order to determine each individual client's capacity to live independently. Approaches and interventions will be formed and created underlying the notion of client capacity and independence. Bilingual Care Worker Cooperative of Australia Limited will retain a copy of the client Care Plan in a safe place in the client's home for reference of the client and workers.

Emotional Support

Bilingual Care Worker Cooperative of Australia Limited takes pride in forming therapeutic relationships with all clients and all recruited workers will be required to employ a kind and caring nature when providing care to clients. Bilingual Care Worker Cooperative of Australia Limited will employ all necessary measures to support clients in every aspect possible. This includes physical, intellectual, emotional, social and cultural.

Home Care Leave Claims

Clients are able to take leave from their Home Care Package if they require. This could include taking a holiday. If the client wishes to take this leave, Bilingual Care Worker Cooperative of Australia Limited must approve, however the income-tested fee (if applicable) may need to be paid whilst undertaking said leave.

The full fee must be paid for up to 28 days, followed by a reduced fee after the 28-day time frame. Leave arrangements remain the same across all Home Care Package Levels. Should the client require hospital leave, this may be unlimited for a client. All financials and budgets will be adhered to in accordance with the client's signed Service Agreement as well as the Financial Management Policy and Procedure. Clients or their family, advocate or representative are required to inform of any leave in writing, 7 days prior to the services being superseded.

Client Preferences and Interests

Bilingual Care Worker Cooperative of Australia Limited will conduct care and service provision in order to support client preferences. Bilingual Care Worker Cooperative of Australia Limited will assist clients, within reasonable means, to support their preferences, health, wellbeing, social interaction, goals, enjoyment and independence.

Service and support requirements will be determined in unison with the client's abilities, including motor abilities, physical fitness/wellbeing, sensory skills, cultural requirements, spiritual needs and psychosocial behaviour.

Access to community activities will be determined in liaison with the client, Bilingual Care Worker Cooperative of Australia Limited, their family, advocate or representatives.

Alcohol or Illicit Drug Consumption

Clients at Bilingual Care Worker Cooperative of Australia Limited are required to ensure their consumption of alcohol does not impact their health or safety in a negative aspect. It is not allowed to cause harm or pose a risk to any worker of Bilingual Care Worker Cooperative of Australia Limited. If alcohol consumption is a leisure activity for the client, this is allowed on the basis that it does not cause harm to themselves or others.

The consumption of illicit drugs is prohibited around Bilingual Care Worker Cooperative of Australia Limited's workers and may be grounds for termination of services. However, Bilingual Care Worker Cooperative of Australia Limited will take all necessary precautions to aid the client to receive the help and support they require from external drug rehabilitation agencies.

Workers of Bilingual Care Worker Cooperative of Australia Limited are prohibited to consume alcohol when providing care to clients. Under no circumstances are workers able to consume alcohol or illicit drugs when providing care or service to clients, in a client's home, in the community, or be intoxicated or drug affected during shifts. This will result in severe disciplinary action in accordance with the Disciplinary Action Policy and Procedure. It may also result in termination of employment. Alcohol consumption may be approved by the Managing Director when workers participate in work events, such as a Christmas Party. This must be approved by the Managing Director under special circumstances.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Workplace Health, Safety and Security Policy
- Home Care Agreement
- Care Plan
- Care Planning Policy and Procedure
- Financial Management Policy and Procedure

Assistance with Daily Living Activities Policy

1. Policy and Procedure

Activities of Daily Living (ADL's) refer to a group of tasks that clients may require assistance with on a daily basis and which help to promote a client's independence, health and safety.

This policy sets out how Bilingual Care Worker Cooperative of Australia Limited's workers will assist or support clients to complete these tasks in the best possible manner. It aims to ensure the highest quality of care is provided at all times and this is encouraged through providing assistance with daily activities.

2. Definitions

Holistic approach	A holistic approach means to provide support that looks at the whole person, not just their mental health needs. The support should also consider their physical, emotional, social and spiritual wellbeing
Autonomous living	Individual autonomy is an idea that is generally understood to refer to the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting external forces.
Person-centred	In health care, person-centred care is where the patients actively participate in their own medical treatment in close cooperation with the health professionals.

3. Policy

The Assistance with Activities of Daily Living Policy indicates Bilingual Care Worker Cooperative of Australia Limited's commitment to providing highest and best quality care to clients. Bilingual Care Worker Cooperative of Australia Limited understands that assisting clients with daily tasks can be difficult for the client as they may have a loss of functioning that has affected their mental health. Therefore, it is vital to remain person-centred and develop a holistic approach when providing this support to clients. Workers of Bilingual Care Worker Cooperative of Australia Limited adopt independence techniques, encouragement techniques and continuously have the client's best interests in mind.

Workers of Bilingual Care Worker Cooperative of Australia Limited may be required to either provide assistance and support with these tasks or supervision depending on the client and their current abilities. It aims to promote autonomous living for all clients. Bilingual Care Worker Cooperative of Australia Limited recognises the importance of ensuring these activities are not only supported in the home, but also in the community or other environments.

Bilingual Care Worker Cooperative of Australia Limited's workers are trained and competent in assisting and managing the main daily tasks which are as follows:

Eating	Assist clients with feeding oneself or preparing food.
--------	--

Personal Hygiene	Assisting clients with bathing, toileting, grooming, self-care and oral care.
Maintaining Continence	Assisting clients to remain continent by utilising the rest room when required. This encompasses both mental and physical aspects of assistance.
Shopping	Assisting clients with the buying of items such as food choices, clothing or objects.
Communication Skills	Assisting clients to utilise basic communication skills such as mobile or telephone, the internet, email, social media etc.
Managing Personal Financials	Assisting the client to manage their financials by creating or explaining budgets, writing cheques, paying or explaining how to pay bills etc.
Dressing	Assisting clients with choosing and putting clothing on. This may incorporate choosing the appropriate clothing for the day.
Transportation	Assisting clients to drive confidently, transporting them personally, explaining the use of public transportation such as trains, buses, trams etc.
Household Activities	Assisting clients to complete household tasks such as vacuuming, dishes, laundry etc.
Movement/Transferring	Assisting clients to move effectively. This could be between standing and sitting or transferring from a stationary position to another.
Meal Preparation	Assisting clients to plan their meals effectively as well as cook them without harm. It will encompass food safety, storage etc.
Medication Management	Assisting clients to take the right dose of the right medication at the right time. It will encompass pharmaceutical management such as re-fills, prescription and polypharmacy.

The Care Manager is directly responsible for the direction and oversight of all care provision. Workers are responsible for ensuring the best and highest quality care is provided at all times in order to meet all current standards of care.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited implements the Assistance with Activities of Daily Living Procedure to promote person-centred care based on client needs, preferences and goals. Bilingual Care Worker Cooperative of Australia Limited's workers are required to utilise a structured approach when assisting with daily tasks in order to promote independence, autonomy and wellbeing.

As a rule, all workers of Bilingual Care Worker Cooperative of Australia Limited must refrain from making assumptions. Workers are encouraged to utilise evidence, facts and assessments to determine the abilities of clients. All clients will continuously be treated with respect and dignity and will be seen as valued and equal.

Bilingual Care Worker Cooperative of Australia Limited always aims to encourage client inclusion in their care and service provision at all times. This notion allows clients to make decisions on various aspects of their lifestyle.

For clients who present as 'low needs', workers will provide them simple supports or supervision where required. This may be assisting in tasks such as household tasks, personal care or transportation where required.

For clients who present as 'high needs' (e.g. those who have demonstrated incidents of challenging behaviour or require a range of specialised nursing interventions), workers may need to provide ongoing, 24/7-hour care and supervision. This usually requires an overnight worker.

The required qualified workers as well as the amount and time frames of service provision will be determined solely on each individual client's requirements. Low need clients may only require one worker for a couple of hours in a day, however high needs may require two workers during the day at all times and one worker to provide overnight care. This will be determined in each individual client's Care Plan and Bilingual Care Worker Cooperative of Australia Limited's Management will be required to roster accordingly.

Should a client require assistance in completing daily tasks, Bilingual Care Worker Cooperative of Australia Limited will always implement a teaching approach in order to promote independence. This may be support and assistance for simple tasks such as doing the washing, walking to the mailbox, watering plants, meeting a friend for lunch etc. The teaching methods workers will implement will be person based as it is important to evaluate their current skills, abilities, likes, dislikes and responsibilities. This will assist when formulating an individual approach for all clients. Some teaching techniques workers may implement are as follows, however are not limited to:

- Backward Chaining: teach the client the task in the reverse order.
- Reaching out to external groups, agencies or organisations for assistance and participation.
- Utilising a laid-out approach. This involves photos in a sequence of the task and how to complete the action or activity.
- Utilising videos that explain the steps to be followed. This is useful when the video describes a step-by-step procedure.
- Have the client assist others to complete the task and eventually promote independence.
- Write out a step-by-step guide.

Workers of Bilingual Care Worker Cooperative of Australia Limited will ensure respect and dignity is always maintained when assisting or supporting clients with daily tasks.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Lifestyle, Independence and Wellness Policy and Procedure

- Advocacy Policy and Procedure
- Care Plan
- Care Planning Policy and Procedure
- Challenging Behaviour Management Policy and Procedure.

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 7 - Human Resources
- Standard 8 - Organisational Governance

Challenging Behaviour Management Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited understands and recognises that some clients may present behaviour that may be difficult to manage and utilises specific behavioural approach methods to ensure health and safety is maintained.

Bilingual Care Worker Cooperative of Australia Limited utilises a positive behavioural approach that aims to support all clients at all times. This policy and procedure set out the limitations Bilingual Care Worker Cooperative of Australia Limited may encounter and appropriate management strategies to utilise in order to minimise harm and risks to workers and clients.

It correlates with all of Bilingual Care Worker Cooperative of Australia Limited's clients who may suffer from disability, illness, disease or disorders in order to ensure that regardless of their presenting behavioural circumstances, they are still able to receive the care and service they require regardless.

This policy and procedure are also designed to outline how to develop, implement and review interim and comprehensive positive behaviour support plans when they are required to be utilised. This is completed in unison with the client's personal behaviour support plan.

It entails the observation of the relationship between responsive behaviour that is seen as challenging behaviour. Bilingual Care Worker Cooperative of Australia Limited recognises that some individuals are more prone to demonstrating challenging or responsive behaviour due to a cognitive illness or disorder such as dementia or Alzheimer's.

Bilingual Care Worker Cooperative of Australia Limited is continuously committed to ensuring client's dignity and independence is upheld as well as respect is always given by Bilingual Care Worker Cooperative of Australia Limited.

2. Definitions

Behavioural approach	Human behaviour is learned; thus, all behaviour can be unlearned, and new behaviours learned in its place.
Interim	The intervening time.
Cognitive disorder	Cognitive disorders (CDs), also known as neurocognitive disorders (NCDs), are a category of mental health disorders that primarily affect cognitive abilities including learning, memory, perception, and problem solving.
Dementia	A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.
Alzheimer's	Progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. It is the commonest cause of premature senility.
Depressive disorders	A mental health disorder characterised by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. Possible causes include a combination of biological, psychological and social sources of distress.
Anxiety disorders	A mental health disorder characterised by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities. Examples of anxiety disorders include panic attacks, obsessive-compulsive disorder and post-traumatic stress disorder.
Dementia	A group of thinking and social symptoms that interferes with daily functioning.
Delirium	an acutely disturbed state of mind characterized by restlessness, illusions, and incoherence, occurring in intoxication, fever, and other disorders.

3. Policy

Bilingual Care Worker Cooperative of Australia Limited's Challenging Behaviour Management Policy depicts how we aim to improve and manage responsive behaviour in clients. Bilingual Care Worker Cooperative of Australia Limited continuously supports the integrity, importance, freedoms and opportunities for the growth and wellbeing of clients with disorders, illnesses or disabilities that are directly impacting on their behaviour towards themselves or towards others.

The purpose of this policy is to ensure all of Bilingual Care Worker Cooperative of Australia Limited's personnel providing care or service provision to clients demonstrating challenging behaviour are responsible for continuously maintaining respect, dignity and independence. It ensures clients are correctly and appropriately supported and assisted in order to maintain high quality of life.

Bilingual Care Worker Cooperative of Australia Limited utilises a positive approach in order to ensure services are provided in a developing and cooperative way by utilising the behavioural 4-tier model which emphasizes on the prevention and management of behaviour at all service or care delivery stages.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited implements the Challenging Behaviour Management Procedure to efficiently investigate and implement interventions to support clients demonstrating responsive behaviours. These strategies will always be evidence-based on research, professional advice, and best practice.

Care, service provision, assessment and planning for clients will always be person centred and as per the Advocacy Policy and Procedure, will include clients and their relevant personnel in these processes. All workers of Bilingual Care Worker Cooperative of Australia Limited will be trained in understanding, recognising, and managing a client who has a disability, dementia diagnosis, disorder etc.

Bilingual Care Worker Cooperative of Australia Limited is always committed to maintaining professional relationships and links with external organisations and persons who are experts in specific fields in behaviour management. Bilingual Care Worker Cooperative of Australia Limited is able to seek further clarification and assistance from these agencies when managing clients presenting with challenging behaviour. Below are examples of groups/organisations Bilingual Care Worker Cooperative of Australia Limited's workers may reach out to for additional support:

Alzheimer's Australia	Dementia Care Australia	National Disability Services
The Australian Frontal Temporal Dementia Association	Positive Behaviour Support Practitioners	Behaviour Management Specialists
Psychologists	Counsellors	General Practitioners

Bilingual Care Worker Cooperative of Australia Limited also pride itself on not only providing care and support to clients, but also their carers, guardians, family members, advocates and representatives where requested. This may include information provision, resources, provide access etc.

Positive Behaviour Support

Bilingual Care Worker Cooperative of Australia Limited utilises a positive behaviour support approach which will apply to all workers within Bilingual Care Worker Cooperative of Australia Limited. This approach is enforced in order to set out appropriate actions to display in response to behaviours of concern in a constructive and positive manner. These approaches could be, however are not limited to:

- Remain Encouraging.
- Efficiently and effectively avert behaviours of concern to the Care Manager.
- Respect the client and view the behaviour in perspective.
- Remain inclusive, person-centred when undertaking behaviour management.
- Work towards a main aim or goal to improve the client's quality of life and reduce behaviours of concern.
- Develop an understanding and awareness that all behaviours have an objective.

- Recognise the client's strengths and remain devoted where possible to the client's abilities.
- Consider the background where any behaviour of concern takes place and the situations in which the client lives or issues that may promote this behaviour.

The management of behaviours of concern will be discussed with Bilingual Care Worker Cooperative of Australia Limited's management, the client, their advocate or representative. Workers will use the least intrusive approach whilst handling behavioural concerns. Constricting methods that represent aversive restraint, psycho-social restraint or exclusion are compatible with rights-based and person-based assistance providing to individuals with a disability or illness and must not be endorsed in any circumstances.

Management and workers of Bilingual Care Worker Cooperative of Australia Limited will incorporate the Restraint Policy and Procedure and the Assessment and Review Policy and Procedure in line with this policy and procedure.

The 4-Tier Positive Behaviour Support Model

Bilingual Care Worker Cooperative of Australia Limited's Challenging Behaviour Support Services are provided in a capability developing and cooperative way by using the behavioural 4-tier model which emphasizes the prevention and management of behaviour at all service delivery stages which include:

1. **Implementation of Prevention Strategies:** This is a universal strategy when identifying a client with a non or minor behavioural need, implementation of basic prevention strategies is needed.
2. **Risk and Response to Potential Harm:** This is a primary response to those who identify as a vulnerable with behaviour supports which potentially can cause harm to themselves or others. This intervention requires planning which clearly rectifies their behavioural needs and need case management or clinical assistance.
3. **Response to Harm:** This is a secondary response to those who have previously caused harm to themselves or others or are at high risk of doing so. They should have specialist clinical and case management services provided, emergency interventions and specifically developed training for management and response.
4. **Response to Serious Harm:** Intervention services which are specialised around intensive support, case management, emergency intervention and accommodation to reduce effects of harm and ultimately reduce the chances of negative behaviour.

Client Behaviour Assessment and Review

Bilingual Care Worker Cooperative of Australia Limited will utilise the Behaviour Assessment Form for clients requiring a behaviour assessment. This is conducted if the client is demonstrating behaviours that are violent, aggressive, intrusive, threatening or make others feel uncomfortable.

Upon beginning service provision with us, clients are required to provide us with any assessments or reports from other external agencies regarding behavioural concerns. Bilingual Care Worker Cooperative of Australia Limited's Care Manager will be responsible for reviewing these reports or assessments and will then proceed to create a Behavioural Assessment for Bilingual Care Worker Cooperative of Australia Limited's use.

In the situation where a client has exited the criminal justice system (prison) or is known to be

violent, aggressive or dangerous, Bilingual Care Worker Cooperative of Australia Limited will ensure a Behavioural Assessment is completed as well as a Risk Assessment. A behaviour plan may then be created for the client.

Should the situation or client be extremely dangerous or hazardous, Bilingual Care Worker Cooperative of Australia Limited may decline service or care provision on reasonable grounds of safety and health for workers of Bilingual Care Worker Cooperative of Australia Limited. Bilingual Care Worker Cooperative of Australia Limited will then responsibly assist the client to receive care and support from other agencies or provides where necessary.

Behaviour support plans are all required to start with a planning process to be effective for the client.

The planning process should include a range of points that need to be covered in order to have a successful outcome.

- Identifying the correct person and collecting any relevant data (with consent), such as any assessments involving the client, past history, risk/injury reports, behaviour reports, complaints, compliments, feedback, detail forms, past forms from other support providers (with consent), monitoring forms, likes and dislikes, previous assessments, support plan and any other relevant information that may assist in the development of a plan (some of these documents may not be obtainable or exist at the time of planning).
- Developing a complete A-Z summary of the plan.
- Date for development.
- Date for implementation.
- Date for review.
- Family arrangements.
- Community commitments and arrangements.

Bilingual Care Worker Cooperative of Australia Limited strives to develop and maintain an Interim Care Plan where required. Strategies that are seen as beneficial and useful to the client will be documented on this plan. At all times, Bilingual Care Worker Cooperative of Australia Limited will operate in accordance with the Restraint Policy and Procedure and utilise least restrictive practices at all times.

The Care Manager is responsible for completing a client Behaviour Assessment. This process will be completed over a 7-day time frame should responsive behaviours be identified. If behaviours correlate to signs and symptoms of depressive disorders, anxiety disorders, dementia, delirium etc., Bilingual Care Worker Cooperative of Australia Limited will be responsible for connecting clients with external agencies for further assistance. This will be completed in accordance with the Therapeutic Supports Policy and Procedure.

Should the situation arise where new behaviours arise or where strategies to prevent or manage behaviours are ineffective, repeat the behaviour assessment and proceed to the consultation or assessment process in order to accurately identify the triggers and develop alternative interventions or strategies.

It is fundamentally important that Bilingual Care Worker Cooperative of Australia Limited assesses certain aspects of the client's behaviour in order to implement a plan precise to their behaviour and to assess whether the client's actions are of concern and the type of attention or intervention they require.

Should the behaviour pose as an immediate risk or has had/will have immediate use of restrictive practices, it is required that the Care Manager immediately creates an Interim Positive Behaviour Support Plan.

Should a client already have a Comprehensive Positive Behaviour Support Plan in place then it is not required to develop an interim support plan, however it must be continually monitored and reviewed.

These plans are usually utilised for clients under the NDIS, however these plans may be carried over into aged care provider utilisation.

Bilingual Care Worker Cooperative of Australia Limited is required to identify and understand the client's reasoning to a behaviour and any potential triggers to this. Generally, a client will do this for a few different reasons due to wanting to remove or introduce a sensory feeling, to include or remove themselves from a certain activity/environment/situation, to get something in return such as an object or demand and to gain attention from others. Should behavioural situations be an occurrence from a cognitive impairment, this is seen as an uncontrollable action or behaviour.

Bilingual Care Worker Cooperative of Australia Limited will define and clarify types of behaviours to easily identify current and past situations to have an easy-to-read track record which allows all members of Bilingual Care Worker Cooperative of Australia Limited to easily identify changes and trends. To clarify the types of behaviour into an identifiable table within the plan, Bilingual Care Worker Cooperative of Australia Limited needs to develop an understanding of the behaviour states of the client. This includes understanding what is the normal behaviour of the client day-to-day, what behaviours occur and what is the state of escalation and de-escalation for behaviour of the client.

It's important to colour code the behaviour identifications, for each colour will have a different state of behaviour for the client:

- **Green** – The client is at general relaxed state.
- **Orange** – The client is beginning to escalate, becoming distressed and anxious.
- **Red** – An incident has occurred.
- **Black** – An incident involving serious harm to self or other has occurred.
- **Purple** – The client is de-escalating.

Bilingual Care Worker Cooperative of Australia Limited is required to implement a client-centred approach and strategies into the plan, these strategies are to keep clients safe as well as ensuring the happiness and fulfilment of the client. Bilingual Care Worker Cooperative of Australia Limited understands the importance of implementing strategies to keep clients, workers and others safe during any service at any time. Bilingual Care Worker Cooperative of Australia Limited will assess different approaches in doing so to keep the client as calm and happy as possible.

These approaches should include avoiding eye contact for long periods of time, using off-putting tones of voice (sounding calm and relaxed), using relaxed body language, avoiding any specific catalysts, avoid touching the client unless necessary, avoid making demands, listening to the client and distracting the client as much as possible. In some cases where this may not be effective, it is important to assess the potential need of restrictive practices and other interventions including medication and physical contact for last resorts.

Bilingual Care Worker Cooperative of Australia Limited should implement a proactive approach when it comes to working with a client with behavioural needs. Assessing the client’s goals, needs and wants for their daily supports and how Bilingual Care Worker Cooperative of Australia Limited can implement, improve or develop the correct skills to participate is important.

Using a proactive approach will involve looking at the health and fitness of a client, particular interests, hobbies and activities, favoured environments, preferred people, preferred items, how they like to be interacted with and what makes them happy. This approach will allow Bilingual Care Worker Cooperative of Australia Limited to implement a plan where the client is happy and calm. The use of incentives is in place to incentivise good behaviour, allow the client to learn new skills and have particular boundaries in place for when the client has an escalating moment to ensure further learning.

When understanding how a client reacts when they are escalating in behaviour, Bilingual Care Worker Cooperative of Australia Limited will assess what areas need to be understood to prevent further escalation such as:

- Avoid responding to the displayed behaviour
- Distracting the client
- Find the trigger and remove it (e.g. environment, person, item, etc)
- Ask what is wrong and help them with what they need
- Redirect the client.

Management Interventions and Strategies

Bilingual Care Worker Cooperative of Australia Limited not only utilises the Behaviour Plans, however, utilises management strategies and interventions when possible and when required. Bilingual Care Worker Cooperative of Australia Limited always aims to promote best and highest quality service provision which supports the notion of implementing appropriate techniques in order to support clients as much as possible.

If clients are affected by multiple concerning behaviour demonstrations, Bilingual Care Worker Cooperative of Australia Limited’s workers are trained and competent in utilising the management techniques in order to assist the client. The main concerning behaviour demonstrations are as follow, however is not limited to:

Sexually Inappropriate	If a client is demonstrating behaviours that are Sexually Inappropriate, such as making verbal or physical sexual advances or actions, must consider all possible reasoning behind the behaviour in attempts to determine the root cause. In order to manage this form of behaviour, Bilingual Care Worker Cooperative of Australia Limited’s workers are to remain appropriate in all circumstances and use intervention mechanisms such as reinforcement of who they are and the reasoning they are in their home.
------------------------	--

	<p>Workers should always don their uniform, or identification badge. Workers are to remain calm and respectful when assisting these clients. They are to ensure they gently discourage the behaviour via distraction mechanisms. If the client is suffering due to a lack of physical contact and are expressing this in an inappropriate manner, workers are only permitted to provide minimal physical contact such as holding hands if required. If the client views this as inappropriate or if the action proceeds to worsen the behaviour, workers must terminate the action immediately. Workers must always provide the client with privacy or personal time to meet this real or perceived sexual need if it assists the situation and eliminates this behaviour.</p>
Sleep Disturbances	<p>If a client is demonstrating behaviours that are related to Sleep Disturbances, workers of Bilingual Care Worker Cooperative of Australia Limited should aim to keep the client as active and awake as possible during the day which in turn will provide them with a better sleep. If the client is known to wander to use the toilet during the night, workers should ensure to leave a light on in order to increase visibility. Workers of Bilingual Care Worker Cooperative of Australia Limited should always aim to reduce oral stimulants that may increase or decrease a client's sleep, this is fluids such as alcohol, coffee, energy drinks or some contraindicated medications.</p>
Wandering or Severe Intrusiveness	<p>If a client is demonstrating behaviours that are Wandering behaviours or personally Intrusive, workers of Bilingual Care Worker Cooperative of Australia Limited should question the client as to their destination or direction and utilise this information to develop safe distracting methods. Workers must understand that usually these behaviours are reoccurrence and therefore are required to ensure these patterns do not occur again.</p>
Swallowing or Eating Difficulties	<p>If a client is demonstrating behaviours that are directly related to Swallowing or Eating Difficulties, workers of Bilingual Care Worker Cooperative of Australia Limited should begin by ensuring this behaviour is not occurring due to a mouth issue such as misplaced dentures or dysphagia. The first point of reference for these issues should be a referral to a Speech Pathologist for further assistance, support and clarification. Workers should aim to keep food simple, appropriate and in line with the preferences of clients. Examples of this include refusing to eat, forgetting to eat or overeating. Workers are able to initiate eating by placing utensils in front of the client or possibly assisting with the feeding themselves.</p>
Verbal Aggression	<p>If a client is demonstrating behaviours that are Verbally Aggressive, workers of Bilingual Care Worker Cooperative of Australia Limited are required to ensure the client feels safe and comfortable to begin with. Rest and reassurance are highly regarded and may assist to calm the client. Workers should always aim to minimise triggers such as noise and stimulations as well as employ distraction techniques. These distraction techniques should be the client's preferred hobbies, activities or conversation.</p>
Physical Aggression	<p>If a client is demonstrating behaviours that are Physically Aggressive to themselves or to others, Bilingual Care Worker Cooperative of Australia Limited's workers should always begin by assessing the dangers or risks involved within the situation. If there is risk to the worker, the worker is required to exit the premises and contact the Care Manager. If there is no in risk, workers should allow the client to calm down in order to deescalate the situation. Avoid communication techniques such as reasoning in attempts to not anger or disrupt the client further.</p>
Repetitive Actions or Questions	<p>If a client is demonstrating behaviours that are repetitive, workers of Bilingual Care Worker Cooperative of Australia Limited should begin by providing the client with rest and reassurance and attempt to remain positive. Workers should employ distraction methods in order to divert their attention to an activity that will occupy them and alter the behaviour. Workers should continuously remain calm when responding to clients.</p>

Resistance of Refusal to Assistance or Care Provision	If a client is demonstrating behaviours that are resistant of care that Bilingual Care Worker Cooperative of Australia Limited’s workers are required to provide, workers should always aim to provide care or assistance routinely for the client, always obtain consent, provide the client with a detailed description of the task or activity and provide them with options to voice their preferences, where possible. Workers of Bilingual Care Worker Cooperative of Australia Limited are required to continuously promote independence where possible.
Socially Inappropriate Behaviour	If a client is demonstrating behaviours that are Socially Inappropriate, workers of Bilingual Care Worker Cooperative of Australia Limited may use various techniques in these situations such as employing distraction methods, explaining to other people around the client the reasoning behind the behaviour, discourage swearing or aggression and assist the client to remain as comfortable as possible.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Interim Behaviour Support Plan
- Comprehensive Behaviour Support Plan
- Behaviour Assessment Form
- Restraint Policy and Procedure
- Advocacy Policy and Procedure
- Assessment and Review Policy and Procedure
- Risk Assessment

Falls Prevention Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited implements the Falls Prevention Policy and Procedure to ensure that all potential risks of falls, trips and/or hazardous surroundings are eliminated. Bilingual Care Worker Cooperative of Australia Limited is dedicated to providing an adequate environment for all clients to ensure they receive optimal health and services.

This extends to all employees and meets relevant laws, regulations and standards.

2. Definitions

Prevention	The action of stopping something from happening or arising.
Mobility	The ability to move or be moved freely and easily.
Dexterity	Skill in performing tasks, especially with the hands.

3. Policy

The Falls Prevention Policy is utilised throughout Bilingual Care Worker Cooperative of Australia Limited to ensure the safety of all clients and eliminate all risks of falls where possible. It is Bilingual Care Worker Cooperative of Australia Limited's aim to provide all clients with ideal care and mobility. Bilingual Care Worker Cooperative of Australia Limited understands the importance of utilising the Falls Prevention Policy and aims to apply the most appropriate and effective measurements to eliminate any risk of trips and falls.

Worker Responsibilities:

- To report any falls that may occur.
- Enforce appropriate interventions and techniques in order to assist clients.
- Ensure all surroundings are free from any hazardous objects that could encourage a person to fall.

Management Responsibilities:

- Complete a falls assessment of each client.
- Ensure all surroundings are free from any hazardous objects that could encourage a person to fall.

4. Procedure

The Falls Prevention Procedure is implemented within Bilingual Care Worker Cooperative of Australia Limited to ensure clients are receiving optimal health and care. It specifies the importance of eliminating all risks that may impact a client to fall. Bilingual Care Worker Cooperative of Australia Limited aims to ensure that all surroundings will be free from any falling/tripping hazards. Frequent assessments and examinations will be conducted to identify any new-found hazards.

All personnel within Bilingual Care Worker Cooperative of Australia Limited will be expected and required to assist in the supervision and management of fall risks. They will also be provided with the adequate training and information in relation to preventing falls/trips.

It is essential that all clients are prevented from any risks of falls that may arise. The following outlines the principles of the Falls Prevention Procedure, however it is not limited to:

- All clients will be assessed for fall risks, and all information obtained from the assessment will be recorded and stored in the client's personal file. They will also be reviewed for any behaviour that may impact their risk of a fall. A Registered Nurse will be the authorised personnel who is to complete the initial falls risk assessment.
- Each client will be communicated to and engaged in the decisions made in relation to managing falls. All information that is required to thoroughly explain how to prevent falls will be offered to clients.
- Bilingual Care Worker Cooperative of Australia Limited aims to involve all clients to engage and participate in all fall prevention programs and exercises.
- A physiotherapist will be present and attend all falls risk assessments, to examine the mobility of clients. This is to review and create an action plan in accordance with a client's ability to avoid any falls.

Bilingual Care Worker Cooperative of Australia Limited will maintain supplementary risks assessments if there has been an adjustment to a client's health condition. This may occur when a client has fallen and it has impacted their health, there have been changes to their existing condition, or due to a scheduled annual review.

It is the responsibility of the Care Manager to create and maintain all falls risk management strategies and action plans. However, they will be supported by an enrolled nurse, registered nurse, or any other external body that was contacted to provide assistance to clients.

Implementing strategies to the following areas, will significantly improve the safety of all clients that can easily be affected by falls:

- Walking and Mobility.
- Footwear and Care.
- Surrounding and Environmental Risks.
- Medication.
- Vision and Eyesight.
- Restraint.

Useful Interventions

There are various methods and strategies utilised in the prevention of falls. The following outlines the specifications that should be monitored in relation to clients, however it is not limited to:

- Encouraging clients to drink 1.5 litres of fluids.
- Ensuring appropriate footwear is worn for the current surroundings. Examples may be shoes that contain a grip sole, no slippers or open toed shoes.
- Utilisation of handrails in a client's home to improve the mobility of a client.

- Ensure any spillages or mopped floors are made aware to all personnel and clients and wet floor signs are visible.
- Remove all objects that are not in the correct location that obstruct a walking path.
- Create a non-slip floor in areas that do not contain carpet. These locations may include bathrooms, kitchens, laundries, or communal spaces.

Managing Strategies

Walking and Mobility – it is essential that all clients are assessed for their ability of movement and walking. To ensure that clients are frequently receiving the appropriate amount of exercise, it is encouraged that they participate in daily exercise where possible.

This will maintain their dexterity of improvement and strength. It is important that clients utilise the necessary walking aids in the duration of relocating. Different walking aids may include a single-point cane, quad cane, walker, crutches and a knee walker. All clients will be supported and supervised by personnel in the duration of the mobility process.

Footwear and Care – it is important that all clients are frequently wearing the correct and appropriate footwear. It is essential that all clients are clearly informed and understand what correct footwear entails. Slippers are not encouraged to clients as they offer very limited support. To minimise risks of falls, clients should possess footwear that are in accordance with the following criteria:

- Non-slip soles and laces
- Soft quality footwear (memory foam shoes)
- Velcro or buckled footwear
- Footwear that contains a supporting collar at the rear end of the shoe.

Bilingual Care Worker Cooperative of Australia Limited recognises the importance of maintaining the foot care of clients. It is the responsibility of personnel to ensure that toenails are trimmed, and all potential foot infections are treated. If a client's foot is deemed as dry and the skin has begun to tear, this may affect the confidence of walking. In the circumstance that a client has dried and cracked feet, a cream solution will need to be applied. It is important however, that an excessive amount is not permitted to be applied as it can increase the risk of slipping.

Surrounding and Environment Risks – The surrounding environment of a client must not contain any clutter or objects that obstruct a person's pathway. If in the event of a sudden spillage, it is essential that it is attended to promptly and must be cleaned up.

Medication – it is found that medications can impact the risk of falls and is commonly known as psychotropic (antidepressants and sedatives), cardiovascular and analgesic. Research shows that more than four medications will increase the risk of falling. Ingesting nine or more medications will not only increase the risk of falls but will increase the risk of cognitive impairment.

All personnel and clients must be made aware of the significant risks that correlate with Polypharmacy. If workers have noticed that a client is displaying changes in any aspects of their mobility, medical, physical or cognitive status, then it must be immediately reported to the Care Manager. If it is apparent that there has been a change in a client's behaviour, then an assessment will be arranged.

Vision and Eyesight – workers should encourage clients to frequently have their eyes tested (at least annually). In the event that a client is required to wear eyeglasses, workers should encourage them to do so. Workers will be responsible for maintaining clean eyewear for clients and ensuring correct placement in order to reduce the risk of falls. If a client suffers from impaired vision, then workers must ensure that all personal belongings are kept at a reachable distance.

Falls Management

In the event a client has suffered from a fall, there are specific protocols that need to be adhered to. The following outlines the strategies for applying care provision, however it is not limited to:

- Immediately attend to client and report to the Care Manager. Once the Care Manager has been notified about the client's fall, then it is their responsibility to document the events of the fall.
- Apply first aid to the client and access all potential injuries they may have sustained.
- If the client has fallen and is unable to move or get up from the floor, it is essential that no personnel is to lift them. Personnel must then arrange to contact emergency services on 000.
- If a client is able to stand autonomously, then personnel will support and guide them to a sitting position. It is important that they are not to lift the client off the floor.
- Ensuring personnel stay with fallen client and frequently assess the vital levels.
- An Incident Report Form is completed and submitted to Bilingual Care Worker Cooperative of Australia Limited.
- Bilingual Care Worker Cooperative of Australia Limited key personnel or Registered Nurse will report to the client's related personnel, advocate, and family member.
- An assessment will be implemented by the Care Manager, RN and all personnel to investigate why the fall happened and will create an action plan on how to resolve and avoid for the future.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Risk Assessment
- Risk Management Policy and Procedure
- Pain Assessment Form
- Care Plan
- Short Term Care Plan
- Incident Report Form

Food Safety Policy

1. Policy and Procedure

The Food Safety Policy and Procedure establishes the importance of utilising the correct protocols when handling, storing and preparing food. Bilingual Care Worker Cooperative of Australia Limited is committed to ensuring adequate knowledge and training is provided to all personnel.

2. Definitions

Hygiene	Conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.
Sanitarily	The state of sanitation (clean or dirty) condition, status - a state at a particular time; "a condition (or state) of disrepair"; "the current status of the arms negotiations" sanitariness - the state of being conducive to health. unsanitariness - a state that is not conducive to health.

3. Policy

The Food Safety Policy is implemented within Bilingual Care Worker Cooperative of Australia Limited to ensure that the hygiene, preparation and handling of client's food is maintained correctly and sanitarily. Bilingual Care Worker Cooperative of Australia Limited recognises the importance of meeting the correct standards, regulations and guidelines of food safety, to ensure the wellbeing of all clients.

Bilingual Care Worker Cooperative of Australia Limited is committed to supporting all client's dietary requirements where applicable. A client may need to have their diet amended to be in accordance with their cultural or religious beliefs, or their desire to plan and prepare meals independently.

4. Procedure

The Food Safety Procedure outlines the standards of providing safe and ethical food and meals that are in line with a client's criteria. This may be due to independent meal plan, or cultural/religious beliefs.

Bilingual Care Worker Cooperative of Australia Limited will provide adequate training to all personnel to ensure that all food preparation, handling and storing is done correctly, and reflect the appropriate protocols. Clients will also be informed of the essential knowledge in relation to food safety.

It is essential that any individual who is in close contact with food are not suffering from any illness at the time of handling. In the event that a person has suffered from a sickness, they are not to be rostered to any food related task and duties.

Preparing and Handling Client's Food

It is essential that all personnel follow the below guidelines when preparing and handling a client's food in their home, however, it is not limited to:

- All personnel must ensure they wash their hands prior to coming in contact with a client's food. Personnel should encourage clients to also wash their hands.

- If any personnel are sick, they must inform the Care Manager prior to their shift. It is essential that no personnel are to undertake any food related services to clients.
- Ensure the correct protective clothing is worn while cooking, to prevent any risk of injury.
- Ensure to cover any bandages or dressings with a waterproof shielding.
- Take into consideration a client's potential religious or cultural diets.
- Talk with the client to determine their meal wishes for that day.
- Personnel are to ensure that they have cleaned all cooking surfaces and utensils thoroughly, prior and after cooking.
- Ensure that no electrical appliance is left unattended when in use.
- Change disposable gloves between preparing raw foods and cooked food, to ensure there is no risk of contamination.
- All personnel must maintain a log and document all food prep that was created for clients.
- It is important that any food is not to be served that has been refrigerated that exceeds two days. If food is less than two days of age, then with the permission of client, food may be heated up. However, it is essential that food is only to be heated once.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Food Chart

6. Applicable Aged Care Quality Standards

- Standard 4 - Services and Supports for Daily Living
- Standard 5 - Organisations Service Environment
- Standard 8 - Organisational Governance

Home and Yard Maintenance Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited implements the Home and Yard Maintenance Policy and Procedure in order to ensure all aspects of service required is provided to the highest quality. Bilingual Care Worker Cooperative of Australia Limited understands that some clients may be unable to maintain their home or yard and therefore will require Bilingual Care Worker Cooperative of Australia Limited to provide these services accordingly.

Home and Yard Maintenance refers to the upkeep of a client's home and yard. This may include the use of cleaning, tidiness, storage, or certain equipment in order to maintain their home or yard. This may be required if the client is unable to complete the work themselves.

Bilingual Care Worker Cooperative of Australia Limited is committed to ensuring the health and safety of all workers commencing works to clients at all times. Therefore, Bilingual Care Worker Cooperative of Australia Limited will take all reasonably precautionary measures to ensure workers remain safe and uninjured when commencing works with dangerous or hazardous equipment.

This also aims to provide health and safety to clients, as ensuring the household and yard is kept tidy and free from hazards and dangers promotes safety for clients and eliminates potential risks.

2. Definitions

Precautionary	A measure taken in advance to prevent something dangerous, unpleasant, or inconvenient from happening.
---------------	--

3. Policy

Bilingual Care Worker Cooperative of Australia Limited's Home and Yard Maintenance Policy depicts how Bilingual Care Worker Cooperative of Australia Limited assists or manages a client's household and yard. This is done in order to ensure the areas are kept neat, tidy and clean with the aim to promote health and safety for clients.

Bilingual Care Worker Cooperative of Australia Limited also encourages the health and safety of all workers participating in home or yard maintenance in a client's home. Where required, Bilingual Care Worker Cooperative of Australia Limited has the opportunity to utilise sub-contracting organisations in order to assist with maintenance should the works be out of Bilingual Care Worker Cooperative of Australia Limited's scope.

Bilingual Care Worker Cooperative of Australia Limited will provide these services in a safe and effective manner in order to ensure essential house and/or yard activities is undertaken for clients who are not able to independently complete these activities.

If the client is independent however requires assistance, Bilingual Care Worker Cooperative of Australia Limited will undertake assistance strategies or support clients to develop these skills to effectively maintain their home/household environment.

At all times, workers, staff, employees, stakeholders, management, volunteers and sub-contractors of Bilingual Care Worker Cooperative of Australia Limited are required to report any concerns or hazards to the WHS Officer. This will prompt further investigation in accordance with the Risk Management Policy.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited follows the direction of the Home and Yard Maintenance Procedure in order to promote and ensure health and safety of all persons related to Bilingual Care Worker Cooperative of Australia Limited. As a rule, prior to Bilingual Care Worker Cooperative of Australia Limited commencing any works within a client's home, an Environmental/Home Risk Assessment will be completed, and hazards and risks will be identified and managed appropriately. Any potential risks or hazards that workers may face when completing home or yard maintenance works will be identified and documented. Bilingual Care Worker Cooperative of Australia Limited will then prioritise to implement strategies for risk reduction or minimization where possible.

Any activities required or requested related to home or yard maintenance will be placed in the client's Care and Service Plan prior to commencement of services. The client, their advocate or representative is required to approve the works and the maintenance schedule. Bilingual Care Worker Cooperative of Australia Limited continuously ensures all chemical products are handled safely and appropriately according to the manufacturer's instructions. Any chemical products or equipment that is damaged, unsafe or hazardous will not be used by Bilingual Care Worker Cooperative of Australia Limited's workers.

At all times, workers, staff, employees, stakeholders, Management, volunteers and sub-contractors of Bilingual Care Worker Cooperative of Australia Limited are required to report any concerns or hazards to the WHS Officer. This will prompt further investigation in accordance with the Risk Management Policy. They are also required to notify the Care Manager or the WHS Officer of any alterations or additional aids that are required as well as avoid usage of damaged appliances or equipment.

All maintenance workers are provided with portable Residual Current Device (RCD) in order to protect themselves against electric shock.

Equipment Supply

Should the required equipment be identified, Bilingual Care Worker Cooperative of Australia Limited will take the appropriate measures to restock or order the required equipment. Bilingual Care Worker Cooperative of Australia Limited will always attempt to secure the equipment from an appropriate 3rd party in order to ensure prompt restock and minimise situations where workers are delayed due to insufficient equipment.

Bilingual Care Worker Cooperative of Australia Limited will also be responsible for purchasing or hiring equipment where required, depending on the situation. It is the responsibility of the Care Manager or the WHS Officer to notify the Managing Director of any new purchases or discarded equipment. This is completed in order to maintain an accurate Assets Register at all times.

If Bilingual Care Worker Cooperative of Australia Limited are not required to supply the equipment, Bilingual Care Worker Cooperative of Australia Limited aims to assist the person to secure the equipment where possible. This is completed via the following step by step procedure.

Step 1. Determine if the client is eligible to borrow the equipment from an appropriate third party. If they are not, Bilingual Care Worker Cooperative of Australia Limited is able to undertake the works at an external/out of pocket cost.

Step 2. Determine whether the client can self-fund the cost of the equipment. If they are unable to, Bilingual Care Worker Cooperative of Australia Limited may seek approval from the Managing Director to apply to Bilingual Care Worker Cooperative of Australia Limited to purchase the required equipment and loan it to the client when required. If Bilingual Care Worker Cooperative of Australia Limited already has the required equipment in their assets, Bilingual Care Worker Cooperative of Australia Limited is able to loan to the client.

Step 3. Bilingual Care Worker Cooperative of Australia Limited may negotiate any requirements for maintaining the equipment with the client, their family, their representative or advocate.

Step 4. Document the purpose of the equipment in the client's Care Plan and any agreed upon maintenance requirements. If the client is utilising the equipment for a short period of time, document start date, return date and total costing.

Should the client have existing equipment that belongs to them, clients are required to notify Bilingual Care Worker Cooperative of Australia Limited upon the initial assessment process. Bilingual Care Worker Cooperative of Australia Limited will still be responsible for assessment and inspection of the equipment in order to ensure it is safe, undamaged and may be handled by others.

Should the choice of equipment be unsafe, Bilingual Care Worker Cooperative of Australia Limited will be required to mention this to the client or their related persons. This is completed with the aim to replace or repair the faulty equipment. All information regarding the client's equipment will be documented on the client's Care Plan including maintenance requirements, re stock, change, cleaning, management etc. This will depend on the type of equipment.

Monitoring Equipment

Bilingual Care Worker Cooperative of Australia Limited utilises and implements specific processes and systems in order to ensure the usability and safety of physical resources and equipment. These items are regularly audited in accordance with our Audit, Internal Assessment and Review Policy and Procedure. All workers, staff, management, employees, volunteers, clients, stakeholders, families and advocates are always encouraged to provide continuous and ongoing feedback regarding safety and compatibility of equipment utilised. Improvements will always be highly regarded and sought upon when ensuring safety of equipment and physical resources.

Bilingual Care Worker Cooperative of Australia Limited is responsible for monitoring and evaluating all of our equipment to ensure it is replaced or repaired before use when necessary. If hazards or risks arise, Bilingual Care Worker Cooperative of Australia Limited will delegate appropriate key personnel such as the WHS Officer to complete a risk assessment and undertake the necessary precautions to manage the identified risk.

Documentation

Bilingual Care Worker Cooperative of Australia Limited will maintain all relevant documentation and records in accordance with the Records and Information Management Policy and Procedure. This will be adhered to by all care workers and staff of Bilingual Care Worker Cooperative of Australia Limited. This is completed in order to maintain accurate recording of the maintenance activities completed by Bilingual Care Worker Cooperative of Australia Limited in a client's home. This documentation may include progress notes, logging hours of visits and maintenance logs of broken or damaged equipment.

Undertaking Home or Yard Works in a Client's Home

Where Bilingual Care Worker Cooperative of Australia Limited will be required to undertake home or yard works in a client's home, Bilingual Care Worker Cooperative of Australia Limited may complete the works themselves or sub-contract the works to an external agency. Sub-contracted or brokerage services will be completed in accordance with the Brokered Services and Sub-Contractor Management Policy and Procedure. These services will usually be Cleaning Services or Garden Maintenance. Those persons completing these works are required to be competent delivering these services.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Cleaning Policy and Procedure
- Risk Management Policy and Procedure
- Client Environment/Home Risk Assessment
- Asset Register
- Risk Assessment
- Hazardous Substances Register
- Audit, Internal Assessment and Review Policy and Procedure
- Records and Information Management Policy and Procedure
- Brokered Services and Sub-Contractor Management Policy and Procedure
- Preferred Supplier List
- Maintenance Book

Household Cleaning Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited understands the importance of maintaining all client homes to reflect a sterile and appropriate living environment.

Bilingual Care Worker Cooperative of Australia Limited will provide cleaning services to all home clients and will ensure adequate training is provided to ensure that their home is in accordance with infection control, nobility and client's desires.

2. Definitions

Sterile	Free from bacteria or other living microorganisms; totally clean.
Cleanliness	The state or quality of being clean or being kept clean.

3. Policy

Bilingual Care Worker Cooperative of Australia Limited is committed to assisting clients to develop the skills and knowledge to maintain a clean and sanitary environment. Personnel will also receive the necessary training from Bilingual Care Worker Cooperative of Australia Limited in order to perform cleaning tasks in a client's home.

Worker Responsibilities:

- Apply all received training and skills to assist clients in maintaining a clean home environment.
- Complete all cleaning tasks that a client is unable to do independently.
- Use the correct equipment.
- Wear the necessary PPE.
- Report any additional aids or modifications required.
- Report and ensure they are not utilising any faulty equipment.

Management Responsibilities:

- Provide adequate training to all personnel, to ensure all cleaning tasks can be completed correctly.

4. Procedure

The Household Cleaning Policy and Procedure entails the correct protocols and criteria that must be followed when delivering cleaning services to a client. Environmental assessment will be conducted on all homes to understand the areas that need extra attention and will be actioned upon the review. It is a requirement that all personnel wear the correct Personal Protective Equipment (PPE) to protect them of any potential hazardous substances.

Bilingual Care Worker Cooperative of Australia Limited will conduct a home environment assessment of a client's home. This is to establish any risks or areas that must be approved on before any care and services are to be delivered. Strategies will also be put in place to ensure all potential harm and risks of client and personnel are eliminated.

It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited to provide adequate training to all personnel to develop the knowledge and skills when handling the use of chemicals, hazardous substances, storage and other cleaning duties. All PPE will be provided to personnel by Bilingual Care Worker Cooperative of Australia Limited.

All required cleaning services that a client will need in their home, must be documented and recorded for reference. The client or their chosen advocate must agree to the services and their suggested schedule.

In the event that chemicals or equipment are unable to be handled by trained personnel, then it is essential that personnel or the client do not attempt to continue with that particular cleaning tasks. They should communicate to the Care Manager any substance or equipment that are unable to be utilised by personnel.

It is essential that all documents created by cleaning personnel are maintained to ensure the correct and appropriate services are being delivered to a client. This should contain the number of hours spent at each home, progress notes, and any equipment that needs to be assessed and attended to.

Safety Equipment

It is important that all personnel and clients maintain a safe and sterile environment. The following outlines the safety measurements that should be taken when delivering household cleaning services, however, it is not limited to:

- Ensuring that all electrical equipment is nonfaulty and in good working condition. If it is faulty then it must be reported to both the client and the Care Manager.
- All electrical repairs are not to be conducted by Bilingual Care Worker Cooperative of Australia Limited personnel. However, personnel should frequently examine electrical leads and cords to ensure there is no exposed wiring. This must be communicated to the Care Manager. RCD Safety plugs should always be utilised for electrical work.
- Obtain necessary instruction from the Care Manager if unsure how to utilise equipment.
- Ensure that all electrical switches are working correctly, and the ON/OFF buttons are easily operated.
- Maintain the cleanliness of all equipment.

General Household Cleaning Procedure

Interior	Once a cleaning service is required for a client, personnel must prepare all equipment before attending to the client. They must ensure that the no items are still on the floor, all rubbish is placed in the appropriate bins, and the rubbish is emptied. If it is noticed that there are cobwebs within the internal areas of a client's home, then these must be removed. The final area should be the floor and vacuuming and/or mopping must be utilised where necessary.
Toilets	Toilets should be cleaned and maintained three days a week. The toilet area should contain sufficient amount of toilet paper and scented sprays. It is essential that toilet brushes are not to be used to clean the toilet seat or exterior. Personnel will use disposable cleaning cloths and materials that are utilised when cleaning the toilet area and must be disposed after every use. When cleaning the exterior, personnel are expected to take specific care to clean all crevices of the toilet, plumbing pipe under and behind the cistern. The toilet seat should be wiped with a dry cloth.

	Personnel should wear the correct footwear (boots) and gloves when cleaning. It is important that protective eyewear is worn at all times, as the toilet bowl cleaner is acid based and very hazardous to the touch.
Baths	Bathrooms should be initially inspected for mould and grime before every cleaning commences. All floor, walls and cabinets are to remain clean. It is essential that hand-held connections and soap containers are sterile. All hand basins located in the bathroom must be sterile and the plumbing connections washed.
Bathroom Floors	All bathroom floors must be dried before a client utilises the bathroom. The floor is to be mopped with natural detergent, and if necessary, a hand brush can be used to clean grout on floors.
Shower	It is essential that clients have non-slip shower mats placed in their shower to eliminate any risks of falls. Personnel will ensure that all handheld shower connections and soap containers are clean. If there is visible build-up of soap, it is essential that is removed immediately.
Bed	A client's bedroom must be regularly cleaned. All areas of the mattress must be washed, warm detergent water must be used with a disposable cloth. It is essential that all surfaces are dried thoroughly before the client is able to use their bed.
Wet Mopping	Areas that require wet mopping in a client home include bathrooms, toilets and kitchens. All mops and mop heads are to be stored dry, and all mop heads must be disconnected after every use and stored in a plastic bag. It is important that all mop buckets do not have a mop unattended as it may cause spillage. If an area is considered to be significantly dirtier than the remaining floor, a separate mop should be used. Water should be regularly changed while mopping.
Vacuum Cleaning	When utilising a vacuum, personnel must ensure that the bag is changed daily, and the filters are changed in accordance with the directives given by the manufacturer. All vacuum cleaners used must be fitted with the appropriate filter and dust bags. Dry sweeping should be avoided where necessary.
Dining Areas	Personnel are expected to clean all eating areas each time they have been utilised. The floor is to be mopped and swept, and the chairs are to be wiped over daily.
Lights	<p>All light fittings are to be cleaned on each six-months with water and detergent. When doing so, it is essential that personnel follow the below guidelines:</p> <ul style="list-style-type: none"> • Ensure lights are turned off by power switch before cleaning. • If it is not reachable by hand, then personnel must use a ladder. • Loose dirt will be removed via clean cloth. • Utilise equipment with an extendable handle. • Clean the bowl of the light on both the interior and exterior. Then dry and polish with a separate clean cloth. <p>It is important that personnel allocate enough time for light bulbs to cool down if cleaning is necessary. This is to ensure that no burns occur.</p>
External Areas	Bins - All bins within a client's home must be frequently emptied and washed with detergent. To clean the outside bin, personnel must only use diluted detergent, and scrub the surface. Once they have been cleaned, they will be rinsed with pressured water (hose) to remove all dirt from the bin. The bins will then be turned upside

	<p>down, allowing them to dry completely before returning them to their designated area.</p> <p>Grassed Areas - grass areas are to be maintained and cleaned frequently. There should be no litter on the ground, but if the occasion arises, then it is the responsibility of personnel to collect all rubbish and placed in the main collective rubbish bin. Client's lawns are to be trimmed on a rotational schedule between personnel.</p> <p>Concreted Areas - personnel are to use a straw broom to clean all paved areas and depending on the cleanliness can be monitored once a week, or more if required. Occasionally, all paved areas are to be pressure washed when needed.</p>
--	---

Bilingual Care Worker Cooperative of Australia Limited will provide First Aid Kits in all utilised vehicles. This is to ensure that medical aid will be easily accessible in the event of an incident. If an incident, injury or sickness is to occur, then the Care Manager must be immediately notified. In the event of an emergency, personnel are responsible for contacting emergency services on 000.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Advocacy Policy and Procedure
- Falls Prevention Policy and Procedure
- Progress Notes
- Incident Report Form
- Incident Register
- Assets Register

Hydration and Nutrition Policy

1. Policy and Procedure

The Hydration and Nutrition Policy and Procedure is implemented within Bilingual Care Worker Cooperative of Australia Limited to ensure that all clients receive the appropriate amount of nourishment, which improves future health outcomes.

Bilingual Care Worker Cooperative of Australia Limited utilises modern practices and appropriate products to maintain and sustain adequate health and wellbeing of a client.

2. Definition

Nutrition	the process of providing or obtaining the food necessary for health and growth.
Hydration	the process of causing something to absorb water.
Dysphagia	difficulty or discomfort in swallowing, as a symptom of disease.

3. Policy

The Hydration and Nutrition Policy outlines the correct protocols that personnel are required to follow when providing Hydration and Nutrition to clients.

Bilingual Care Worker Cooperative of Australia Limited will educate and train all personnel on the guidelines in relation to hydration and nutrition. The hydration and nutrition levels of a client will be assessed in order to make future advancements of their health and wellbeing. Bilingual Care Worker Cooperative of Australia Limited will utilise the appropriate tools and products to support the overall health and welfare of a client.

Worker Responsibilities:

- To ensure clients are receiving the appropriate amount of Hydration and Nutrition, in accordance with their assessment.
- To continuously encourage clients to consume their needed hydration and nutrition.

Management Responsibilities:

- To provide the required knowledge and training to personnel, so they are able to apply the skills needed when delivering hydration and nutrition to clients.
- To assess clients for their hydration and nutrition levels.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited is committed to providing all clients with the essential diets that reflect a healthy lifestyle and wellbeing. Clients are able to provide meal and food preferences, however it must be in accordance with Bilingual Care Worker Cooperative of Australia Limited's standards and regulations. Client's cultural and religious beliefs will be considered, to ensure that their desires and meal requirements are met. Client's dietary requirements will be frequently assessed by a health professional, such as a dietician, to ensure food plans reflect and remains in line with the client's individual needs.

It is the responsibility of the Care Manager to monitor the hydration and nutrition levels of all clients. However, this role can be supported by a contracted and/or Bilingual Care Worker Cooperative of Australia Limited's employed Registered Nurse, or professionally qualified personnel.

Bilingual Care Worker Cooperative of Australia Limited will provide adequate training to educate all personnel the required skills and knowledge to be able to apply it to their clients. Bilingual Care Worker Cooperative of Australia Limited will implement an annual competency assessment for all personnel to ensure their skills are continuously refreshed and in accordance with the Hydration and Nutrition Procedure. If personnel are already delivering dysphagia care and services to a client, they must be competent to be able to deliver care to that client.

It is essential that a client's weight is regularly monitored, and all assessments are documented and reported to the Short-Term Care Plan.

Support Workers should continuously encourage clients to consume food and drinks themselves, where applicable. It is essential that independence is promoted, to improve a client's confidence levels.

Hydration and Nutrition Assessment

A Registered Nurse is the authorised personnel that will perform all hydration and nutrition assessments of a client. It is their discretion to establish if a client is required to participate in an assessment. When a hydration and nutrition assessment is required, it is essential that personnel are utilising the correct tools and equipment that is in accordance with the standards and regulations of Bilingual Care Worker Cooperative of Australia Limited. If a nutritional imbalance has been found during a client's assessment that was not previously revealed, then the Registered Nurse must refer the client to a General Practitioner (GP). The GP will then make a diagnosis and provide the client and personnel the next advancements that need to be made in order to follow the advice of the GP. The professional conducting the assessment must document all notes and information that was revealed. It is essential that both an internal and external assessment occurs, with both to be documented.

When a client is involved within a program that requires nutritional products to be supplied, it is the responsibility of the RN or Care Manager to organise all necessary equipment.

Hydration and Nutrition Strategies - Management

Bilingual Care Worker Cooperative of Australia Limited will follow all relevant instructions and recommendations by external agencies that are set out within the client's Care Plan.

Bilingual Care Worker Cooperative of Australia Limited is committed to regularly encouraging all clients to contribute to all programs and activities offered to them. Meal preparation is a positive way to encourage the development of cooking skills. However, it is essential that they are to only participate in meal preparation where appropriate and safe.

Prior to every meal a client is to consume, they must be placed into the correct and appropriate position, allowing comfort while eating and drinking. The Support Worker must remain with the client and assist them where required. The Support Worker is also accountable for ensuring and maintaining a client's dietary requirements reflect their religious beliefs and culture.

The Support Worker will ensure that a client's general health in relation to hydration and nutrition, is frequently monitored. Below are some things to look out for with regard to a client's hydration and nutrition:

- Analyse for any weight changes of a client. This will indicate if the meals a client consumes indicate improper and impractical dietary preferences, or potential malnutrition.
- All revealed information must be recorded at all assessments.
- Identifying any changes in a client's sleep patterns or alertness. This could be increased tiredness, extreme fatigue and drowsiness, or noticeable change in their balance.
- Assessing clients for any loss of appetite or decreased hunger that they may be experiencing.
- Identifying any social and behavioural changes.
- If the clients are having difficulty swallowing or it has affected their ability to swallow.
- Detecting any potential alterations in client's behaviour.

Once a client has been assessed for their hydration and nutrition levels, all newfound strategies must be amended in the existing Care Plan. The individual conducting the assessment process must identify the strategies that will be utilised for future changes in meals.

If for any reason, a client is unable to seek specialist treatment to improve their current health status, then it is the responsibility of Bilingual Care Worker Cooperative of Australia Limited to organise an external program, where they are able to be attended to and assessed on.

Assistance to Clients when Consuming Meals and Drinks

It is essential that any comprehension and/or communication impediments a client may possess are brought to the attention of the Support Worker. This is to ensure that the Hydration and Nutrition Procedure is communicated clearly and in a way the client understands.

Support Workers should speak clearly, utilise hand gestures and maintain eye contact to assist them when thoroughly explaining this procedure.

It is essential that all workers ensure the safety and comfort of a client prior to consuming any type of food or drinks. The following specifies the actions that should be implemented when assisting client with intaking drinks and meals:

- Place them in an appropriate seating position. If their environment is deemed inappropriate for client, then modify the surroundings.
- Utilise the necessary authorised restraints.
- Ensure that the client's mouth is free from any food before intaking any further food.

- If needed, Support Workers may request the client to display an empty mouth to ensure they are ready to proceed with the remaining meals and drinks.
- Ensure that workers are seated close to the client and should remain just below eye level.
- Utilise adaptive cutlery and food tools where required.
- Offer small amounts of drinkable liquids, such as water before consuming meals. This is due to client's mouth potentially being dry, which will result in difficulty swallowing and/or may cause choking.

Impaired Swallowing

The medical term for impaired swallowing is Dysphagia. It occurs when a person experiences difficulty when consuming food and liquids. There are different methods that should be considered to ensure the risk of choking or painful swallowing is eliminated. Below outlines the considerations a worker should action while observing client's eating, however it is not limited to:

- The mouth should be frequently examined for any potential un-swallowed food.
- Support Workers should pay attention to the vocal expression of the client. If it is evident that their voice is slightly restricted or hoarse, they must be encouraged to cough to try and clear the throat.
- Client must remain seated for a 20-minute duration after each meal.
- Aim to provide soft solid food to clients as they are the easiest to swallow. Try to avoid very solid and chewy meals.
- If it appears that a client is displaying weakness and fatigue via the face and/or tongue, then it is recommended that food is to be placed on the side of their mouth. Placing on the side of the mouth will serve an easy function, until mouth and tongue has improved.
- At the conclusion of a meal, oral and hand hygiene should be offered and promoted to clients.

Medication Management Policy

This policy provides guidelines on how to support Bilingual Care Worker Cooperative of Australia Limited’s clients with their medications.

This policy must be read in conjunction with your relevant State or Territory legislative requirements.

A client’s medication management regime must be documented in their Care Plan.

A client has the right to refuse their medications. Support Workers and Approved Service Providers (ASPs) must advise their Bilingual Care Worker Cooperative of Australia Limited office if a client refuses/fails to take their medication.

1. Definitions

Medication	<p>Medication includes medicines:</p> <ul style="list-style-type: none"> • Prescribed for a client by a medical practitioner and/or health professional that have been dispensed and labelled by a registered pharmacist. • That can be purchased from a pharmacy ‘over the counter’. For Example: capsules, ear drops, eye drops, inhalants, liquid, lotion and cream, nose drops, medication patches, powder, tablets, wafers, oxygen, nebulisers, sprays and pen or pre-filled syringes.
Self-medication	<p>Self-medication is where the client maintains full responsibility for their medication management and has advised they are managing their own medication and do not require support from Bilingual Care Worker Cooperative of Australia Limited with their medication. This must be documented in the client’s <i>Care Plan</i> as ‘no support required’.</p>
Medication prompting	<p>Medication prompting is when a Support Worker is required to verbally prompt or remind a client to take their medication. This may involve:</p> <ul style="list-style-type: none"> • Locating and handing the client their Dose Administration Aid (DAA). • Observing the client to open the DAA and remove the medication. • Observing the client to cut open sachets. • Opening locked boxes. • Supervising and observing clients when taking medication and confirming with them that the medication/s have been ingested or complete. • Observation of the client for any changes in their condition and reporting any concerns immediately to management. • Completing the client’s medication documentation. <p>Medication prompting does not involve leaving any medication in a container to be taken unobserved.</p> <p>Support Workers are to report any concerns to management immediately.</p>

<p>Medication assistance</p>	<p>Medication assistance is where the client requires physical assistance to take their medication. This may involve:</p> <ul style="list-style-type: none"> • Ordering repeat prescriptions from the GP's office. • Picking up prescriptions. • Opening the DAA and removing medication with a pill bob and handing medication to the client. • Assisting the client to follow prescription instructions. For example: medication to be taken with food. • Cutting open sachets. • Assisting the client to take their medication by ensuring the necessary checks have been completed, in accordance with this policy and procedure and with the written prescription instructions on the medication. • Supervising and observing clients when taking medication and confirming with them the medication/s has been ingested or completed. • Observation of the client for any changes in their condition and reporting any concerns immediately to management. • Completing the client's medication documentation. <p>Medication assistance does not involve leaving any medication in a container to be taken unobserved.</p>
<p>Medication administration</p>	<p>Medication administration is the preparation, giving and evaluating of prescription and non-prescription drugs. It includes one, all or a combination of a staff member doing the following:</p> <ul style="list-style-type: none"> • Deciding which medicine(s) have to be taken or applied and when this should be done. • Being responsible for selecting the medicines. • Giving a client medicine to swallow, apply or inhale, where the client does not have the capacity to know what the medicine is for or identify it. • Giving medicines where the staff member must possess the appropriate training and qualifications to do so, including regular ongoing competency assessments. Medication administration can only be provided to clients by a qualified health professional, family member or guardian.
<p>Unpacking Medications</p>	<p>Unpacking medications refers to prescribed medications that are not packed into a DAA.</p> <p>Unpacking medications include:</p> <ul style="list-style-type: none"> • Prescribed medications prepared and labelled by a registered pharmacist and stored in their individual medication boxes or packages. • 'Over the counter' medications prepared and labelled by a registered pharmacist and stored in their individual medication boxes or packages. <p>Unpacked medications must be labelled stating the client's name and identify when, how often and how the medication is to be taken.</p>
<p>Does Administration Aid (DAA)</p>	<p>A Dose Administration Aid or DAA is a device or packaging system such as blister packs, bubble packs or sachets for organising doses of one or more solid oral medications according to time of administration.</p> <p>The DAA should be packaged and fully labelled by a registered pharmacist.</p> <p>Support Workers can only assist clients to take oral medication which has been dispensed and labelled in a DAA by a registered pharmacist.</p>
<p>'As required' or PRN medications</p>	<p>'As required' or PRN medication is medication that is not required to be taken on a regular or predetermined schedule.</p> <p>PRN medications are taken in response to symptoms or health complaints. For example: headache or heart pain.</p>
<p>Over the counter medications</p>	<p>'Over the counter' medications can be purchased without prescription over the counter of a pharmacy or in a supermarket.</p>

	For example: aspirin, paracetamol, antacids, laxatives, various topical creams, pain liniment and/or cream, cough medicine and inhalers.
Schedule 8 medications (also known as Controlled Drugs)	Controlled drugs or Schedule 8 medications are substances and preparations for therapeutic use which have a high potential for abuse and addiction. The possession of these medications without a prescription and authority from a medical practitioner or other health professional is illegal and an offence. For example: amphetamines, morphine, oxycodone, targin, warfarin.

2. Informed consent

For any clients that are supported with medication management, the client or their authorised representative will provide written consent regarding assistance with medication management:

1. On a client's admission to the care services provided by Bilingual Care Worker Cooperative of Australia Limited, the RN will assess the level of assistance the client will require in relation to the acquisition, storage and disposal of medicines and therapeutic goods.
2. Support Workers are not permitted to undertake any activities related to the acquisition, storage or disposal of a client's medicines not documented on the client's Care Plan without contacting the Care Manager who will notify the RN.
3. Support Workers should be aware of any client who is experiencing difficulties or demonstrating unsafe practice with the acquisition and storage of their medicines and is required to contact the Care Manager immediately (who will notify the RN).
4. The RN will review the client's ability to manage their medicines and determine strategies to assist in the quality use of medicines in keeping with the Self-Medication Assessment Form.

3. Assessment of the Consumer's Ability to Self-Medicate

1. On admission of a client to the care service, during reviews and/or on return from hospital, RN will complete the Self-Medication Assessment Form. The assessment outcome will be documented in the client's Care Plan under the heading of Medication Management. The Care Directive from the client's health practitioner will state clearly that the consumer is SAFE to self-medicate or the consumer is UNSAFE to self-medicate.
2. When a client is assessed as being competent to self-administer his or her own medicines:
 - A complete and current record of prescription medications the client is taking will be obtained from the Pharmacist/Medical Practitioner (MP) and will be placed in the client's service record.
 - The client will also be encouraged to keep a record of all their current prescription and non-prescription medicines and complementary healthcare products and to retain this record in their possession at all times.

4. Physical Assistance with Medicines by Support Workers

1. In the event that the RN determines that a client with a stable health status and medication regime requires physical assistance with medicines by a Support Worker then:
 - Physical assistance with medicines will only be assigned to Support Workers who have undertaken appropriate training and been deemed competent to undertake the tasks. Such

training may include:

- First Aid
 - Recognise Health Body Systems
 - Assist Clients with Medication
- Arrangements will be made for the client's medicines to be packed in a multi-dose administration aid, supplied by a Pharmacist.
 - A medication signing sheet, generated by the Pharmacist, will be utilised to record the support provided with administration.
 - Support Workers must participate in a review of their medication management knowledge and performance at least every 12 months, by a suitably qualified staff member.
 - Bilingual Care Worker Cooperative of Australia Limited will ensure that all Support Workers involved in management of client's medications complete refresher training at least every 3 years, including coverage of recent changes in medication management practices and review of competencies.

2. The client's medication regime will be clearly documented on their Care Plan, including possible side effects and required contingency management if relevant.

Support Workers may not:

- administer medication by mouth
 - administer any prescribed topical medication
 - administer medication by injection
 - administer medications through feeding tubes, including gastrostomy and nasogastric tubes
 - administer medications through intravenous tubes.
3. In providing physical assistance with medication administration, Support Workers will not be responsible for making decisions about whether medicines should or should not be administered.
 4. Any concerns about a client's medication administration will be referred to the RN who will be responsible for determining appropriate strategies in consultation with the client and the client's MP and/or Pharmacist.
 5. In providing physical assistance with medication administration, Support Workers will:
 - Not assist with any oral medicine not contained in a multi-dose administration aid.
 - Not assist with administration of topical, inter-ocular or inhalants that do not have the client's name and dose instructions.
 - Not remove medicine from a multi-dose administration aid and place them in another container when a client needs to take medicines when not in their own home. Instead, the multi-dose administration aid should be taken by the client or care employee for administration whilst away from their home.
 - Not alter a medication dose form (e.g. crush or open a capsule) without instructions from the client's Pharmacist or MP.
 - Document any refusal of medicines on the client's medication signing sheet and in the client's home service record and report to the Care Manager as a medication incident.

6. When a client returns from a hospital admission, another healthcare facility or outpatient appointment, the Care Manager will notify the RN who would review the Care Plan if any changes occurred in the client's medication regime.
7. If there are any changes to the client's previous medication regime, the RN will contact the client's MP or Pharmacist prior to the Support Worker providing assistance with the medication administration.
8. Support Workers that provide physical assistance with the medication administration will be required to participate in annual skills assessments related to assistance in medication administration competency under the instruction of an RN.
9. Support Workers are not permitted to transcribe medication orders under any circumstances.
10. The authorised prescriber must outline on the prescription that the medication is to be administered by staff only during service delivery. If administered outside of the client's scheduled service time, a self-administration format is adopted by the client or family only.
11. The authorised prescriber must determine the client's cognitive ability to self-administer the medications outside of service times or discuss alternate administration methods with the family. Bilingual Care Worker Cooperative of Australia Limited staff are responsible for communicating the services provided with the client and/or family, to ensure they are aware that a response service is not available to administer PRN medications outside of normal service times.

5. Medication Administration by Registered Nurses

1. In the event that the RN determines that due to a client's unstable health status or complex medication regime, Support Workers are not able to support a Support Worker in the safe administration of medicines, then:
 - Arrangement will be made for administration to be undertaken by an RN.
 - A medication chart, generated by the client's MP, will be utilised to administer and record the administration by the RN.
 - The client's medication regime will be clearly documented on their Care Plan and required contingency management if relevant.
 - RNs will not administer a medicine to a client unless it has been dispensed by a Pharmacist into an individual container or pack, which is tamper proof and labelled with the full name of the client, name and strength of the medication and a description of the medication.
2. S2 medicines shall not be administered unless contained in packaging that identifies the name and strength of the medicine.
3. RNs and Support Workers are not permitted to transcribe medication orders under any circumstances.

A client can be physically assisted with self-administered medication by a Support Worker or Nursing Support Staff (NSS) under the following criteria:

- the client's person's medical condition/s are stable; and
- there is an established medication regime; and
- there is a comprehensive care plan in place which includes medication contraindications

(interactions and side-effects) and emergency contacts; and

- there is a blister pack filled by a registered Pharmacist which meets the DVA Dose Administration Aid Service Procedure Manual; or
- it is over-the-counter medication, or prescribed/non-prescribed cortisone cream.

6. Nurse Initiated Medications

1. Nurse Initiated Medications are over the counter medications administered by an RN when required.
2. The Support Worker (on occasion) may be requested to assist with administering a PRN dose of the client's medication, particularly on weekends and after hours.
3. On the occasion when a Support Worker is requested to assist in self-administration of a PRN medication, the Support Worker will contact the RN on duty to seek permission for dose administration.
4. RN's may use their clinical assessment and judgment to initiate assistance to administration of over-the-counter medications within their state or territory legislation.
5. Only medication purchased by the client can be administered if needed.
6. Nurse Initiated Medications can only be administered as a 'once only' therapy. If more treatment is required, a written order from the consumer's MP is required.
7. All Nurse Initiated Medications must be documented on the client's Medication Signing Sheet and in the client's file.
8. Any Nurse Initiated Medications given must be reported to the Care Manager and MP for review of ongoing requirements of the treatment.

7. Quality Activities

1. All consumers will be supported to participate in regular medicine reviews by their MP and medication profiles will be forwarded to the RN to assist, confirm and re-enforce medication compliance and management of any likely side effects caused by the client's medication regime.
2. Medication incidents of which Bilingual Care Worker Cooperative of Australia Limited employees become aware will be recorded as a medication incident using the Medication Incident Form and immediately forwarded to the RN.
3. Incidents will be audited monthly and audit results forwarded to the Advisory Board for review.
4. The RN will be responsible for reviewing all incidents in consultation with the Director of Nursing, if necessary.
5. Any employee or health professional who suspects any person of diversion or inappropriate use of medicines should notify the RN who, following investigation, may determine if it is necessary to notify:
 - a. The registrar of the appropriate Health Professional Board;
 - b. The Police; and/or
 - c. The Department of Health Pharmaceutical Branch.

8. Adverse Drug Reactions (ADR)

1. If an adverse reaction or unwanted side effect occurs, Support Workers are to ensure the following:
 - The medication is ceased immediately.
 - If the client is experiencing a severe reaction (i.e., breathing difficulty, cold sweats, palpitations and severe rash/hives etc.) the Support Worker must dial 000 immediately. The Care Manager (who will notify the RN) must also be notified as soon as it is safe to do so.
 - Once the client is stabilised and it is safe to do so, all adverse reactions must be reported, and an incident must be logged using the Medication Incident Form.
 - The Support Worker must always stay with the Support Worker in the event of any adverse reaction.
 - The event should be recorded by the Support Worker to advise Emergency Services (i.e. note times, sequences etc.).

9. Refusal

1. If a consumer refuses scheduled medication, the following is to occur:
 - Support Workers are to encourage the client after a brief period of time to take the medication again.
 - If the client continues to refuse the medication, Support Workers must sign the Medication sheet with an 'R' for refused.
 - If medication has already been dispensed prior to the client's refusal, the Support Worker must dispose of the medication as directed in Disposal (see below). The medication signing sheet must be signed with an 'R' for refused.
 - Support Workers must report all refusals to the RN as a medication incident.
 - The RN must ensure that the client's MP is notified of the client's refusal and discuss outcomes/strategies for future services. Discussion and strategies must be documented in the CMS - Dated Notes, updated Care Plan and in the incident report.

10. Storage

1. Medications in a client's home must be stored in a secure, cool, dark dry environment that is out of reach of children and vulnerable adults.
2. Medications that require refrigeration in a client's home must be stored in a separate container, away from food and drink items and clearly labelled with the client's name.
3. Medications are NOT to be stored by any service whilst the client is not in attendance (e.g. Day Centres must return all medications to the client at the end of each day).

11. Disposal of Medications

1. Any ceased, unwanted or expired medications should be returned to the consumer's local Pharmacy for safe disposal.

2. The RN must immediately be advised of any resistance to the disposal of medication from a consumer's home. An incident must also be logged using the Medication Incident Form.
3. If a medication has been dispensed from a DAA and the client refuses to take it, the Support Worker must place the medication in an envelope, label it clearly with the date and medication details and store the envelope with the remaining DAA for return to the Pharmacy by the person responsible/family/carer/nominated employee when the DAA has been completed.

12. Alternative/Over the Counter Medications

1. These medications include herbal and aromatherapy items, medications that can be purchased without a script (i.e., Aspirin, Panadol etc.), aperients, vitamins and other items such as Mylanta etc.
2. All alternative/over the counter medicines must be confirmed by the client's MP and must be written on the Medication Administration Authorisation Chart.
3. Any medications/alternative therapies not listed on the Medication Administration Authorisation Chart cannot be managed by any Support Worker.
4. employees must not initiate, supply or give alternative or over the counter medications without the written consent from the client's MP.

Note: Any non-medicated creams, such as Sorbolene, are not considered to be an over-the-counter medication and therefore do not require approval from the client's MP and are not required to be documented on the Medication Administration Authorisation Chart.

13. Transport

1. Bilingual Care Worker Cooperative of Australia Limited employees are only permitted to transport medications when this is documented in the client's Care Plan and agreed by the client.
2. Bilingual Care Worker Cooperative of Australia Limited employees are only permitted to transport medications (i.e., collect from the Pharmacy) if medications are to be returned to the client during the same service.
3. S8 medications other than those packed in a DAA are not to be transported by employees.

14. Telephone Orders

1. When a MP is not present in person, a medication order may be given by telephone or facsimile.
2. When taking an order over the phone, an RN and another nominated Support Worker must both listen to and confirm the order.
3. The order must be read back to the prescribing MP to confirm accuracy.
4. Once an order has been given over the phone, it is to be written on a Medication Administration Authorisation Chart that the MP must sign within 24 hours of prescription.

15. Standing Orders

1. A standing order is not a PRN (as required) order, but an order for medication that is only required as a once off treatment to a specific condition/situation (e.g. an order for the use of an EpiPen in the case of a severe allergic reaction).

2. Standing orders can only be administered by an RN unless otherwise stated by the MP.
3. All standing orders must be written with detailed instructions from the client's MP and must be clearly signed and dated.
4. Standing orders must:
 - Be condition specific.
 - Be supported by appropriate clinical assessments.
 - Be clearly written, with the name of the medicine, dosage, route and frequency.
 - Clearly state the circumstances under which the client is to be given the medication and the conditions that are to preclude its administration.
 - Note any special observations or care which may be required prior to or subsequent to the administration.
 - Identify who may administer the medication, either by name or designation (e.g. RN, Support Worker deemed competent).
5. Standing orders are to be reviewed and updated as per regular medication regimes (see Ongoing Monitoring and Reassessment below).

16. Errors/Incidents

1. All medication errors/incidents must be reported to the RN and documented in the Medication Incident Form and logged into the Incident Register. See Incident Severity Matrix for escalation of Level 1 or Level 2 incidents to the Director of Nursing on the same day that it occurs.
2. If an error in medication administration causes life threatening symptoms (i.e., breathing difficulties, heart palpitations etc.), the attending Support Worker must contact 000 directly for an ambulance. The Support Worker is always to remain with the client until the ambulance arrives.
3. When notified of a medication error, the RN must report it to the client's MP for advice and ongoing management. This information must be provided back to the reporting Support Worker, documented in the client's file and in the incident log.
4. The RN must also report and discuss the medication incident and suggested ongoing management strategies with the relevant client and/or their person responsible, where appropriate.
5. Where an individual client has had multiple medication incidents with the same root cause within a two-month period, the RN must report it to the client's MP for advice and ongoing management. A medication review and other risk assessments may also be required.
6. Where a Support Worker has been responsible for multiple medication errors, the RN must discuss the correct procedure with the Support Worker and arrange for an additional competency assessment to be completed by the RN. If the Support Worker is still unable to adequately pass the competency assessment, they must be removed from providing ALL medication services IMMEDIATELY until further training and competency assessment is completed.

7. Where an Agency/External Broker Support Worker is responsible for multiple medication errors as identified by an individual or monthly reporting mechanism, the RN is responsible for investigating the cause of the errors and implementing appropriate corrective actions. This may include removing the Agency/External Broker from providing medication assistance.
8. Examples of medication errors/incidents include:
 - Incorrect medications administered.
 - Incorrect dose administered.
 - Medications administered to the wrong client.
 - Incorrect route being used.
 - Missing medications
 - Spilt or dropped medication.
 - Out of date medication
 - Medication given without instructions from the MP.
 - Lack of or incorrect documentation (i.e., no Medication Administration Authority Chart/no Medication Signing Chart)
 - Client refuses medication
 - Incorrect storage or supply of medications.

17. Pharmacist Responsibilities and Related Actions

1. Any discrepancy with prescribed medication is to be notified to the dispensing Pharmacy immediately and the Medication Incident Form is to be issued and completed.
2. The disposal of any medications will be the responsibility of the client or person responsible.
3. All clients have the right to an annual Home Medications Review (HMR) from a Medicare authorised Pharmacist and MP.

18. Ongoing Monitoring and Reassessment

1. All client medication regimes are to be reassessed by a MP every six (6) months, as soon as symptomology changes or following an extended period in hospital.
2. The RN is responsible for informing the client's MP when reassessment is required, and for ensuring that all documentation is updated accordingly.
3. A new Medication Administration Authorisation Chart must be completed by the MP at each reassessment. This must be saved in the client's file and a copy placed with the Medication Signing Charts in the client's home.
4. All reassessment documentation is to be completed and available in the client's home prior to medication services.

19. Brokered Services

1. The RN is responsible for ensuring that any external agencies/brokers/ Partners scheduled to provide medication services are provided with a copy of this Medication Procedure.

2. The RN must ensure that all Agency employees providing medication services for Bilingual Care Worker Cooperative of Australia Limited clients are advised of the use of Bilingual Care Worker Cooperative of Australia Limited's Medication Procedure and forms such as the use of a Medication Signing Sheet.

20. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment Planning with Consumers
- Standard 3 - Personal Care and Clinical Care
- Standard 7 - Human Resources
- Standard 8 - Organisational Governance

Pain Management Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited's Pain Management Policy and Procedure sets out how Bilingual Care Worker Cooperative of Australia Limited aims to keep clients as comfortable and as free from pain as possible. Bilingual Care Worker Cooperative of Australia Limited will always aim to implement appropriate management strategies for clients preferable to their health and safety.

All Support Workers undertaking pain management techniques will be required to operate within their scope of practice. No employees without the correct qualifications and training regimes will be permitted to provide clients with analgesia or pain medication.

Pain Management refers to managing and prioritising interventions in order to limit the pain effect clients are experiencing which in turn, will impact on their independence, health, safety and contribution in life.

Strict protocols are implemented within Bilingual Care Worker Cooperative of Australia Limited in order to ensure safe and accurate usage and administration of medications.

2. Definitions

Pain	Highly unpleasant physical sensation caused by illness or injury.
Analgesia	Medication that acts to relieve pain.
Interventions	The action or process of intervening.

3. Policy

The Pain Management Policy sets out how Bilingual Care Worker Cooperative of Australia Limited and its relevant personnel assists clients to manage their pain in the best and safest way possible. This allows clients to be as comfortable as possible and live an independent lifestyle free from pain.

Bilingual Care Worker Cooperative of Australia Limited's aim is to eliminate or reduce pain to a minimum or to a tolerable level, on a scale rating of 1 out of 10. 1 being no pain and 10 being the worst pain they have ever felt. This allows clients to partake in activities of daily living to the best of their abilities without discomfort.

Bilingual Care Worker Cooperative of Australia Limited employs appropriate, correct, qualified and experienced personnel are employed and distributed to provide care provision. When clients require medication, Bilingual Care Worker Cooperative of Australia Limited is required to deploy appropriate personnel who are competent in medication administration. This will be conducted in accordance with the Medication Policy and Procedure.

Worker Responsibilities:

- Ensure workers continuously work and operate within their scope of practice.
- Continuously prioritise client safety.
- Ensure compliance with this policy and procedure as well as the Medication Management

Policy and Procedure.

- Reach out to Bilingual Care Worker Cooperative of Australia Limited's Care Manager for additional support if required.
- Aim to implement non-medicinal interventions to manage pain first.
- Ensure continuous reference and operation in accordance with the client's Medication Chart, Care Plan etc.
- Ensure correct documentation is completed and retained.
- Continuously respect client privacy and dignity.
- Always obtained consent.

Management Responsibilities:

- Ensure all care workers are trained and competent when managing pain, including medications.
- Continuously prioritise client safety.
- Maintain compliance with this policy and procedure as well as the Medication Policy and Procedure, review as necessary.
- Provide support, assistance and guidance for any workers who require it.
- Ensure correct assessment and documentation is completed thoroughly and retained/archived in accordance with the Record and Information Management Policy and Procedure.
- Prioritise patient comfort, safety and dignity.

4. Procedure

As a general rule, all clients will undergo an appropriate pain assessment upon admission to Bilingual Care Worker Cooperative of Australia Limited. This is always undertaken by Bilingual Care Worker Cooperative of Australia Limited's Care Manager. Upon completion of the assessment, should the client suffer from consistent or reoccurring pain, Bilingual Care Worker Cooperative of Australia Limited will implement a pain management plan in consultation with the client, their family member, advocate or representative. This will be included within the Care Plan.

All care staff may only assist a client with PRN analgesia once they have received permission from the Care Manager. This includes the management of a client's pain with the responsibility of the Care Manager, which holds the Registered Nurse qualification.

Training and Competency

All care workers required to partake in pain management intervention or techniques will be required to undergo training regimes in order to operate in accordance with current and best practice. Appropriate training will be conducted by Bilingual Care Worker Cooperative of Australia Limited's Care Manager, this may result in supervision if required.

Care workers are also required to participate in annual competency assessment on medications and will only be able to administer medications upon completion and success of the competency assessments. The medication competency assessments include, however is not limited to:

- Administration of Liquid Medications Competency
- Administration of Medications with a Nebuliser Competency

- Administration of Oral Medications Competency
- Administration of S8 Medication Competency
- Administration of Inhalant Medication Competency
- Cytotoxic Drug Administration Competency.

Pain Monitoring

Bilingual Care Worker Cooperative of Australia Limited employs the use of Pain Monitoring Charts. Any changes in pain will be evaluated and updated immediately in the client's Care Plan. All Support Workers will be trained in supporting a client and their family to utilise non-verbal expressions of pain in order to express concern or discomfort in the easiest manner possible.

Pain Management

Workers of Bilingual Care Worker Cooperative of Australia Limited are required to document all findings and interventions implemented for clients whilst providing care or services. This can be completed through charts or forms (e.g. Progress Notes).

Bilingual Care Worker Cooperative of Australia Limited will always provide relevant information and advice to the client, their family, advocate/representative regarding management strategies, products and equipment that can help manage pain. Should the situation arise where pain has not been previously diagnosed, Bilingual Care Worker Cooperative of Australia Limited will assist clients to contact their GP to receive specific diagnosis and recommended treatment or management strategies. Should this occur, Bilingual Care Worker Cooperative of Australia Limited will then create an updated Care Plan to be utilised when providing care.

Depending on the client's preferred or suggested pain management techniques, Bilingual Care Worker Cooperative of Australia Limited will complete all indicated pain management strategies when applicable. Pain management interventions or techniques may include, however are not limited to:

- Heat Packs (for pain and aches)
- Cold Packs (for swelling)
- Analgesia and medications
- Bandages
- Band-Aids
- Creams and Ointments (e.g. Deep heat)
- Transcutaneous electrical nerve stimulation machines
- Breathing Exercises
- Provide heat or warmth
- Physical Activity such as stretching or walking.
- Adjust positioning (e.g. Sit or lay down)
- Seek further professional assistance (e.g. GP, osteopath.)

Any clients requiring medication such as Panadol or S8 medications are required to be administered in accordance with the client's Care Plan and Medication Chart. This must only be completed by trained and competent workers of Bilingual Care Worker Cooperative of Australia Limited. In accordance with the Medication Management Policy and Procedure Bilingual Care Worker Cooperative of Australia Limited must:

- Monitor any clients who require regular analgesia, report pain or take regular S4 or S8 medications. This must be monitored for 7 days utilising the pain monitoring tool such as type, duration, length, size, current interventions etc.
- Refer to a medical personnel or office to review pain management interventions if PRN is administered to clients regularly, which is 4 or more times in 24 hours).
- Always evaluate and assess clients after receiving analgesia for side effects, efficiency, and outcome.
- Always evaluate and assess clients who have commenced a new order of analgesia.
- Reevaluate the pain management plan at least every 3 months. This can change depending on changes in health status to determine success or failure of currently implemented strategies, if any adverse effects or events have risen as a result of the medication, and also if the medication has impacted the client's quality of life.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Medication Policy and Procedure
- Record and Information Management Policy and Procedure
- Care Plan
- Learning and Development Policy and Procedure
- Pain Assessment Form
- Administration of Liquid Medications Competency
- Administration of Medications with a Nebuliser Competency
- Administration of Oral Medications Competency
- Administration of S8 Medication Competency
- Administration of Inhalant Medication Competency
- Cytotoxic Drug Administration Competency
- Progress Notes

Restraint Policy

1. Policy and Procedure

Bilingual Care Worker Cooperative of Australia Limited utilises and implements the Restraint Policy and Procedure in order to create a strict framework when required to undertake restraint practices. Bilingual Care Worker Cooperative of Australia Limited continuously aims to employ least restrictive practices when providing care or service to clients.

Bilingual Care Worker Cooperative of Australia Limited is required to ensure the health, safety and dignity of all client's requiring restraint. Restraint refers to the restriction of a person's movements in order to complete an action or task in benefit of their health and safety. There are many forms of restraint, such as chemical restraint, physical restraint, mechanical restraint, environmental restraint and psycho-social restraint.

The aim of this policy and procedure is to ensure all persons of Bilingual Care Worker Cooperative of Australia Limited provide high-quality service and care delivery, as well as assistance to all Bilingual Care Worker Cooperative of Australia Limited's clients.

Bilingual Care Worker Cooperative of Australia Limited's main objective throughout this policy and procedure is to enhance all client's quality of life through eliminating the behaviours of concern.

2. Definitions

Restraint	A measure or condition that keeps someone or something under control.
Restriction	The limitation or control of someone or something, or the state of being restricted.
Advance Care Directive	Is a legal method by which an individual who is 18 years of age or older may set his / her own guidelines, desires and preferences for future health treatment, housing and personal matters in writing.
Behaviour Support Plan	A plan created for a disabled person that lays out a variety of methods to be used to handle the actions of the individual, including constructive approaches to focus on the qualities of the person to improve his or her life skills.
Behaviours of Concern	Any behaviour from an individual using the services of Bilingual Care Worker Cooperative of Australia Limited that could lead to physical damage to themselves and to others, or that might cause damage to property that could result in injury to themselves or others.
Chemical Restraint	Use of a chemical substance to regulate or subdue an individual, for the main purpose of behaviour regulation of a person with a disability. Does not include the use of a medicine prescribed for treatment by a registered medical practitioner or to allow treatment of a mental illness or a physical condition.

Chemical Restraint	Use of any medication for the main purpose of controlling or regulating the behaviour, movement or regular bodily function of an individual for a non-therapeutic purpose.
Environmental Restraint	Use of physical or other obstacles to prevent free access by an individual to areas of his or her setting for the main purpose of influencing or regulating the behaviour of that individual. For example, preventing the individual who wishes to do so from accessing certain foods that pose a substantial safety risk, such as allergic reaction.
Mechanical Restraint	Describes the use of a device to prevent, limit or suppress the individual's movement for the intent of manipulating or limiting that person's behaviour.
Physical Restraint	The use of any part of a person's body to prevent, restrict or subdue free movement, of another person's body for the primary purpose of controlling that person's behaviour.
PRN medication (PRN)	An acronym for 'pro-re-nata' a Latin phrase used in medicine to mean 'medication given as needed' or 'as the situation arises'. PRN may also be used for chemical restraint (see definition of chemical restraint).

3. Policy

The Restraint Policy indicates Bilingual Care Worker Cooperative of Australia Limited's effort and protocol to minimise restraint as a restraint-free environment is preferable in all circumstances. Bilingual Care Worker Cooperative of Australia Limited supports and maintains least restrictive practices and environments which promote the idea that no devices, words or actions will interfere with a client's ability to make a decision or restrict their free movement.

This policy sets out when limitation of rights may be required, how and when limitations can be applied and monitored. It also correlates with all Bilingual Care Worker Cooperative of Australia Limited's clients who may present with challenging behaviour, indicating appropriate and specific interventions are required to maintain high quality of care.

Bilingual Care Worker Cooperative of Australia Limited's Support Workers will ensure they only implement restrictive intervention if other alternatives have been unsuccessful while attempting to manage behaviour concerns and when approved within their Care Plan. Client's rights and ethical principles will always be considered when implementing any approach related to handling difficult or challenging behaviour.

Bilingual Care Worker Cooperative of Australia Limited continuously ensures that all clients who have a restraint order are treated with dignity and that the client safety is always maintained.

4. Procedure

Bilingual Care Worker Cooperative of Australia Limited recognises that restrictive practices limit the rights of clients and must be handled only in exceptional situations where the wellbeing, safety and health of the person is continuously highly regarded.

The Restraint Procedure indicates how, when, and why to implement restrictive practices and follows the framework set by the Australian Commission on Safety and Quality in Health Care. The use of restrictive practices must utilise practices that are of the least violation of the client and their rights.

The use of restrictive practices within Bilingual Care Worker Cooperative of Australia Limited requires obtaining advice from a professional on the restrictive practice and how it would be used in with a specific client's circumstance. It encompasses gaining informed consent by a person with legal authority and, where required, approval by the appropriate government institution for the Public Guardianship. Within Bilingual Care Worker Cooperative of Australia Limited, the use of a restrictive practice requires recommendation by a general practitioner or the Care Manager.

Should the situation arise where all possible strategies to minimise the risk of injury to the clients themselves or others, are proven to be ineffective, a decision to begin utilising least restrictive practices of restraint as a management strategy will be investigated. In order to begin implementing restraint or restrictive practices, Bilingual Care Worker Cooperative of Australia Limited must obtain the following checklist for the client:

Obtain written authorisation from the client's General Practitioner (GP) indicating the requirement for restraint and which form to begin utilising.
Obtain a written agreement for the use of restraint from all workers participating in these mechanisms indicating they understand their responsibilities.
Obtain authorisation and agreement from the client or the client's family, advocate or representative, including the reason for the restraint, circumstances in which the restraint may be used and also the type of restraint agreed upon by the GP.
Obtain a risk assessment that assesses the client's behaviour that may be dangerous or hazardous to themselves or others.
Obtain a review date from the GP regarding the restraint order and agreement.

Bilingual Care Worker Cooperative of Australia Limited ensures clients are assisted to ensure their safety and dignity is guarded. This is completed through appropriate assessment, planning and management of challenging behaviours. Bilingual Care Worker Cooperative of Australia Limited will operate in accordance with the Challenging Behaviour Management Policy and Procedure. This will be the responsibility of the Care Manager. Should the Care Manager require further assistance, the Care Manager is able to reach out to another Registered Nurse (RN) employed by Bilingual Care Worker Cooperative of Australia Limited, an external service (for example Dementia and Behaviour Management Advisory Service) or a sub-contracted RN.

All workers providing care provision that are required to employ restrictive and restraint practices are required to undergo training regimes and complete a competency assessment before commencing care. Continuous evaluation and supervision will be completed by the Care Manager. These workers will be required to provide correct documentation which may be reviewed by the Care Manager whenever applicable.

Should any adverse situations or affects arise due to the use of restraint, workers of Bilingual Care Worker Cooperative of Australia Limited will be required to contact the client's GP immediately for additional support. Should an emergency situation arise where a client's behaviour places themselves or others in danger, the Support Workers will be required to immediately remove themselves from the threat and contact the Care Manager for further advice and assistance. At all times, workers must adopt reasonable forces when providing restraint. Any use of unreasonable force is seen as unlawful and will result upon severe disciplinary action.

All orders for restraint on clients will be reviewed for effectiveness and appropriateness at least every 3 months, however, this may be earlier should the client's behaviour alter.

As a legal requirement for consent of restraint or restrictive practices, Bilingual Care Worker Cooperative of Australia Limited will be required to obtain consent from the client or their family member, advocate, representative or power of attorney. This person must be of the correct capacity to provide the consent and must be in agreeance with Bilingual Care Worker Cooperative of Australia Limited's interventions. Should Bilingual Care Worker Cooperative of Australia Limited require assistance from legal bodies or representatives, the Managing Director may reach out to external organisations, particularly if there is any doubt or concern regarding the use of restraint.

Bilingual Care Worker Cooperative of Australia Limited will retain all client documentation regarding restraint as per the Record and Information Management Policy and Procedure. At each review of the restraint order, the reason for continuance is documented in the client's file. When utilising any forms of restraint or restrictive practices, workers are required to document this on the client's progress notes. The Care Manager is responsible for ensuring all documentation is correct and up to date.

Suicide and Self-Harm Policy

1. Policy and Procedure

The Suicide and Self-Harm Policy and Procedure outlines the important guidelines and protocols staff must follow in the event a client is disclosing and/or implying potential suicide and/or self-harm.

Bilingual Care Worker Cooperative of Australia Limited will enforce training and awareness to all Health Care Worker, volunteer and advocate, to ensure they retain the correct knowledge in relation to suicide and self-harm prevention.

2. Definitions

Suicide	The act of taking one's life.
Self-Harm	Deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder.

3. Policy

The Suicide and Self-Harm Policy is utilised throughout Bilingual Care Worker Cooperative of Australia Limited to maintain and ensure the safety of all personnel and clients. It is crucial that all Home Care services follow and abide by this policy.

This policy indicates and offers the adequate knowledge of the methods that must be utilised when responding to client's surveillance, accusation and disclosing of potential suicide and/or self-harm.

It is important to acknowledge that Bilingual Care Worker Cooperative of Australia Limited does not possess the authorisation on counselling and offered strategies, to advise client of their situation.

However, Bilingual Care Worker Cooperative of Australia Limited is committed to providing ongoing support to those who are suffering.

The initial safety of all personnel who are responding to potential suicide and self-harm of a client, is vital.

Worker Responsibilities:

- Report any potential signs or concerns if they think a client may be suicidal or going to self-harm themselves.
- Seek external support and services if experience the passing of a client.
- Apply taught training and skills.

Management Responsibilities:

- Utilise and document all correct forms.
- To inform personnel of the unfortunate event.
- Provide adequate training and knowledge in relation to self-harm and suicide prevention.

4. Procedure

The Suicide and Self-Harm Procedure implies the correct and paramount protocols when responding and dealing with a client who has potentially caused self-harm and/or suicide. It is critical that all Health Care Workers, Volunteers and Advocates are thoroughly trained, and obtain all information necessary when a client has disclosed or implied potential danger to themselves.

Evaluation and responses to suicide and self-harm threat is undertaken by Bilingual Care Worker Cooperative of Australia Limited's skilled and qualified personnel, utilising primarily proved evaluation practices.

Bilingual Care Worker Cooperative of Australia Limited ensures to provide accessible First Aid Kits in all public locations and utilised vehicles.

Workers of Bilingual Care Worker Cooperative of Australia Limited will be trained and competent when responding to warning signs of potential suicide and self-harm, including but not limited to:

- The increased utilisation of drug or alcohol
- Hopelessness
- Depression
- Impaired behaviour and judgement
- Social withdrawal from family and friends

Workers of Bilingual Care Worker Cooperative of Australia Limited will be trained and competent when responding to risk factors of potential suicide and self-harm, including but not limited to:

- Existing mental health issues and problems
- Substance and/or alcohol abuse
- Prior attempt of suicide and/or self-harm
- Gender
- Financial stresses
- Family disputes
- Geographical or social isolation
- Evidence of Post-Traumatic Stress Disorder

Assessment of Suicide and Self-Harm

It is the responsibility of the Care Manager to utilise the appropriate forms and documents when reporting an individual who is at potential risk of self-harm or suicide. They can utilise the Detailed Risk Assessment and Summary, Health and Safety Risk Assessment and the Client Risk Assessment Form. It is essential that when completing any suicide or self-harm assessment, that it is treated with dignity and respect.

If a client is found to suffer from triggers of suicide or self-harm, it is crucial that they are regularly monitored. This is to ensure that the health, mental and physical wellbeing of the client is at a stable place.

There are different levels of risk rating relating to self-harm and suicide. The following specify the ratings that will be assessed when examining a client with potential danger:

- Non-Existent
- Low/Mild
- Moderate
- High/Severe
- Very High/Extreme

Non-Existent

A non-existent risk will be conducted if there is no visible or identifiable plans or intent of self-harm. In the unfortunate event that a suicide or self-harm has occurred, it is the responsibility of Bilingual Care Worker Cooperative of Australia Limited to create a future action plan. This is to ensure that all future potential occurrences are eliminated and prevented. All plans and information regarding suicide and self-harm must be documented.

Privacy and Confidentiality

It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited as well as their duty of care, to prevent all attempts of suicide and self-harm of a client. Where mental health issues encompass suicide and self-harm risk, privacy and confidentiality agreements will not be adhered to, due to dangers of harming ones-self or committing suicide.

Staff Actions

Should a client take their own life, all Bilingual Care Worker Cooperative of Australia Limited staff will be informed. Some personnel may want to attend services if they had a personal connection with the individual. It is encouraged that staff are to seek external programs to assist them in the support they require.

5. Supporting Documents

Relevant documents relating to this Policy and Procedure:

- Detailed Risk Assessment and Summary
- Health and Safety Risk Assessment
- Client Risk Assessment Form
- Risk Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Workplace Health, Safety and Security Policy.

The Death of a Client Policy

1. Policy and Procedure

The Death of a Client Policy and Procedure is implemented throughout Bilingual Care Worker Cooperative of Australia Limited to ensure the correct protocols are executed if a client's death is deemed suspicious or has been announced deceased.

A suspicious death of a client is the unexpected passing of an individual, in which the circumstances are medically or legally unexplained.

The Death of a Client Policy and Procedure outlines the precise measurements that are required to be action upon by Bilingual Care Worker Cooperative of Australia Limited, in the event that an individual's life has passed.

2. Definitions

Death	The action or fact of dying or being killed; the end of the life of a person or organism.
Suspicious	Having or showing a cautious distrust of someone or something.
Respect	A feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements.
Compassion	Sympathetic pity and concern for the sufferings or misfortunes of others.
Dignity	The state or quality of being worthy of honour or respect.

3. Policy

It is important that the Death of a Client Policy is adhered to by all personnel within Bilingual Care Worker Cooperative of Australia Limited. It specifies the correct and appropriate protocols that must be implemented if an individual's death is considered questionable and/or confirmed death.

It is the expectation and responsibility of all personnel to regard the death of a client in a manner that reflects respect, sensitivity, dignity, and compassion.

There is a well-timed and systematic process which entails advising the relevant individuals, businesses or services related to a deceased individual. Bilingual Care Worker Cooperative of Australia Limited will ensure that the necessary legal requirements are met.

Bilingual Care Worker Cooperative of Australia Limited is committed to provide on-going support to the families of the client.

Worker Responsibilities:

- To immediately report to key personnel if an individual is unresponsive.
- To treat all incidents with sensitivity, respect, compassion, and dignity.
- Immediately contact emergency services

Management Responsibilities:

- To contact all related personnel and organisations of the client.

- Ensure all legal requirements are met.
- Encourage personnel to seek counselling if needed.
- Allow time off to those who were involved with delivering care and services to the deceased.
- Enter record of the death and any transfer into progress notes.

4. Procedure

The Death of a Client Procedure outlines the appropriate and correct protocols that are expected to be actioned in the event that a client has passed.

Assessment of Client's Death

If a Support Worker or any other personnel within Bilingual Care Worker Cooperative of Australia Limited believe that the death of a client has occurred, then it is their duty of care and responsibility to immediately call emergency services on 000. They must also communicate with the Care Manager and remain monitoring the client.

It is important to ensure that if the client is unable to be revived, then personnel must not perform any CPR. However, in the event that the client's end of life wishes and/or Do Not Resuscitate Order (DNR) is unknown by Bilingual Care Worker Cooperative of Australia Limited, then workers may commence CPR, if made competent by Bilingual Care Worker Cooperative of Australia Limited.

It is essential that the personnel providing care and services to the client is frequently checking their vital signs. Only a professional registered practitioner or a Registered Nurse are authorised to determine the outcome of their life. Below entails the various different vital signs that should be monitored:

- Body temperature
- Pulse rate
- Respiratory rate (rate of breathing)
- Blood pressure
- Eye and body movement (PEARL)
- Responsive
- GCS Score (should be 15)

If a Health Care professional is not present, they must be contacted immediately. They will be asked to attend the scene to confirm the death of the client and must record and document the condition of the death. Once the Health Care professional has reviewed the patient, then it is their responsibility to issue a certificate of death.

Suspicious Death/ A Coroner's Case

A Coroner is defined as authorised personnel who conduct inquests into violent, sudden, or suspicious deaths. A coroner's review will be required if an individual's death is deemed suspicious or unexpected.

In the event a suspicious death of a client occurs, it must be immediately reported to the coroner or police. Some reasons for reporting included, but are not limited to:

- The death was sudden, and the cause is unknown.

- It is unnatural or violent.
- The person has not been assessed by a doctor within 6 months prior.
- They were not terminally ill.
- It was not the moderately anticipated final result of a health-related process.

The death of a client will be assessed and analysed if:

- The individual was in police custody and had the intention of escaping.
- The individual was a child whose death was negligent.
- The deceased had a disability and received funding services and care through the government.

If a Coroner's Case arises, then it is essential that the Managing Director and Care Manager are aware. It is also essential that the client's next of kin has been contacted and have been informed of the situation. Bilingual Care Worker Cooperative of Australia Limited will ensure to convey their condolences to the family and offer them support.

It is significantly important that no personnel of any kind are to move, touch or alter the client's body in any way. The Care Manager or the RN must leave all medical equipment in the client's body. This may include things such as a catheter, feeding tubes and airway tubes. It is essential that the body is left in the position and location where the individual passed.

Once police officers arrive on the scene, they will source statements from all related personnel and Bilingual Care Worker Cooperative of Australia Limited personnel. It is important that the police also collect statements from the people that were working in the individual's vicinity at the time of their death. Once all necessary evidence and reports have been submitted to the police, they will then communicate with the Care Manager in relation to when the body can be relocated.

Death of a Client Checklist at Home

There is a certain order that must be adhered to when the death of a client occurs. It is crucial that only the Registered Nurse or Care Manager are the only authorised personnel to complete the below protocol:

- To wear PPE at all times to ensure no body fluids are transferred onto personnel.
- If the client has a known or alleged infection and/or disease, then supplementary safety measures will be required.
- Clean and wipe away any potential body fluids and blood the client may have.
- Using a damp cotton wool, close the client's eyes if necessary. They will then need to close their mouth using a rolled-up towel in order to support the jaw.
- Dress and groom the client in their already existing everyday clothes.
- The bed will be made with all freshly washed and cleaned linen, and the room will be tidied.
- All tubes and medical equipment must be removed from client's body.
- If there are any fluids such as urine to be drained, faeces or wounds, apply incontinence pads or dressing pads to the client, respectively.
- The Care Manager, Health Care Professional or Registered Nurse will contact the funeral home to communicate and confirm if the deceased client is ready to be relocated to their facility.
- It is essential that the duration of the Death of a Client Procedure is treated with dignity and

respect.

Transporting Clients Policy

1. Policy and Procedure

The Transporting Client’s Policy and Procedure is maintained and implemented throughout Bilingual Care Worker Cooperative of Australia Limited, to ensure the safety of all clients when being transferred. Bilingual Care Worker Cooperative of Australia Limited will provide adequate forms of transportation for all clients that require transportation needs. All individuals’ requirements will be managed efficiently and effectively to ensure the safety and comfort of all clients.

2. Definitions

Transporting	Take or carry (people or goods) from one place to another by means of a vehicle, aircraft, or ship,
Road Worthy	A motor vehicle or bicycle fit to be used on the road.

3. Policy

Bilingual Care Worker Cooperative of Australia Limited recognises the importance of all clients’ needs and requirements. It is the responsibility of Bilingual Care Worker Cooperative of Australia Limited to organise all methods of transportation for clients, that offers comfort, safety and negates any risks that may arise to Bilingual Care Worker Cooperative of Australia Limited’s volunteers, personnel and sub-contractors.

Worker Responsibilities:

- Advising Bilingual Care Worker Cooperative of Australia Limited of any transportation needs an individual may require.
- Safely transporting clients if required.

4. Transportation or Discharge of a Client

It is essential that all vehicles utilised for transportation of clients are appropriate and safe. A client may use their own vehicle, or one provided by Bilingual Care Worker Cooperative of Australia Limited. All vehicles that are utilised must possess the following qualities:

- Registered and roadworthy vehicle.
- Must have legitimate insurance.
- Must remain clean and safe, free from any obstructions.

All personnel who are carrying out the responsibility of transferring clients must obtain a valid and legitimate drivers’ license, in accordance with the vehicle type.

It is essential that Bilingual Care Worker Cooperative of Australia Limited maintain all required information in relation to all the vehicles that are being utilised, to transfer and commute clients to different locations. The designated driver’s license record on their personnel file must contain a renewal date.

Records of vehicle registration expiry date and insurance expiry date must also be recorded.

It is essential that all vehicles that are being utilised to transport clients contain a first aid kit at all times.

5. Transportation via Motor Vehicles

All vehicles that are utilised to transfer clients from one location to another must be frequently monitored, checked, and cleaned. There are many different requirements that enable a motor vehicle to be adequate and appropriate. These include, but are not limited to:

- Ensuring all seatbelts are in working order and maintain the restraint of clients.
- Ensuring all doors are operating correctly and they remain closed throughout the duration of travel.
- Prohibiting smoking on a bus.
- All vehicles must contain and be equipped with first aid kits.

If there is a trip plan that is out of the ordinary travel care plan, it is essential that consent is made by the Care Manager, prior to leaving Bilingual Care Worker Cooperative of Australia Limited or the client's home.

It is important that if an emergency, incident or accident of any kind occurs, that emergency services are able to be contacted.

6. Transportation via Bus

It is the duty of care of the Care Manager and volunteers/key personnel to maintain awareness of all client's travelling.

It is essential that all key personnel/volunteers are remaining interactive and participating with all activities. It is also important that the Care Manager thoroughly plan all trips accordingly. It is crucial that all necessary items are taken on the bus, this includes all required medication, mobile phones, first aid kits and a reliable map directory.

The Care Manager is expected to ensure that seating of individuals on a bus meets their safety requirements. They are also responsible for ensuring all client's emergency contacts and information are taken on the bus, in the event an emergency is to occur. They will also maintain a list of all client's names and ensure all are accounted for once entering and exiting the bus.

7. Vehicle Safety Checks

When undertaking vehicle pre-use safety checks, staff will, at a minimum:

- ensure the manufacturer's specified service schedule is being adhered to;
- inspect all external lights (grime can reduce their effectiveness by up to 40%);
- inspect wiper blades to ensure they clear the windscreen effectively;
- clean the windscreen and rear window to ensure good visibility;
- periodically check all fluid levels - engine oil, windscreen washer fluid and the radiator coolant;
- check tyre pressure and condition; and
- ensure mirrors are present and oriented correctly for use.

8. Seat Belts

By law, all occupants of a vehicle must wear seatbelts at all times. If a seat belt is starting to show signs of wear and tear, (frayed, not retracting back) the vehicle needs to be seen by an authorised repairer. For Bilingual Care Worker Cooperative of Australia Limited-owned vehicles (where applicable), staff should refer the matter to the Managing Director.

If transporting clients who can't wear a seat belt, the client must have a doctor's certificate and staff must carry this approval with them when transporting those clients.

9. Mobile Phones

Staff must not use a hand-held mobile telephone when driving. Staff must pull over and stop the vehicle's engine before answering or making phone calls or reading or responding to texts.

10. Speed

Staff must drive at a speed that suits the road conditions, vehicle, weather conditions and their driving experience. Staff must not exceed the applicable speed limit for the road used.

In the event a staff member is issued with an infringement notice while driving as part of their usual duties for Bilingual Care Worker Cooperative of Australia Limited, the staff member is responsible for payment of the infringement notice and any demerit points.

In the event a staff member is issued with an infringement notice while driving a Bilingual Care Worker Cooperative of Australia Limited-owned vehicle, the staff member will be nominated as the responsible driver and will be accountable for payment of the infringement and any demerit points.

11. Applicable Aged Care Quality Standards

- Standard 8 - Organisational Governance

Waste Management Policy

1. Policy and Procedure

The objective of this policy and procedure is to outline the measures to ensure workers and clients of Bilingual Care Worker Cooperative of Australia Limited are protected from harm from waste, infectious or dangerous substances produced during the provision of Bilingual Care Worker Cooperative of Australia Limited's supports and services.

This policy applies to all Bilingual Care Worker Cooperative of Australia Limited employees and acts in accordance with the appropriate laws, regulations and standards.

2. Definitions

Bulk	Free-flowing liquids, that cannot be safely drained into the sewer and are usually stored in a disposable tank or tube
Chemical Waste	Waste generated using chemicals in medical, dental, and testing practices. Chemical waste should be categorised as demonstrated in the step-by-step disposal identification method of the Australian Dangerous Goods Code (ADG Code).
Clinical and Related Waste	Waste occurring from medical, surgical, dental, pharmacy and body piercing or other medical practice that could result in injury, disease or harm. Instances of clinical and related waste consist of, Cytotoxic waste, medical or treatment waste and sharps waste.
Clinical Waste	(including pathological landfill) - Waste that could lead to significant damage, illness or harm. Examples of clinical waste consist of: <ul style="list-style-type: none"> • Sharps. • Human bone not including teeth, hair and nails. • Bulk bodily oils and blood • Visibly blood-stained bodily liquids and disposable materials and machinery • Factory samples and crops • Animal organs, carcasses or other debris resulting from laboratory or medical or veterinary investigations.
Cytotoxic Waste	Is toxic to living cells. Material contaminated with or prepared by cytotoxic substances, primarily by involvement in plant breeding. It includes any cytotoxic residual substance and any discarded material related to preparation or administration of cytotoxic drugs.
Generator of Waste	For the purposes of this Policy and Procedure - a Bilingual Care Worker Cooperative of Australia Limited employee, as well as an individual's home, where waste is produced.

Hazardous Waste	Waste from surgical, medical, dental care, veterinarian, pharmacy or similar practices and waste produced as a result of clinical studies or study projects in medical or other facilities. Hazardous waste usually involves bodily or material waste, sharps waste, human tissue waste, cytotoxic waste, pharmaceutical or radioactive waste. Clinical, chemical or toxic wastes as well as animal or plant waste.
Pharmaceutical Waste	Chemicals Record of pharmaceutical products or other chemical products. Pharmaceutical substances include pharmaceutical products, filters or other contaminated items that are expired or excluded from pharmaceutical products.
Sharps	Any item that could be contaminated with saliva or body products and cause a puncturing injury. This includes pins or any other blunt objects or equipment for performing penetration procedures.

3. Policy

The delivery of Bilingual Care Worker Cooperative of Australia Limited's supports, and services may produce hazardous waste for disposal with public landfill. The correct storage of the waste is necessary to prevent infections. Changes in the waste management strategies should be implemented concerning different methods of disposal.

If waste is handled and managed properly by safe working methods and the use of personal protective equipment (PPE) it will reduce the risk to health and safety complications, such as infectious disease, chemical contamination and exposure to radiation.

Bilingual Care Worker Cooperative of Australia Limited's Emergency Plan addresses the management issues and incidents of clinical waste and hazardous substances.

4. Procedure

Throughout the delivery of Bilingual Care Worker Cooperative of Australia Limited's supports and services, Bilingual Care Worker Cooperative of Australia Limited is likely to produce surgical, medical and sharps waste.

Bilingual Care Worker Cooperative of Australia Limited's workers must dispose of waste as outlined below. Any circumstances in which the worker is unable to do so should be notified to the Managing Director. If any abuse occurs, it must be recorded promptly in compliance with Bilingual Care Worker Cooperative of Australia Limited's Suspected Elder Abuse & Abuse Policy.

Bilingual Care Worker Cooperative of Australia Limited creates and applies a waste management plan specific to the forms of waste we are likely to generate. Through cooperation with additional established facilities such as pathology facilities, the waste management plan must be developed and include who has overall responsibility for the service and the roles and duties of the plan.

The Waste Management Plan for Bilingual Care Worker Cooperative of Australia Limited will be designed to include methods for the safe disposal of waste which will involve preventing waste coming into contact with any individual and reducing risk to the environment. Other methods that will be developed in the waste management plan consist of:

- Auditing

- Waste Management Training and Support
- Reducing Waste
- Health and Safety Obligations for the Job
- Waste Management training and support methods for the sorting, processing, distribution, handling and recycling of waste from various corporate areas.
- Methods for contract managing which will consist of the contractor's details, the communications arrangements, auditing, safe service and disposal practices and applicable insurance.

Medical Waste

Medical waste is commonly classified as an infectious matter, and classifications are determined by the level of infection rather than the type of waste. Section 2.6.3 of the Australian Dangerous Goods (ADG) Code requires that medical or clinical waste comprising Category A hazardous material be allocated as suitable to UN2814 or UN2900. UN3291 must be allocated to medical or clinical waste comprising Category B toxic materials as well as medical or clinical waste that is fairly expected to contain harmful materials must be allocated to UN3291.

Medical waste is generally classified as an infectious substance and workers must limit the handling of disposal bags to avoid transferring disposal from bin to bin. When handling medical waste bags, it is necessary for the worker to wear gloves and defensive eyewear. The sealed top of the bag will keep the medical waste away from the worker's body. The worker should place the medical waste bag immediately in the waste bin. When a client has symptoms of a transmittable infection such as gastroenteritis, the employee will be required to have eye lenses.

Medical waste bags must:

- Not be filled up to more than two-thirds of their capability and the substance in the bag must be secured when sealing the bag.
- Exclude excess air before closing and sealing the bag, avoid compressing the waste inside the bag.
- Be transferred to the Council bin as quickly and efficiently as possible.

Minimum Requirements for Waste Disposal

The disposal of any hazardous or dangerous material generated by the services and facilities of Bilingual Care Worker Cooperative of Australia Limited, must be operated and implemented in cooperation with the necessary employees and be focused on a process of hazard management used to plan and enforce hazardous waste disposal. Any contaminated or hazardous products must be disposed of in accordance with the statutory guidelines for disposal.

Disposal

This policy and procedure involves the management of surgical, medical and sharp waste, which is the most probable to be produced while delivering services by Bilingual Care Worker Cooperative of Australia Limited. If waste is combined or contaminated with any of the landfills mentioned in this segment, it must therefore be treated as infected or hazardous waste.

Medical or hazardous goods must be bagged, labelled, and disposed of in an acceptable medical waste bin prior to delivery date. Waste might need to be frozen before disposal, to prevent deterioration. All medical waste bags and waste bins must be kept in a safe zone with limited access until Bilingual Care Worker Cooperative of Australia Limited receives the waste disposal contractor.

Labelling

UN3291 Clinical waste can be packed in compact and disposable containers if each container satisfies each of the following conditions:

- Simply identifiable by colour.
- Able to hold fluid in ordinary transportation environments.
- Designed to facilitate handling or transfer.
- Includes correct marking and signals that it includes clinical waste from UN3291.
- Strict design with a seal which can then be closed when transferring.
- Secure enough to endure manual or mechanical handling and vibrations and accelerations usually faced during transporting, including transitions between warehouses and cars.

Compact and portable bins containing clinical waste from UN3291 will be categorized, labelled and placard as required by ADG Code sections 5.2 and 5.3.

Each bin with a capacity exceeding 500 L must be placard with Emergency Information Panels (EIPs), for instance:

Medical or clinical wastes are wastes derived from the medical treatment of animals or humans or from bioresearch.

The proper shipping name for UN 3291 is "CLINICAL WASTE, UNSPECIFIED, N.O.S." or "(BIO) MEDICAL WASTE, N.O.S." or "REGULATED MEDICAL WASTE, N.O.S.".



The Division 6.2 label shall bear each bin up to and including 500 L capacity:

and be marked with the number UN3291, as well as one of the following permitted proper shipping names:

- CLINICAL WASTE, UNSPECIFIED, N.O.S.
- (BIO) MEDICAL WASTE, N.O.S.
- REGULATED MEDICAL WASTE, N.O.S.



All size bins must be marked with the name and address of the clinical waste manufacturer or consignor or their agent.

In accordance with the ADG Code, dangerous goods other than UN3291 must be purchased and transferred:

- Infectious materials that affect people or animals (UN2814/UN2900).
- Cytotoxic material (where categorized and transferred as UN2810); and
- Genetically altered organisms (UN3245/UN3373) may require greater risks.

Substances not classified as UN3291 cannot be packaged and transferred as outlined above—they must meet the ADG Code's complete packaging and transportation specifications.

Pharmaceutical Waste

Disposal

The disposal of pharmaceutical waste must be in a safe and environmentally responsible manner. Medicines must be labelled and disposed of in the appropriate bag and returned to the local pharmacist to be destroyed under the Return Unwanted Medicine service. Some examples of medicines that will need to be disposed of and destroyed:

- Outdated or expired medicines
- Medicine that is no longer needed
- Medicine that has been incorrectly dispensed

The address and contact details of nearby pharmacies registered to accept unwanted medicinal goods will be provided by Bilingual Care Worker Cooperative of Australia Limited. If the client, their advocate or relatives are unable to receive pharmaceutical products, the employees of Bilingual Care Worker Cooperative of Australia Limited must dispose of this on their behalf.

Labelling

'PHARMACEUTICAL WASTE' must be labelled on all packages, containers or bags that contain pharmaceutical waste. No symbols or signage are required.

Sharps Waste

A frequent source of blood-borne virus infection is from a sharps waste injury. The following essential requirements should be applied if sharps are used or found:

- Use disposable sharps.
- Whoever takes the sharp, disposes of it.
- Do not burn, manipulate or break a sharp.
- Do not remove a needle from a syringe.
- Do not move sharps by your side instead utilise tongs.
- Ensure every container is kept out of reach of children.
- Use ties to lift and carry the garbage bag, do not compress the garbage bag by hand.
- If you suspect that there may be sharps, do not put your hands or finger in any garbage bags, laundry bags or fissures instead use tongs.
- Place all the needles that have been used in a sharp container and never put them back in the

cover.

- Utilize a long-handled brush and tongs to clean, never by hand, reusable sharps.

Sharps Disposal

Sharps containers are resistant to damage, leakage and penetration. With durability of the handles as well as other carrying qualities and closing mechanisms, they are stable and durable. Sharps containers will have a capacity indicator marked on the external wall of the containers.

1. PPE, as well as gloves and safety glasses is expected to be worn when handling a sharps container.
2. All sharps must be disposed of in an approved sharps disposal container.

advises that clients who use sharps have in their homes a suitable sharp disposable container to reduce the risk of sharp materials being handled by Bilingual Care Worker Cooperative of Australia Limited workers. If this is not possible, Bilingual Care Worker Cooperative of Australia Limited workers will be supplied with a disposable sharps container which can be used if sharp waste needs to be handled and disposed of. Full disposal containers will be transferred to local pharmacies within the service delivery area for correct disposal.

Cans, bottles or cardboard boxes are not to be used by workers to dispose of sharps. If a sharp is disposed of this way, it may find its way into household waste and pose a hazard to the community and council workers. Workers must never try to get anything out of a sharp container or press down on the contents to create more space. Containers require regular labelling and washing.

Labelling

Sharps disposable containers must bear the Division 6.2 label:



and be marked with the label CLINICAL SHARPS.

Chemical Waste

Disposal

When disposing of chemicals and containers that have contained hazardous chemicals you must check the tag for guidance on the utilisation of chemicals or cans, triple rinse vacant boxes to extract all signs of the chemicals; and Uncap, puncture and/or grab all rinsed boxes. Ensure that suitable PPE (e.g. gloves and safety glasses) are worn before the empty containers are handled or rinsed.

Labelling

All chemical waste containers must include the manufacturer's Australian title and all contact details. Based on the type of hazard classification, chemical waste containers must be labelled with the product description and all appropriate hazard pictograms and symbols. Whenever the original label has disappeared, is taken or unreadable, a replacement label must be put into place so that the items can be clearly identified.

Hazard classifications:

- Corrosive
- Flammable
- Toxic

Personal Protective Equipment

Bilingual Care Worker Cooperative of Australia Limited must provide the required Personal Protective Equipment (PPE) for the forms of waste that may be managed. Employees must use adequate PPE while managing waste. The PPE can consist of gloves, safety eyewear and an apron.

Incidents

All incidents involving infectious material, body substances or hazardous substances are:

- Reported to the WHS Officer
- Recorded on Hazard Form
- Investigated by the WHS Officer
- Reviewed and added to Continuous Improvement Register.

Emergency Plan

During an emergency such as a chemical spill or biohazard staff:

- Contact the WHS Officer
- Contact local emergency services, for example, police, fire brigade and poison information centre details are supplied.
- Alert people at the workplace to an emergency or emergency, for example, use a siren or bell alarm, or if in the home environment inform participant and/or others at the site.
- Evacuate the participants ensuring that correct processes for assisting any hearing, vision or mobility-impaired people.
- Follow the map in the workplace, illustrating the location of fire protection equipment, emergency exits, assembly points. If in a home environment, then take the client and/or others at the site to a safe location away from the home environment.

After the Emergency, WHS Officer will:

- Record the incident.
- Notifying the regulator (if applicable).
- Organise trauma counselling or medical treatment.

Reporting

Incidents involving waste management and disposal, including the release of hazardous chemicals into the environment, should be reported in compliance with Bilingual Care Worker Cooperative of Australia Limited Incident Management policies and procedures.

Incidents involving employees who have been injured by needle sticks or exposed to blood and body fluids will need to be reported.

5. Standard Hygiene Precautions/Procedures

Personal hygiene

The most important and effective infection control strategy is to keep your hands germ free, as the hands transmit many infectious diseases. It is essential that staff keeps their hands clean and require consumers to do the same.

Work practices that will help reduce the spread of infection include:

Washing hands:

- Before and after attending to consumers' personal needs;
- After any contact with blood, urine or faeces;
- Before and after using gloves;
- Before and after eating or drinking;
- Washing hands well using soap (at least 10 seconds) under warm running water.
- Ensuring gloves are readily available for staff in all consumers' care areas.
- Wearing gloves if there is a risk of handling blood or body fluids - Wearing gloves does not replace the need for hand washing as gloves may have defects or may become damaged during use. Hands must be washed before and after using gloves.
- Protecting broken skin. Always covering all cuts or scratches on your hands as infections can develop in these areas. If you have cuts, scratches or open dermatitis on your hands, you must prevent direct contact by these wounds with body fluids. If you have open wounds on your hands, you must not perform duties involving contact with blood.

Environmental Cleaning

It is important to maintain good hygiene in all living and working areas. Special attention should be paid to food preparation, bathroom and toilet areas.

It is the responsibility of support staff to immediately clean up any spills or soiling by bodily substances.

Cleaning

Cleaning is the removal of organic material or dirt from surfaces and is done to remove rather than kill germs. The number of times a particular area will need to be cleaned each week will depend on its use and should be arranged with the relevant manager/supervisor. In general, dust on surfaces suggests more frequent cleaning is required.

Cleaning agents

Neutral detergent should be used to clean floors, benches, tables, etc. Mild abrasive cream or powder cleansers may be required for surfaces that require scouring (e.g. baths, sinks). Disinfectants should not be used for routine cleaning procedures.

Use of disinfectants

To ensure the correct use of disinfectants:

- Clean the area with a detergent before attempting to disinfect.
- All disinfectant containers should be dated when opened. Any containers not dated should be thrown away.
- All disinfectants should be used and discarded according to manufacturers' recommendations.
- Disinfectants should be stored and used from their original containers and should not be topped up from any other container. Reusable containers should be washed and dried prior to refilling.
- Disinfectants should only be used in recommended concentrations and for their intended purpose.
- Do not mix different disinfectants together or add detergent to them.
- Wear gloves when using disinfectants.
- Allow adequate contact time for the disinfectant to be effective.

Care of cleaning equipment

Equipment must be kept clean and dry when not in use. Buckets must be emptied after use, washed with detergent and hot water and then dried. Buckets should be stored upside down if not being used.

Mop heads, cleaning and damp dusting cloths and cleaning solutions must be changed daily. Mop heads must be washed with detergent and hot water daily and hung to dry. Any equipment used to clean body spills should be disposable (i.e. do not use mops to clean urine or faecal~ spills - use disposable paper towels, absorbent incontinence wipes or cloths).

6. Applicable Aged Care Quality Standards

- Standard 4 - Services and Supports for Daily Living
- Standard 5 - Organisations Service Environment
- Standard 8 - Organisational Governance

Professional Boundaries Policy

7. Purpose

Bilingual Care Worker Cooperative of Australia Limited staff are responsible for maintaining professional boundaries in their day-to-day work with vulnerable clients and families. The purpose of this policy is to outline procedures that enable staff and clients/families to engage safely and effectively in a supportive or therapeutic relationship.

This procedure applies to all Bilingual Care Worker Cooperative of Australia Limited employees, volunteers, and contractors. For the purpose of this procedure, reference to staff is inclusive of all persons listed above.

8. Definitions

Professional boundaries are the limits to the relationship of a member of staff and a person in their care which allow for a safe, supportive or therapeutic connection between the staff and that person (and their nominated partners, family and friends), protecting both staff and clients /family.

Problems for support workers can arise when the space between a worker's professional power and their client's vulnerability is not respected and maintained. These problems may include:

- Becoming overly involved or attached to a client.
- Showing exceptional behaviour towards a client
- Being emotionally entangled or showing fluid work/home boundaries
- Disclosure of personal information with the client by the worker, including excessing self-disclosure.
- Considering the Participant to be a 'friend' or allowing the client to have that view.

9. Social relationships

Understanding professional boundaries includes recognising the potential conflicts, risks, and complexities of providing care to clients, for example who have had lengthy, or frequent episodes of care. It can be challenging, and staff should raise any concerns or training needs with their manager.

Social relationships between Bilingual Care Worker Cooperative of Australia Limited staff, clients and their family members are not appropriate, and this includes social relationships via social networking sites or electronic means.

Staff are encouraged to declare to their manager if there is a pre-existing social relationship (acquaintance, friend, relative connection etc.) with a client or their family. The Manager will manage any declaration sensitively, always maintain confidentiality, and only inform others on a need-to-know basis.

Breaches of professional boundaries will be managed in line with existing Bilingual Care Worker Cooperative of Australia Limited's procedures to ensure the safety of staff and clients/families is managed accordingly.

10. Friendships

The role of a Support Worker is to provide supports to clients to enable them to live longer in their own home, with ease and dignity. The role of a friend is different from the role of a Support Worker and constitutes a conflict of interest in doing your job.

Support Workers may find this difficult as clients are often isolated, lonely and in need of friends, but it is the role of a Support Worker to build friendships, not to be the friendship.

Similarly, relationships with client family members are also not appropriate and risk blurring the boundaries of your professional relationship.

Staff should not initiate or maintain contact with any client outside working hours without the approval and full knowledge of their manager. This contact extends to phone contact, text messages, social media and the exchange of gifts. Staff should not include clients in their social or family life and activities.

An inappropriate relationship with a client or family member has risks for workers including:

- Increasing/or unreasonable demands and expectations from the client or family
- High worker stress and burnout
- Inability to provide professional and objective support.
- Difficulty setting limits and dealing with behaviour.
- Distress when relationships break down.
- Grief and loss for clients when workers leave.

11. Relationships with ex-clients

The standards of conduct outlined in this document apply to any contact with a person who has been a client in the past. Due consideration must be given to factors such as:

- the type of relationship;
- potential harmful effects on the client; and
- the length of time elapsed between the cessation of the professional relationship and the commencement of any non-professional relationship.

Where there is potential for a relationship with an ex-client, this should be discussed with the Manager to ensure it is appropriate and in line with organisational policy.

12. Duty of care

Support Workers have a duty of care to anyone who might reasonably be affected by their activities, requiring them to act in a way that does not expose others to an unreasonable risk of harm – physical, psychological or financial.

As a worker you are required to protect an individual from risks of injury or harm that you can foresee or anticipate. This means you are required to act with a knowledge of the individual (particularly about their needs and their living situation), and of your own abilities, knowledge and limitations. You should not give assistance or advice outside your role or expertise (e.g. financial advice, family counselling or relationship advice).

13. Handling of money

Staff may be asked to assist clients with the withdrawal of monies, the expenditure of monies or the deposit of monies from the client's personal bank.

It is Bilingual Care Worker Cooperative of Australia Limited's policy to avoid any involvement with a client's personal money, however we understand some assistance may be provided when paying for goods if assistance with shopping is being provided (for example).

Any handling of money is to be recorded in the client's file and copies of any receipts included.

Refer to the Client Money and Property Policy and Procedure for more information.

14. Unacceptable practices

In many circumstances, applying the principles for maintaining professional boundaries will help to identify unacceptable practice and support workers to reflect on their role. However, some practices will clearly breach acceptable professional boundaries, the code of practice and/or the law.

Whilst we cannot provide a complete and detailed list, unacceptable practices include:

- sexual contact with an individual using the service;
- causing physical harm or injury to individuals;
- making aggressive or insulting comments, gestures or suggestions;
- seeking information on personal history where it is neither necessary nor relevant;
- watching an individual undress where it is unnecessary;
- sharing your own private or intimate information where it is unnecessary;
- inappropriate touching, hugging or caressing;
- concealing information about individuals from colleagues, for example, not reporting incidents and concerns, safeguarding issues, not completing records, colluding with criminal acts;
- acceptance of gifts and hospitality in return for better treatment;
- spreading rumours or hearsay about an individual or others close to them;
- misusing an individual's money or property;
- encouraging individuals to become dependent or reliant for the worker's own gain;
- giving special privileges to 'favourite' individuals, for example spending excessive time with someone, becoming over-involved, or using influence to benefit one individual more than others;
- providing forms of care that will not achieve the planned outcome;
- providing specialist advice or counselling where the worker is not qualified to do this;
- failing to provide agreed care and support for or rejecting an individual, for example, due to negative feelings about an individual;
- trying to impose own religious, moral or political beliefs on an individual.

The consent of the individual is never a defence for any of these practices.

15. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 4 - Services and Supports for Daily Living
- Standard 8 - Organisational Governance

Client Money and Property Policy

1. Purpose

Bilingual Care Worker Cooperative of Australia Limited recognises that there is a balance between providing assistance to clients to manage their own financial affairs as much as possible and protecting the rights of people who may be vulnerable to exploitation. Direct responsibility for managing a client's financial transactions should only be assumed by staff where the client is unable to do so themselves.

Bilingual Care Worker Cooperative of Australia Limited has processes in place to ensure any staff access to a client's money or other property is managed, protected and accounted for. Any assistance provided should promote autonomy, choice and independence as well as protect the client and Bilingual Care Worker Cooperative of Australia Limited staff.

2. Definitions

Financial Abuse	Any act which involves misusing the money or property of a client without their full knowledge and consent. This includes theft of money, pension cheques or property as well as misuse of a power of attorney.
-----------------	---

3. Client Money

Where a staff member believes a client cannot manage their own financial affairs with some assistance from a support worker, they must refer the matter to the Care Manager. A substitute decision maker may need to be appointed for the client (see Bilingual Care Worker Cooperative of Australia Limited's Decision Making & Choice Policy and Procedure).

Staff must maintain confidentiality regarding clients' funds and accounts. Any inquiries about a client's finances by third parties must be directed to the Care Manager.

Where assistance in managing financial affairs is required, a Client Consent Form must be obtained from the client/their representative and retained on their file. Clients' money may only be used for the purposes intended by the client. The arrangements for supporting clients to manage their finances must also be clearly set out in their Home Care Agreement and/or Care Plan, which are to be reviewed on at least an annual basis.

Staff must support clients to keep their funds safe and not use a client's electronic banking PIN number or other access codes when assisting them to manage their finances. A client's funds may only be used for their benefit of that client – staff must not make personal purchases with the client's money or borrow money from the client.

In circumstances where (due to frailty, illness or similar) a client requests a staff member purchase goods using the client's cash on their behalf, staff members must immediately document via a Bilingual Care Worker Cooperative of Australia Limited provided carbon copy receipt book:

- the date and time;
- the total cash amount provided by the client;
- the goods/items intended to purchase;

- the staff members name and signature; and
- the client's name and signature.

Once the transaction is complete the staff member must immediately return the client's cash change (if applicable) and receipt of transaction to the client and document the following via the carbon copy receipt book:

- the date and time;
- the total cash change amount (if applicable);
- the staff members name and signature; and
- the client's name and signature.

Staff members are required to regularly submit their carbon copy receipt books to ensure record and filing of each relevant client's transactions.

While staff may share, at no cost to themselves, in meals and other special occasions that are part of a client's activities, they must pay for their own meals when solely accompanying clients.

The use of an Australian Government National Companion Card (Companion Card) is encouraged to cover the cost of entry into venues or entertainment for a staff member when they are accompanying a client as part of their Care Plan. Where a Companion Card is not available or accepted, staff must not allow a client or their family to pay for their entrance to any venues or entertainment. Such instances should be referred to the Finance Manager, who will determine who should pay for the entry cost.

Staff must not provide clients with financial advice or information, other than that reasonably be required under the client's Care Plans.

More generally, in managing clients' Care Plans, the Care Manager must:

- assist clients with budgeting and the purchase of goods and services from Bilingual Care Worker Cooperative of Australia Limited, ensuring that as far as possible, clients get value for money and are not taken advantage of;
- monitor the appropriateness of fees asked of clients;
- monitor the appropriateness of signatories for clients' finances;
- ensure invoices and statements are provided to clients on at least a monthly basis; and
- collate and securely store all current and previous checked and audited accounts and budget information.

4. Client Property

Bilingual Care Worker Cooperative of Australia Limited does not accept liability for loss or damage to property, valuables or essential client equipment, but staff must take all reasonable care in the management of client belongings.

Where supports are delivered in clients' homes, reasonable wear and tear to equipment such as vacuum cleaners, toasters, kettles, etc., should be expected and it is the responsibility of the client to meet such costs.

When supporting clients in the community, staff must ensure the amount of property the client has with them is kept to a minimum and is kept securely by the client (where possible) or supporting staff member when not in use.

5. Reporting

Suspected or alleged financial abuse must be reported in line with Bilingual Care Worker Cooperative of Australia Limited's Client Incident Management Policy and Procedure. Where loss or damage to a clients' property, including money, may have involved a Bilingual Care Worker Cooperative of Australia Limited staff member or occurred during the course of service delivery, it must also be reported in accordance with the Client Incident Management Policy and Procedure.

Bilingual Care Worker Cooperative of Australia Limited clients and their supporters also have access to Bilingual Care Worker Cooperative of Australia Limited's Feedback and Complaints processes, should they wish to provide feedback or make a complaint regarding the handling of their finances or property.

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 4 - Services and Supports for Daily Living
- Standard 8 - Organisational Governance

Client Home Care Package Budget Management Policy

1. Purpose

As per Bilingual Care Worker Cooperative of Australia Limited’s Initial Assessment and Care Planning Policies and Procedures, the Care Manager is responsible for supporting clients and/or their representatives to develop an individualised Budget as part of their Home Care Agreement.

The Care Manager and staff cannot accrue benefits for themselves from managing a client’s package. However, Bilingual Care Worker Cooperative of Australia Limited can charge clients fees for the reasonable management of the package. This must be captured within the client’s Home Care Agreement and Bilingual Care Worker Cooperative of Australia Limited’s Fee Schedule.

Where the client wishes, family members or advocates will be included in development of a Home Care Agreement, including the Budget.

A client’s funds cannot be legally managed by another person (including the signing of an individualised Budget by a person other than the client) unless:

- the client has competently assigned management to that person;
- an order has been made by the Courts or the Civil and Administrative Tribunal in the state of operation; or
- the person has been appointed as a Centrelink nominee under the Commonwealth Social Security (Administration) Act 1999, which allows the person to receive social security payments on behalf of another.

Bilingual Care Worker Cooperative of Australia Limited’s Care Manager and staff will not undertake the management of a client’s personal funds. See Client Money and Property Policy.

2. Definitions

Budget	The individualised budget outlines the available funds within a client’s package and how the funds will be spent.
Home Care Agreement	An agreement between Bilingual Care Worker Cooperative of Australia Limited and a client that sets out how services will be provided, who will provide them and how much they will cost. This agreement includes a Care Plan and an Individualised Budget. This agreement will be updated in line with program requirements and as care needs change. This process is referred to throughout this policy as planning.
Monthly Statement	Detailed financial statements provided each month to clients to allow them to track their package spending, available package funds and any fees charged.

3. Budget Inclusions

The Care Manager is responsible for ensuring the budget contains and the client understands:

- the portion of Government subsidy (and supplements if eligible) that contributes towards their care and services;
- any unspent funds that have been transferred as part of a package transfer from a previous provider (where applicable);

- any fees the client can be asked to pay (such as Basic Daily Care Fee, Income Tested Fee and any additional fees agreed to); and
- the hourly rate charged for each of their care and services and how that contributes to the total amount of funds spent on their care each week/fortnight/month/year.

The Budget must be easy to understand and explained to clients and/or their representatives in a way that meets their needs and preferences.

The Care Manager is responsible for working with each client and/or their representative to ensure all care and services required are achievable within the client's specific package budget.

Where changes are made to client's Care Plans, Bilingual Care Worker Cooperative of Australia Limited's costs change or a client and/or their representative request a review of the package budget, the Care Manager is responsible for developing an updated budget with clients and/or their representatives. Where the budget is to be updated, the same processes apply as above for initial budget establishment.

4. Monthly Statements

The Finance Manager will provide clients with a Monthly Statement that clearly outlines:

- charges to any home care package funds for care and service;
- charges made to the home care package by Bilingual Care Worker Cooperative of Australia Limited to cover case management and other management costs; and
- the unspent balance.

Bilingual Care Worker Cooperative of Australia Limited must establish the preference for each client in relation to how they wish to receive their monthly statement and provide several options such as paper/post, email and/or web based. The Monthly Statement must be easy to understand and explained to clients and/or their representatives in a way that meets their needs and preferences.

5. Roles and Responsibilities

In managing clients' packages, the Care Manager will:

- assist clients with budgeting and the purchase of goods and services from Bilingual Care Worker Cooperative of Australia Limited and other service providers, ensuring that as far as possible clients get value for money and that they are not taken advantage of;
- undertake monthly audits of clients' funds, and report to the client in accordance with relevant legislation;
- provide families and representatives with reports about clients' funds on an as required basis (where applicable);
- report to the relevant stakeholders and/or government bodies where any discrepancies or deficiencies in the client's budget are observed;
- check the appropriateness of charges levied by the organisation against clients;
- check transactions that occur within management of the clients' package against funds received and payments made;
- check the appropriateness of signatories of clients' individualised Budgets;

- prepare monthly reports of all audits performed;
- prepare financial statements on an as required basis; and
- collate and store all current and previous checked and audited accounts and budget information.

6. Applicable Aged Care Quality Standards

- Standard 1 - Consumer Dignity and Choice
- Standard 2 - Ongoing Assessment and Planning with Consumers
- Standard 8 - Organisational Governance

Emergency Planning Policy

1. Policy

Bilingual Care Worker Cooperative of Australia Limited plans for emergencies in order to protect the safety and wellbeing of clients and staff and to ensure clients have access to supports without interruption.

Bilingual Care Worker Cooperative of Australia Limited will ensure essential services are maintained as far as is practicable and that full-service delivery is recommenced as soon as possible after an emergency.

2. Definitions

Altering or ceasing services	Services may at times need to be altered or ceased due to emergencies. This may be due to direct risk or impact on the location itself or because travel in the area is considered too unsafe.
Leaving early	The practice of relocating well in advance of an emergency. This activity is undertaken by households in response to a range of triggers such as a weather forecast or flood warning.
Emergency planning	Identification of potential events that could have a negative effect on an organisation and/or its services, and the actions that can be taken to minimise the impact or extent of damage.
Evacuation	The urgent movement of clients to a safer location in response to an imminent threat or impact of an emergency. An evacuation without any prior warning is resource intensive and potentially detrimental to the health of clients, staff and emergency services personnel. The main priority when deciding to evacuate is the protection of life. An evacuation must be effectively planned and executed.
Extreme heat or heatwave	A period of unusual and uncomfortable hot weather that could negatively affect human health. Extreme heat can also affect community infrastructure (such as power supply and public transport) and other services. Extreme heat can affect everyone, however some people, including people with a disability, are more vulnerable.
Organisational Resilience	The ability of a business to rapidly respond to and recover from emergencies, critical disruptions or threats, and continue operating with limited impact on service delivery.
Relocation	The planned movement of clients and an appropriate number of staff from a facility or home to alternative accommodation with a similar type of care available, in response to a forecast or warning of potential or actual emergency.
Shelter in place	To remain on site within an existing facility or home during an emergency. The decision to shelter in place is based on information from a variety of sources that confirms this option is safer or more appropriate than relocation or evacuation. The movement of clients from one facility or home to another safer building within the same location is also considered shelter in place.

Shelter indoors	To remain inside a building and limit the exposure to unhealthy conditions in the air outside such as gas leaks, smoke and other air contaminants. On receiving advice to shelter indoors, people must go indoors immediately, close all doors and windows, turn off heaters, air conditioners and exhaust fans, and listen to radio or television or monitor emergency services websites for the 'all clear' message.
Vulnerable person	Someone living in the community who is: <ul style="list-style-type: none"> • older, frail, and/or physically, intellectually or cognitively impaired; and • unable to comprehend warnings and directions and/or respond in an emergency situation

3. Emergency Planning

Bilingual Care Worker Cooperative of Australia Limited must take an 'all hazards' approach when preparing for, responding to and recovering from emergencies. This includes planning for a range of possible emergencies such as fire, bushfire, flood, relocation, evacuation and prolonged service interruption.

The Managing Director will prepare, test and annually review an Emergency Plan for Bilingual Care Worker Cooperative of Australia Limited, in consultation with all relevant staff and clients.

The Emergency Plan, or a summary of key elements of the plan, must be readily accessible by staff and on display in Bilingual Care Worker Cooperative of Australia Limited's premises.

The Emergency Plan must include:

- how serious accidents, fire, flood, other natural disasters will be responded to, as well as how incidents relating to hazardous chemicals and clinical waste will be managed;
- contact details for key staff who have specific roles or responsibilities under the plan, for example, fire wardens and first aid officers;
- contact details for local emergency services (e.g. police, fire brigade and poison information centre) and medical assistance;
- a description of how people will be alerted to an emergency or possible emergency, for example, sirens or alarms (at Bilingual Care Worker Cooperative of Australia Limited's office) and by phoning affected clients or their supporters
- a map of Bilingual Care Worker Cooperative of Australia Limited's workplace, illustrating the location of fire protection equipment, emergency exits and assembly points;
- evacuation procedures, including arrangements for assisting any people with hearing, vision or mobility impairment;
- testing of emergency procedures, including the frequency of testing; and
- information, training and instruction to relevant staff on implementing the emergency procedures.

The Emergency Plan must be tailored to the business' location and circumstances and be based on consultation with local health and emergency services.

In the event of an emergency, Bilingual Care Worker Cooperative of Australia Limited's Emergency Plan must be implemented. Directions from emergency services workers must also be complied with.

The Management Team will review Bilingual Care Worker Cooperative of Australia Limited's Emergency Plan at least annually and:

- when there are changes to the workplace such as re-location or refurbishments;
- when there are changes in the number or composition of staff including an increase in the use of temporary contractors;
- when new activities have been introduced; and
- after the plan has been tested.

Bilingual Care Worker Cooperative of Australia Limited will communicate any changes to the plan as a result of reviews as soon as practicable to all affected staff and stakeholders.

4. Emergency Evacuation Plans

The Managing Director must also prepare and regularly review Emergency Evacuation Plans for how people should evacuate Bilingual Care Worker Cooperative of Australia Limited's premises, including where they should assemble if there is an emergency. Reviews should take into account the choices, safety, rights and feedback of clients, whilst also managing Bilingual Care Worker Cooperative of Australia Limited's need to manage risk. Where there are changes to Emergency Evacuation Plans, these must be promptly communicated to staff and other stakeholders who access the premises.

Emergency Evacuation Plans must be displayed prominently in Bilingual Care Worker Cooperative of Australia Limited's premises. Each Plan must clearly indicate its current location, where the exits are and where the assembly area is. This information must also be included in staff Inductions and client intakes.

Emergency and evacuation procedures must be practised with all staff at least annually. Bilingual Care Worker Cooperative of Australia Limited will utilise different scenarios as part of the drills, e.g. fire, flood, bomb threat, mass illness. A record of who attended the exercise, who conducted the exercise and the date it was conducted will be kept with organisational records.

5. Operational Readiness

The Managing Director must ensure Bilingual Care Worker Cooperative of Australia Limited is prepared to rapidly respond in an emergency. This includes:

- having an Emergency Plan in place;
- ensuring the Emergency Plan is tested and linked to broader community emergency frameworks;
- actively engaging with local emergency service agencies and local government about how to respond in different emergencies;
- regularly testing emergency management and evacuation procedures;
- being prepared to make informed decisions about staff and client safety and whether to cease services, relocate staff or clients, or direct staff and clients to shelter indoors;
- considering how support for clients can be continued if services need to be altered or ceased in an emergency;
- planning how to respond if critical infrastructure fails during an emergency, such as power

failures;

- ensuring staff are aware of their roles and responsibilities in the event of an emergency;
- ensuring all relevant contact details (such as Dr, clients, next of kin, emergency services, and relevant government agencies) are up to date and available; and
- training staff to implement emergency procedures, ensuring they are equipped to address individual client needs.

Staff must:

- ensure all client information, including contact details for the client and next of kin, are up to date and easily accessible;
- consider clients' needs in a range of possible emergency events;
- communicate the Emergency Plan to relevant stakeholders, for example, clients, family members and related service providers;
- as part of support planning, ensure alternative plans for clients exist if service delivery is interrupted;
- support clients living independently to develop their own personal emergency plan; and
- notify clients and their next of kin where relevant, of all relocations and service cessations related to emergencies.

6. Obtaining Emergency Information

In the event of an emergency situation, the Managing Director will obtain information about current and forecast conditions from radio, television the internet and its local networks. Agencies such as the Bureau of Meteorology (weather forecasts), the State Emergency Service (floods and storms), Fire and Rescue services (fires and bushfires) and the Police monitor forecast hazards and provide advice and warnings.

For any high risk or high needs clients, the Managing Director will also make contact with local emergency services to advise of the situation and potential support that may be needed.

7. Fire Safety

The Managing Director must ensure that fire equipment is installed, suitable for risks specific to Bilingual Care Worker Cooperative of Australia Limited's workplace and be readily accessible in accordance with the relevant Australian Standards. Fire extinguishers must be placed away from heat sources and regularly maintained, with at least 1 metre of clearance to access the extinguisher. Signage within Bilingual Care Worker Cooperative of Australia Limited's premises must assist people to find fire equipment quickly and identify what type of fire it can be used on.

Bilingual Care Worker Cooperative of Australia Limited will determine which staff require training in the use of first response procedures and fire equipment, based on the nature of their position and on risk assessment. Refresher training will be provided annually.

The Managing Director must ensure fire equipment is regularly tested by Bilingual Care Worker Cooperative of Australia Limited's local fire authority or fire equipment supplier in accordance with Schedule 2 Internal Review and External Audit Schedule.

Emergency exits must be kept clear at all times. Emergency exits must be kept unlocked and unblocked and all exit signs must be maintained and kept illuminated.

Bilingual Care Worker Cooperative of Australia Limited will also screen clients to identify people who should be listed on a Vulnerable Persons Register (VPR), that is, they meet the definition of a vulnerable person and cannot identify personal or community support networks to help them in an emergency.

Bilingual Care Worker Cooperative of Australia Limited will obtain informed consent from identified people and enter and maintain their information on VPRs in accordance with the Department of Health and Human Services' Vulnerable People in Emergencies Policy, February 2018.

8. Power Failure

Power failures can be common and unexpected so the Emergency Plan should include a plan to ensure supports can continue to be provided during them. Strategies include:

- having access to a phone, such as a charged mobile phone or land line that doesn't rely on electricity to operate;
- having access to alternate lighting, such as a torch or a battery-operated light;
- having access to a battery-powered radio;
- having access to fresh water;
- considering the safety of food supplies and alternative cooking arrangements if the electricity in a client's residence has an outage, including a plan for clients who require vitamised meals;
- where clients require an uninterrupted power supply (for instance, for life support equipment) considering how they can be supported (such as contacting their electricity retailer and ensuring the retailer has the client's up-to-date contact details), or letting the client's supporter know to do the same;
- if a client's medication may have been compromised, contact the Care/Service Coordination Team Leader to organise new medication to be dispensed.

9. Extreme Weather

The Emergency Plan should also plan for extreme weather (such as extreme heat or cold) that is likely to occur where Bilingual Care Worker Cooperative of Australia Limited supports are delivered. The plan should help staff identify which clients are most at risk and the support they may require.

To support clients on extreme heat days or during heatwaves, staff must be aware of the following:

- which clients are most at risk;
- how to assist clients to reduce the risk of heat related illnesses;
- how to recognise heat related symptoms; and
- what to do if a client is heat affected.

On days above 30 degrees Celsius, staff should encourage clients to:

- drink plenty of water, even if they don't feel thirsty;
- spend as much time as possible in cool or air conditioned buildings (shopping centres, libraries or community centres);

- wear light coloured, loose fitting clothing;
- stay out of the sun during the hottest part of the day;
- wear a hat and apply sunscreen;
- avoid strenuous activity, cancel or postpone outings;
- avoid alcohol and caffeine;
- close curtains or blinds to block out the sun; and
- use wet towels and cold foot baths to cool themselves down.

Bilingual Care Worker Cooperative of Australia Limited also requires all staff to follow the same precautions when working on hot days to ensure their health and wellbeing is maintained.

10. Organisational Resilience

In addition to planning for the safety and wellbeing of staff and clients in an emergency, Bilingual Care Worker Cooperative of Australia Limited's emergency planning is also based on strengthening its organisational resilience – or building the business' capacity to continue providing necessary services during emergencies.

To support this, Bilingual Care Worker Cooperative of Australia Limited undertakes organisational risk assessments related to business continuity and disaster management and recovery. It also develops specific Business Continuity Plans to complement its emergency planning activities. See the Risk Management Policy and Procedure for more detail.

11. Client Readiness

Bilingual Care Worker Cooperative of Australia Limited's services may need to be changed, ceased or relocated in the event of an emergency or other service interruption. Support planning for all clients must consider how services can continue to be provided in these situations. This includes, for instance, considering how changes to services will be communicated to clients and alternative services that could be provided should Bilingual Care Worker Cooperative of Australia Limited be unable to deliver normal services.

For services provided to a client in their own home (whether rented or owned by the client), Bilingual Care Worker Cooperative of Australia Limited expects that they (and where appropriate, the owner of the home) will be responsible for their own fire safety and ensure the home meets all relevant building laws, regulations and legislation.

Clients receiving services in their home should be encouraged and supported to develop personal emergency plans that cater for all types of emergencies and address their needs.

Bilingual Care Worker Cooperative of Australia Limited staff will support clients with personal emergency planning in the following situations:

- where Bilingual Care Worker Cooperative of Australia Limited provides the majority of services required by a client, and these services are provided in the client's home;
- where multiple providers support the client, and it is agreed by all providers and the client that Bilingual Care Worker Cooperative of Australia Limited will support the client with personal emergency planning; and/or

- where assessment and planning activities identify that the client requires support with personal emergency planning.

Staff will support clients to exercise choice and control in emergency planning by listening to their needs and preferences and involving them and their families and carers in the planning process.

Key considerations include:

- health needs;
- transportation;
- location of the client's home in regard to fire or flood risks; and
- ensuring emergency information is available and relevant for the client.

Personal emergency management plans should:

- be appropriate to the location, physical environment and client and staff profile;
- include planned emergency responses for different emergency situations, such as options for altering or ceasing services, relocation, sheltering and evacuation;
- include clear triggers for when the plan is activated, including processes for maintaining situational awareness and sourcing accurate and up-to-date information;
- be tailored to meet the particular CALD needs of clients, such as Aboriginal and Torres Strait Islander people and communities, to ensure a culturally responsive approach;
- outline clear authority for decision making and communication arrangements; and
- include business continuity arrangements and options should emergency services be unable to respond immediately.

Personal emergency plans should be reviewed and updated regularly as part of the client's Care Plan reviews.

12. Reporting

Incidents relating to emergencies and service interruptions should be reported in accordance with Bilingual Care Worker Cooperative of Australia Limited's Incident Management policies and procedures.

13. Applicable Aged Care Quality Standards

- Standard 8 - Organisational Governance