



SUPPORT WORKERS INDUCTION HANDBOOK

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SECTION 1: INTRODUCTION TO MEDITECH STAFFING

Introduction to the Attendant Care Induction Handbook

The Attendant Care Induction Handbook is divided into Eight Sections:

SECTION 1 – provides an Introduction to Meditech Health and program overviews

Meditech Health provides Attendant Care Services and this Handbook provides orientation to the Attendant Care Program.

SECTION 2 – provides HR information relevant to Meditech Health workers

The section provides general HR information for Meditech Health workers to support them in their role.

SECTION 3 – provides information about Meditech Health’s Key Policies & Procedures

This section provides a brief overview of Meditech Health’s Key Policies and Procedures relevant to the Attendant Care Program.

SECTION 4 – provides the framework for service delivery to the service user

This includes:

- Attitudes and beliefs that affect the way people relate to people with a disability, people who are frail and carers;
- Potential characteristics of people who require assistance with personal care, in particular service users with high support needs;
- Approaches to follow if there are service users who challenge routine service provision;
- The role of the Meditech Health’s Coordinator and Support workers in the provision of personal care; and
- Duty of care responsibilities.

SECTION 5 – provides a framework for decision making when providing personal care services particularly to service users with high support needs. This section outlines the principles and overall approach to be followed when providing personal care.

Person centred personal care for each individual is essential, as no two people are the same in their requirements for assistance, their routine of daily care, their ability to communicate their needs and their attitudes to accepting help.

To ensure person-centred care, a collaborative, problem solving approach is required which enables services to be provided within a safe environment for the service user and support workers.

Service users with high support needs may receive a number of Home Care services at different times. Frequently, a number of different community services are also involved i.e. Community Nursing, Community Options. Service provision, therefore, needs to be fully coordinated. Internally, support worker team meetings will be required to ensure coordinated care and, externally, case conferences may be periodically required.

This section suggests the process to follow with the implementation of the personal care practices, specifying the approach for new and for existing service users. The section also outlines the process to follow for situations that arise, which require a case-by-case, problem solving, risk management approach and the process to follow when dealing with exceptions to the practices outlined in this manual.

This section is also the “how” to for support workers when carrying out their duties. Coordinators must be familiar with the contents of the manual to ensure the support workers are carrying out their duties safely and in accordance with the Attendant Care Induction Handbook. Ongoing monitoring of service is required through support and supervision sessions with support workers.

SECTION 6 to 8 – provides information on Meditech Health’s processes and procedures, including Workplace Health & Safety, Complaints and Sample Forms.

Welcome to Meditech Staffing

Meditech Staffing was started from the dedicated aged care nursing agency Meditech Staffing. Established in 2001, Meditech Staffing positioned itself as one of Australia's few dedicated aged care staffing agencies with deep industry knowledge of the aged care standards and framework in Australia. Through building strong relationships with its clients and dedication in providing support services to older Australians, Meditech Staffing became widely known for its specialisation in providing reliable nursing and care staff to aged care where it became the preferred agency for leading aged care operators in Australia.

This dedicated approach and reputation enabled Meditech Staffing to expand its capabilities from the traditional nursing agency services into recruitment services and progressively into home and community care.

Through word of mouth and its network in aged care, Meditech Staffing progressively moved into supporting people requiring disability and aged care support in the home. As it engaged more with the community, it became evident that many people receiving support were not satisfied in the way it was previously being delivered. From this Meditech Staffing saw a need for more flexibility, diligence and partnership in the way support services were delivered and commenced an initiative to redevelop its quality framework in line with current disability and aged care standards.

In June 2013 Meditech Staffing renamed its home and community support services to Meditech Health, Community and Support with a mission to continually raise the standard in how support was being delivered to the people they serviced. Meditech today is committed to a person centred approach and to empower every individual it partners with in their choice of support and lifestyle.

Michael Efstratiou
Managing Director
1 July 2014

Vision & Values

Our Vision

Empowering your choice of support and lifestyle

Our Values

The Person	We believe people should be in control of their lives and have access to the support to achieve this
Partnering	Building trust and understanding through authentic communication and flexibility in our approach
Choice	Ensuring each person is supported through best practices and creative thinking
Inclusion	That each person is able to participate as citizens in the community
Integrity	To develop quality management systems and professional development programs to preserve the integrity of our support services

Overview of the Attendant Care Program

The Meditech Staffing Attendant Care Program has been developed to provide people with a physical disability with direct support in order to maintain independent living in their own home.

The Attendant Care Program offers people a range of services that improve lifestyles and physical wellbeing. These include assistance with personal care tasks and day-to-day living activities, such as direct support during showering and other personal hygiene tasks, domestic duties, meal preparation and community-based activities. By delivering a range of support, the program may prevent people with a physical disability from entering long-term residential care.

By developing a Person Centered Plan and Individual Service Agreement, service is provided on a “needs basis” and with the aim to improve general wellbeing and quality-of-life. Meditech Staffing has effective collaborative partnerships with a wide network of services to ensure people have access to beneficial care and social outreach opportunities. Highly experienced and skilled support workers are employed, providing ongoing training and supervision to meet the changing needs of service user.

With an emphasis on Self-Managed Support, the Attendant Care Program is designed to empower people with flexible options and the ability to make independent or informed decisions around the implementation of their program. This promotes self-direction and responsibility over events and activities in daily life, including service access and pathways to achieving any personal goals or aspirations on a short term or long term basis.

The main aims of the Attendant Care Program are:

- To provide greater access to assistive equipment and technology.
- To increase collaborative partnerships with other services and health care professionals.
- To improve lifestyles by providing diverse and individualised support.
- To offer greater opportunities for advocacy and professional support systems.
- To provide regular respite for full-time carers.
- To maintain privacy, confidentiality and dignity for all service users.
- To encourage independence and skills development in supported living arrangements.
- To promote lifestyle goals and future pathways for achievement.
- To increase and create valued social roles and inclusion for people with a physical disability.
- To provide opportunities for people to feel optimum levels of physical and emotional wellbeing.

SECTION 2: HR INFORMATION

General HR Information

Becoming a staff member of Meditech Staffing means you are joining a team of people committed to making a difference to people's lives within our community.

Our employees provide the expertise and talent to deliver the organisations services and support activities. We are committed to providing a work environment that is energised and enriching and continue to review the workplace to ensure that our support workers work in an environment that is safe, supportive and rewarding.

At Meditech Staffing, we aim to be regarded as an Employer of Choice.

The following benefits are offered to all Meditech Staffing employees;

Supporting Our People

We have a number of policies and programs designed to support and develop our employees including:

- Support and Supervision
- Training Plan
- Performance Appraisal
- Grievance Resolution
- Recruitment and Selection Policy
- Employee Assistance Program
- Equal Employment Opportunity Policy
- Health, Safety and Wellbeing

Family Friendly

Achieving the right balance between work and personal life in the Human Services Field is often a challenge. Meditech Staffing promotes and supports a healthy work/life balance and respect that family life is vital to most people's health and happiness.

Training and Skills Development

Meditech Staffing recognises that support workers will seek out additional training and skills development to improve the work they perform and to further their careers.

Our employees are provided with a range of learning and development activities that are designed to be responsive to both the needs of our support workers and the service user. The training is delivered by qualified employees and external training providers.

Employees are encouraged to participate in training (external and internal) and we support this by offering and promoting;

- Comprehensive Induction Programs with ongoing update training

- On-the-Job “Buddy” Programs
- Professional Development Opportunities

Commitment to Health and Safety

We value all our employees, visitors, suppliers, contractors and subcontractors and others associated with our organisation, so we aim for the highest possible standard in occupational health and safety.

Employee Assistance Program

Meditech Staffing promotes employees’ health and wellbeing by providing employees at all levels with confidential professional counselling services to assist in the identification and resolution of personal and other problems, which may be affecting their work performance. Participation in the Employee Assistance Program (EAP) will not in any way disadvantage the employee or jeopardise the employee’s status, job security or promotional prospects.

The EAP provides a free off-site, independent and confidential counselling service for all Meditech Staffing employees. Participation in the EAP can be both within and outside normal working hours.

Confidentiality in regard to users of the service is maintained at all times. Meditech Staffing does not receive any information from the EAP provider regarding employees who use the service, only a confirmation that an employee from the organisation has participated in the service.

The costs associated with the service will be met by Meditech Staffing.

Support and Supervision

Support and Supervision meetings between support workers and their direct supervisor are intended to be a person-centred method of providing feedback and support to support workers, and to plan together for future directions.

The Support and Supervision meetings are not for performance management. Support and Supervision can support performance management, but does not replace it. Support and Supervision is not a forum for discussing disciplinary matters, although at times issues may be highlighted in these meetings that perhaps require disciplinary follow up. Managers should be aware of these issues surrounding Support and Supervision for support workers members.

The objectives are competence, accountable performance, continuing professional development and personal support.

Rationale

Support and Supervision is critical to achieving and maintaining support workers and organisational health and will contribute to the achievement of the Meditech’s Mission, Vision and Values.

Support and Supervision should include two major components, an enabling / supportive component and a managerial / accountability component.

Support and Supervision will facilitate the development of Meditech support workers to achieve their potential and enable them to undertake the duties required of their role. In addition, effective

Support and Supervision will facilitate individual and organisational changes enabling Meditech to continually offer an improving service to support workers, service user and their families.

Aims of Support and supervision

- To ensure the support workers are clear about their roles and responsibilities
- To promote quality of the service to the service user and their families
- To develop a suitable climate for practice
- To assist professional development
- To help reduce workplace stress and anxiety
- To acknowledge support workers needs for appropriate resources to do their job
- To facilitate communication between the support workers and their manager

Annual Performance Appraisal

Support and Supervision is a regular opportunity to discuss current work practice issues. The Annual Performance Appraisal is a more formal evaluation of work performance where work plan / goals are identified for the next 12 months. It provides opportunities for support workers to receive feedback about their performance and reflect on their roles and responsibilities within the organisation.

The Annual Performance Appraisal needs to be completed in January of each year.

The Annual Performance Appraisal comprises of:

1. Support and Supervision Objectives
2. Inclusion of feedback provided during Support and Supervision sessions
3. Evidence of achievement, and barriers experienced
4. Training and Development Plan

The completed Annual Performance Appraisal should be sent to HR Department to be placed in the support workers' personnel file.

Leave Entitlements

Leave entitlements are only applicable to fulltime and part-time employees, casual employees are excluded.

All Leave entitlements are paid and accrued according to the National Employment Standards (NES) and organisational policies to all permanent part time and full-time support workers – below are excerpts from the NES for your information.

Annual Leave

For each year of service with his or her employer, an employee is entitled to up to 4 weeks of paid annual leave. An employee's entitlement to paid annual leave accrues progressively during a year of service according to the employee's ordinary hours of work, and accumulates from year to year.

Personal/Carer's Leave (Sick)

For each year of service with his or her employer, an employee is entitled to 10 days of paid personal/carers' leave. An employee's entitlement to paid personal/carers' leave accrues progressively during a year of service according to the employee's ordinary hours of work, and accumulates from year to year.

Other Leave

All other leave entitlements are as per the National Employment Standards and organisational policies.

Position Description

The duties of your position are outlined in your position description. The Company may amend the position description, after consultation with you, by providing four (4) weeks' notice of amendments. In addition to the duties within the position description, you may be required to perform other duties from time to time which are reasonable and within the limits of your skills, competence and training.

A copy of Attendant Care Support Worker Position Description has been included in the appendices as an example.

Code of Conduct

All employees of Meditech are expected to observe the highest standards of ethics, integrity and behaviour during the course of their employment with Meditech.

As a representative of Meditech, you are expected to conduct yourself in a professional manner observing the following principles:

Confidentiality and Privacy

Observe a highest standard of ethics and probity in all professional conduct

Honest Dealings

Act honestly but appropriately in all dealings with workplace participants, clients, and stakeholders

Professional Working Relationships

Respect appropriate professional conduct in all dealings with workplace participants and clients, maintaining the highest level of dignity

Legal Compliance

Comply with all legal, statutory & government requirements

Quality and Safety

Act diligently in assessing and controlling all WHS safety risks, and maintaining quality standards in all services

Best Practice

Develop knowledge and skills to continually improve competency and outcomes

Good Order

Mutual respect for all workplace participants and for responsible positions of leadership and authority

Employees, representatives and service providers of Meditech **must not:**

- Consume alcohol or take illegal drugs when undertaking duties as contracted by Meditech;
- Have sexual or intimate relationships with service clients or their carers;
- Take clients or carers to their homes;
- Visit clients (outside of contracted hours) without declaring and obtaining authorisation
- Harass in any form clients, employees or volunteers of Meditech;
- Abuse of a physical, financial or verbal nature any clients, carers, employees or volunteers of Meditech;
- Alienate clients from their family;
- Remove a client's property;
- Abuse, deface or wilfully damage property;
- Smoke at/in a client's home while undertaking tasks for Meditech;

- Carry any form of weapon, explosive or inflammable substance.
- Request or accept a gift or bribe in connection with services provided on Meditech's behalf, or a payment or other benefit from someone other than an employee, representative, or service provider of Meditech for the Service or any other work

Employees, representatives and service providers of Meditech **must:**

- Maintain confidentiality regarding any information gained through their work and not divulge personal information or the address or phone numbers of employees, Board of Management members or service users;
- Follow safe work practices;
- Respect and safeguard the property of the organisation, clients/carers and colleagues;
- Use safety equipment, where and as required;
- In the event of an emergency, follow standing orders or instructions as directed by a Meditech Manager or Care Coordinator;
- Report all incidents or potential hazards to the Program Manager or Managing Director, as soon as practical from the time of incident or potential hazard identification

Employees, representatives and service providers of Meditech **are responsible to:**

- Treat clients and carers with respect and dignity;
- Focus on the needs of clients/carers in relation to service delivery;
- Achieve quality outcomes through best practice in service delivery;
- Respect client privacy and observe the need for confidentiality;
- Act on, and resolve to a satisfactory resolution, any complaints or concerns relating to service delivery or performance; and
- Evaluate service delivery outcomes at regular intervals.

Breaches of the Code of Conduct are considered a very serious matter and will be dealt with in accordance with the Performance and Misconduct Policy, which includes termination of employment.

SECTION 3: STANDARDS AND KEY POLICIES AND PROCEDURES

NSW Disability Standards

Standard 1: Rights

Overview

Each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community.

Like everyone else, people with a disability have the right to respect for their human worth and dignity and to full participation in Australian society equal to all other Australians. They have the right to exercise choices that are the same, or close to the conditions of everyday life enjoyed by other people in the community.

Under the *Disability Services Act 1993* (DSA), each person has the right to receive services which respect and promote their legal and human rights and which place them at the centre of decision making on all aspects of the way they live their life.

Standard 2: Participation and inclusion

Each person is encouraged and supported to contribute to social and civic life in their communities in the way they choose.

Overview

People with a disability should have the opportunity to participate in community life as they wish, as all people do. This means going beyond being present in the community to being actively included and participating in general community life. Engagement and meaningful inclusion are fundamental to being active members of all relevant aspects of community life and contributing to the economy by working and / or choosing where to spend money.

Service providers have a shared responsibility in ensuring that the people they support are able to participate in the community in their own way and have an ordinary and meaningful life like people of similar age, gender and culture.

The intent of this standard is for service providers to actively promote the genuine connection and active inclusion of children and adults with a disability with their chosen communities (and fulfil their obligations under the *Disability Services Act 1993*).

Standard 3: Individual Outcomes

Each person is supported to exercise choice and control over the design and delivery of their supports and services

Overview

Every person has the right to make their own decisions and to have choices which enable them to fully participate in their community.

The intent of this standard is to promote flexible and responsive supports and services. People with a disability, their families, carers and advocates are at the centre of decision making and each person exercises control in the services and supports they receive. This chapter assists service providers to fulfil their obligations under the *Disability Services Act 1993*.

Fundamental to this standard are person centred approaches to planning and support. The person with a disability is central to planning and decision making to achieve their preferred lifestyle while remaining healthy and safe. Planning is based on the person's strengths, interests and changing needs throughout their life stages.

Standard 4: Feedback and Complaints

When a person wants to make a complaint, the service provider will make sure the person's views are respected, that they are informed as the complaint is dealt with, and have the opportunity to be involved in the resolution process

Overview

A 'complaint' is when a person indicates that they have an issue with the quality or delivery of their service and are seeking resolution. Complaints can be made in a number of ways including informally, in writing and verbally.

Each person has the right to complain about the quality or delivery of a service and have the opportunity to participate fully in the process of complaint resolution. This chapter assists service providers to resolve complaints, to fulfil their obligations under the *Disability Services Act 1993* No.31 and implement the standard.

Standard 5: Service Access

Each person is assisted to access the supports and services they need to live the life they choose

Overview

People with a disability require fair and equal access to a broad range of supports and services to achieve their life goals and participate in their communities. In a changing environment with a stronger focus on person centred approaches, services are provided in ways that are flexible and responsive to each person's goals so they can participate in a range of activities like everyone else in the community.

This chapter sets out practice requirements for service providers so people with a disability can access the supports and services they need and for providers to fulfil their obligations under the *Disability Services Act 1993*.

Standard 6: Service Management

Service providers are well managed and have strong and effective governance to deliver positive outcomes for the people they support.

Overview

The provision of flexible and responsive person centred services in safe environments by well governed service providers is crucial for maximising quality outcomes for people with a disability, their families and carers.

This chapter sets out practice requirements for service providers to govern and operate their services in line with obligations under the *Disability Services Act 1993 No.31* (DSA).

The above information is taken from Standards in Action.

Person Centred Approaches

Meditech has five (5) key elements to a person centred approach:

- The person is at the centre. Planning focuses on finding out what the person wants to do and achieve in their life, their abilities and the supports needed
- If the person chooses, their wider social network is involved as full partners and the contribution and knowledge of families and local communities are valued
- There is a partnership between the person, their family and service provider. All parties involved have a shared commitment to action
- The whole of life is considered. Within available resources services align with the goals and needs of the person and look beyond traditional constraints
- There is continued listening, learning and action. New goals are set as a person's experience and expectations grow

The Meditech Person Centred Consultation Tool thoroughly canvasses a range of specific life domains including:

- **Lifestyle Options:** which has identified areas of focus that include family relationships, other relationships, relationships and emotional health, religion and cultural issues, leisure, recreation, hobbies , holiday options, sexuality
- **Health and Wellbeing:** which has identified areas of focus that include health Issues , health promotion activities, health risk activities, healthy eating, physical exercise, epilepsy, dental health, sensory health, mental health, behavioural issues , medication awareness , medication administration.
- **Independent Living:** which has identified areas of focus that include decision making, bathing/hygiene skills, dressing skills, dining skills, meal preparation, household tasks, self-protective skills, expressive communication, social skills, interpersonal skills, money skills, budgeting skills, travel skills, community access.
- **Education and Vocation:** which has identified areas of focus that include full employment, supported employment, employment related education, voluntary employment, day activity attendance

Abuse and Neglect Policy

Meditech recognises the right of service users to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse.

Meditech will encourage and support any person who has witnessed abuse of a service user or, who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

Meditech acknowledges that prevention is the best protection from abuse and recognises its duty of care obligations to implement prevention strategies that include suitable recruitment and screening protocols for identifying potential risks.

Meditech recognises that prevention strategies should include the employment of skilled support workers who respect the rights of service users and who are aware of current legislation and policies pertaining to abuse and neglect. Such support workers will assist service users and their families or guardians to access complaints mechanisms and to raise any concerns they have about service provision.

Where abuse, harm or neglect has occurred, Meditech will respond quickly, considerately and effectively to protect the service user from any further harm, ensuring they have access to any required counselling, and medical, and/or legal assistance.

Meditech will assist service users throughout their involvement with counselling, medical and/or legal services, including any investigations.

Meditech will provide assistance to alleged perpetrators of abuse to gain legal advice.

Meditech will take disciplinary action against any support workers member who fails to report or attempts to cover up any incidents of actual or potential abuse and neglect.

Detecting Abuse and Neglect Relating to Service Users

1. A service user can make an allegation verbally or in writing or using their augmentative communication system.
2. Allegations can be made by another service user, a support workers member, or any other person if they have witnessed an act of abuse or neglect.
3. Suspicion of abuse or neglect can be arrived at by observing certain behaviours or physical conditions in a service user. These behaviours or physical conditions can occur in isolation or in clusters. The indicators may be as follows. (Note that these are not intended to be exhaustive lists. They are intended as guidelines only):

Sexual Abuse

Examples of sexual abuse may include:

- Anal or vaginal intercourse without consent
- Fingers or objects inserted into vagina or anus without consent
- Oral sex
- Masturbation of another person without consent
- Touching breasts or genitals without consent
- Indecent exposure
- Displaying pornographic photography or literature
- Sexual harassment, including lewd or suggestive comments, teasing or insults with sexual connotations

Physical Indicators	Behavioural Indicators
Bruises, bleeding in genital area	Verbal reporting
Bruises to breasts, buttocks, lower abdomen or thighs	Inappropriate sexual activity
Vaginal infection	Fear of being alone with a particular person
Abdominal pain	Sexual themes in drawing, drama or sexual acting out
Pregnancy	Self-injury or hurting others
Recurrent headaches/migraines	Unexplained increase in sexual knowledge
Sexually transmitted diseases	Regressive behaviours such as bed wetting
Itching, inflammation or infection of urethral, vaginal or anal areas	Poor relationships with others, irritability, short tempered behaviour, weeping
Foreign objects in genital, rectal or urethral openings	Strong fear of a particular place
Semen stains on clothing	Withdrawal, depression, listlessness
	Unexplained accumulation of money or gifts

Physical Abuse

Examples of physical abuse could include:

- Hitting, smacking, biting, kicking, pulling limbs, hair, ears
- Bending back fingers, bending an arm up behind the back
- Dragging, carrying or pushing people who do not want to be moved unless involuntary relocation is part of a behaviour support plan
- Physical restraint
- Threat of violence

Physical Indicators	Behavioural Indicators
Bruises and welts	Unusual fear of authority
Cuts, scratches and sprains	Wariness of physical contact
Burns and scalds	Unusual hunger for affection
Head injuries	Difficulty relating to others
Bruising around the eyes	Constantly watching for possible danger
Internal injuries	Fear of events or places
Broken bones	Sudden changes on behaviour
Swollen or painful joints accompanied by bruising	Onset of incontinence
	Problems sleeping

Emotional Abuse

Examples of emotional abuse could include:

- Humiliating a service user for losing control of their bladder or bowel or about other private matters
- Treating service users in ways that deny them their dignity
- Preventing service users from expressing themselves out of fear of retaliation
- Discouraging personalisation of rooms
- Denying cultural needs such as serving food that is contrary to the requirements of the person's cultural values and beliefs
- Shouting orders at service users
- Using humiliating names when speaking to a service user
- Limiting social freedoms

Physical Indicators	Behavioural Indicators
Speech disorders	Feelings of worthlessness about life and self. Low self-esteem
Sudden and significant changes in usual behaviour	Constant attention seeking behaviour, disruptiveness, aggressiveness
Inappropriate self-stimulating behaviour	Excessive compliance
Weight loss or gain	Depression or withdrawal

Neglect

Examples of neglect could include:

- Refusing to provide food to service users because they have not done what they were asked to do
- Hurrying or rushing assistance with eating or drinking to fit in with support workers timetables rather than the needs of the service user
- Withdrawal or denial of privileges, planned outings or personal items that are not designated and planned behaviour management strategies
- Depriving service users of their right to express their cultural identity, their sexuality or other desires
- Failure to ensure adequate food, health care support, clothing, medical aid or culturally relevant contexts and supports
- Not using a communication device to enable expression of needs or other communication

Physical Indicators	Behavioural Indicators
Malnutrition	Eating hungrily or hardly at all
Consistent and regular hunger	Hungry for attention or affection
Low weight	Reluctance to go home
Gaining weight when placed in hospital or alternative care	Rocking, self-abuse
Poor hygiene (including dental hygiene and untreated sores)	
Inadequate clothing for the weather conditions	
Lack of supervision consistent with support needs	
Non-organic failure to thrive	

Financial Abuse

Examples of financial abuse:

- Denying access by service users to have control over their money when they have a demonstrated capacity to manage their own finances
- Denying access by service users to information about their personal finances
- Taking the money of a service user without their consent (which is also likely to constitute a criminal offence)
- Forced changes to wills or other legal documents
- Using the belongings of a service user for personal use

Physical Indicators	Behavioural Indicators
Restricted access to or no control over personal funds or bank accounts	Stealing from others
No records or incomplete records kept of expenditure and purchases	Borrowing from others
Forced changes to wills or other legal documents	Begging
Missing money, valuables or property	

Systemic Abuse

Examples of systematic abuse:

- Relevant policies and procedures are not implemented
- Service users are denied the option to make decisions affecting their lives
- Health care and lifestyle plans are not implemented

Restraints and Restricted Practices

Examples of restraints and restricted practices could include:

- Putting a person into a room with the door locked
- The use of social isolation when it is not a designated behaviour support strategy
- Locking a service user in room all night
- Using other service users to provide physical control over another service user
- Excessive chemical restraint such as use of medication without proper authorisation or consent
- Forcing service users to eat food they do not want to eat

Response Procedures for Abuse and Neglect

A. Responding to the victim

1. When there is an allegation of abuse or neglect support workers members must:
 - Immediately take steps to create a safe environment for the victim, themselves, other support workers members and other service users.
 - Reassure and support the victim and advise them of what will happen next
 - Notify the doctor or ambulance if a service user or other person has been injured
 - Notify the line manager immediately or 'on-call' of the incident.
 - Ensure that they or the line manager report the allegations to police
 - If the victim or the perpetrator has a cognitive disability, advise the police officer that an independent third person is required. If the victim or perpetrator is less than 18 years of age, a parent, guardian or independent person must be present if they are to provide a statement. The police are responsible for contacting the independent person.
 - Ensure that they do **not** act as the independent person

- Ensure that they do **not** interview the person about the allegation as that is the role of the police. Some discussion may be required to establish safety and basic understanding of what has happened. If the victim needs to talk about what has happened, it is essential to listen and show concern.
 - Depending on the age of the person notify the next of kin or guardian as appropriate.
2. Support workers members must ensure that they provide support to a victim of abuse especially in the case of sexual abuse. Support workers members must be careful not to give a negative response as they may reinforce feelings of guilt or shame. If a sexual assault is disclosed a helpful response may include:
- Telling the person you believe them
 - Making it clear that whatever happened is not their fault
 - Reassuring the person that disclosing the assault is the right thing to do
 - Telling the person that the perpetrator is responsible for the assault. Sexual assaults are referred to the Victims Access line or the local Sexual Assault Service which provide 24-hour advocacy and counselling and will support the victim to make decisions about what they want to do

B. Protecting evidence for police

1. Support workers at the scene must use their best endeavours to ensure that any evidence the police may require is not disturbed.
2. Evidence may be lost if the victim of sexual assault bathes soon after the assault. Support workers members should try to delay bathing until the police arrive.
3. If possible support workers members should preserve the victim's clothing as evidence following an assault of any type.
4. If possible support workers members should isolate the area where the incident occurred and not allow anyone to enter that area until the police arrive.
5. Support workers members should avoid any questioning of the victim in order to reduce any potential for contamination of their recall of the event.

C. Responding to abuse by a support workers member

1. The Manager or other support workers member must ensure that arrangements are made to ensure the safety of the victim, the safety of the person making the allegations, and that the rights of the alleged perpetrator are addressed.
2. Support workers members must ensure that all incidents of abuse and neglect are documented and reported to the Manager immediately. If the incident occurs after hours, 'on-call' must be notified immediately and an Incident Report completed.
3. If it is suspected that a manager is involved in the abuse or neglect, the matter must be reported to the next level of management immediately.
4. Where management reasonably believes that a support workers member is the source of the abuse the matter must be referred to the police.

5. Where the alleged perpetrator is a support workers member (paid or voluntary) Meditech may stand the support workers member down or provide that person with supervised and meaningful duties until such time as the investigation is finalised. These duties must not include contact with the alleged victim or unsupervised contact with any other service users.
6. The alleged perpetrator is to be encouraged to seek legal advice with regard to the allegation.
7. The support workers member concerned is to be advised of the process of notification of the alleged abuse(s) to the various authorities.
8. If it is found that a support workers member has abused a service user, the matter may warrant the dismissal of the support workers member by Meditech as well as any action taken by the police.
9. If a support workers member accompanies the alleged offender who is another support workers member to the police station by way of providing support, that support workers member must not give an opinion about the alleged offender or incident or give any legal advice. The support workers member providing support should be replaced by an independent person or legal adviser as soon as possible.
10. It is also the responsibility of the Manager in consultation with the Operations Manager to notify the relevant external authorities such as the Lifetime Care and Support Authority immediately by email or telephone and follow up by forwarding an Incident Report.

D. Where the alleged perpetrator is another service user

1. The support workers member must ensure that when an alleged perpetrator is another service user arrangements are made to ensure the safety of the victim, the safety of the person making the allegations, and that the rights of the alleged perpetrator are addressed.
2. If the Manager reasonably believes that an incident between two service users is abuse or assault the matter must be referred to the police.
3. The Manager must ensure that the wishes of the victim and the offender are followed in relation to notifying family and/or guardian if appropriate and only with the person's consent.
4. The Manager must facilitate support where practical for the victim and the offender, their families and support workers and ensure they have information about available services.
5. The Manager should assist the alleged perpetrator in obtaining an independent advocate to support them throughout any police and court proceedings.
6. Any behaviour support strategies that are implemented as a result of the abuse must be safe and respectful of the person and be non-abusive.

7. A review of the circumstances pertaining to the event is to be conducted within a reasonable timeframe. The relevant Manager will delegate responsibilities and timeframes.
8. Following the completion of investigations, the Manager is to provide the Director with a follow-up report outlining the outcomes achieved.
9. If the service user who has committed the assault or abuse is to be moved to another service, the Manager will ensure that the new service is provided with adequate information about that person's history.
10. It is the responsibility of the Manager in consultation with the Director to notify external authorities such as the Lifetime Care and Support Authority immediately by email or telephone and then follow up by forwarding an Incident Report.

Reporting Abuse to Police

A. Emergency —DIAL 000

When a service user has been assaulted or in immediate danger of an assault **the police** must be called apart from the exceptions listed below.

If a service user sustains an injury as the result of an assault the **Ambulance Service** must be called.

B. Reporting to police

1. **Sexual assault** of a service user is a serious offence and must be reported to the police
2. **Physical assault** of a service user is a serious offence and must be reported to the police
3. Other assaults such as **domestic violence, emotional, financial, systems abuse, restricted practices** must be reported to the manager of the service as soon as possible and may also be reported to the police

C. Exceptions

A report to the police about an assault may not be required if any of the following conditions exist:

- An incident that would usually be classed as assault is caused by a person with an intellectual disability who lacks understanding of the behaviour
- Physical contacts occurring between service users such as pushing or striking that can be managed by the use of behaviour intervention strategies and are reported internally.

If in doubt about reporting abuse, the police may be contacted for advice.

Cultural Awareness

Meditech recognises that cultural diversity among its support workers and the people it supports is both a strength and an asset and will continue to value diversity of opinions, perspectives and interests.

Meditech will where possible work in partnership with local community leaders, agencies specialising in Cultural and Linguistic Diversity, and families, to ensure that it understands and implements culturally appropriate services.

Meditech will ensure that all support workers members receive training which raises awareness of cultural issues.

Meditech is also committed to the provision of quality services to people from culturally diverse backgrounds and will practise equality and non-discrimination; promote racial and religious freedom and acknowledge the right of all people to be treated with dignity and respect.

Meditech will consult with all service users and/or their families and advocates in order to identify and respond sensitively to their culture, belief and value system.

Human Resources

1. Managers must ensure that cultural diversity is addressed in support workers recruitment and education. Culturally inclusive recruitment practices will assist with engaging and retaining a culturally aware workforce.
2. Managers responsible for support workers recruitment must ensure that those who sit on interview panels are trained in cultural awareness.
3. Managers must consider the cultural and linguistic needs of the service users when recruiting new support workers to ensure that support workers members are effectively matched with service users.
4. Managers must ensure that all support workers members engage in education and development programs that enhance cultural awareness and maintain a non-discriminatory workplace.

Communication

1. The first step for support workers members in the provision of appropriate services is to address the language and communication needs of the service user. Communication difficulties will compromise the quality of support provided.
2. Where required support workers members must ensure that information and support plans are in the preferred language of the service user. This includes any documents which enable the person to contribute to continuous improvement, provide feedback or make complaints.
3. Where required support workers members in conjunction with the service user should utilise the services of professional interpreting and translating agencies or bi-lingual support workers, especially where informed consent is required. This will also assist with developing support plans and risk management plans.

Food

1. Support workers members must identify if the service user has any religious or cultural requirements and preferences concerning diet and food preparation.
2. Consultations relating to diet and food preparation must use the preferred language of the service user so that communication is effective.
3. Where a service user has dietary or food preparation requirements, support workers members must ensure that those requirements are implemented.

Religion and Spirituality

1. Support workers members must ensure that service users are free to express their unique religion or spirituality in an open and non-judgemental environment by helping them to maintain important practices, beliefs and networks.
2. Support workers members must ensure that the requirements of the person's religion or spirituality are properly documented and implemented in relation to matters such as the person's health care, personal care, dress, diet and food preparation.
3. Where required support workers members will support the person to participate in religious organisations, celebrations or festivals with others who share the religion and language of the service user.

Health and Personal Care

1. Support workers members must ensure that translator and interpreter services are utilised where required when developing health and personal care plans and whenever informed consent is required.
2. Support workers members should consult with service users and their families regarding the influence of culture and religion on health and personal care support.
3. Support workers members should clarify that the role of family members in decision-making about health and personal care has been clearly established and documented.

Leisure Activities

1. Where support workers members are required to assist with leisure and/or activities programs they must ensure that they consult with the service user so that such activities are culturally and linguistically appropriate.
2. Support workers members where required should ensure that service users are encouraged and supported to establish and maintain community and family involvement
3. Support workers members where required should assist the service user to foster links with local community organisations that share the same culture, language and religion.

Duty of Care and Dignity of Risk

Meditech recognises the right of service users to make decisions and choices that may involve risks. Meditech will however ensure that any decisions to take risks do not compromise the duty of care responsibilities of others.

Meditech will provide service users with the information and support they require to make choices about their life and about the risks that may be involved. Support workers members will work with service users to ensure that any risks taken are addressed through the risk management system.

Meditech is committed to using the least restrictive alternatives so that the ability of the person to make decisions and take responsibility for their actions is not unduly limited.

Steps in Risk Management

1. Provide each person with information about the process of risk management, duty of care responsibilities and the rights of service users regarding choice and risk taking.
2. Follow the Risk Management of Service Users Policy and identify the issues for each person or group (support workers, the service users and their family, other service users, members of the community), including:
 - The preferences or wishes of the service users
 - The advantages or benefits for the service users in pursuing the desired outcome independently
 - The possible risks for all that may exist if the service users pursue the desired outcome independently
 - Any conflict that is created for others with regard to their duty of care, if the service users pursue the desired outcomes independently
3. Develop strategies (which may form part of the Individual/Care Plan of the service users) in consultation with all stakeholders, especially the service users, which are designed to promote the benefits of pursuing the desired outcome while minimising the risks involved. These strategies should be the least intrusive and the least restrictive options for the service users.
4. All strategies designed to assist the service users to attain the outcomes he/she desires and to reduce the risks involved are to include the following considerations:
 - Age appropriateness
 - The present skills, experience and knowledge of the service users
 - The ability to manage problems that may be encountered by the service users.
 - The ability to understand the risks and consequences of the decisions and choices made by the service users.

5. If there is a training program for service users it should include the provision of opportunities to learn about the risks they face and to explore alternative choices and experiences.
6. Support workers must clearly document each stage of the risk management process in the file of the service users.
7. All contact with, and advice from, agencies such as the NSW Guardianship Tribunal must be documented in the file of the service users.
8. When all of the above strategies have been implemented and the risks to the service users remain at an unacceptable level, then duty of care responsibilities must take priority over the right of the service users in relation to dignity of risk.
9. Where service users make decisions which present a risk to themselves or others, these decisions must be recorded in that person's records such as progress notes.

Support Worker's Responsibilities

1. In a situation of serious risk, the short-term objective for all support workers is to ensure that service users are not endangered or harmed.
2. The broader objective or goal is to help the service users to develop more accurate and responsible judgment about the level of risk he or she can deal with safely and to learn to recognise risks before and/or as they arise.
3. The degree of supervision or intervention implemented by support workers will depend on the degree of immediacy of the risk.
4. When support workers intervention is necessary, such intervention should only involve the least possible level of intrusiveness or restrictiveness and must be assessed regularly to determine its appropriateness.
5. All skill building programs, where appropriate, should include teaching the service users strategies which can minimise risk as well as how to deal with risks as they arise.
6. All skill building programs should be designed to directly or indirectly lead to a reduction in the level of support required by service users by promoting independence. They should also lead to a reduction of the possible risks involved.

Duty of Care Checklist

1. Assess the possibility and extent of any foreseeable harm to the service users.
2. Assess the possibility and extent of any foreseeable benefit to the service users.
3. Establish ways that the risk of harm can be minimised without sacrificing the benefit to the service users.
4. Balance the possible harm against the possible benefit.

Incident Reporting

Meditech will endeavour to provide services to the service users in a way that is free from risk to their personal safety and wellbeing. Meditech will work towards establishing and maintaining safe living and working environments and take appropriate action in response to incidents which effect, or have the potential to effect, the health, safety or wellbeing of support workers, service users or other persons.

Incidents must be reported appropriately and managed in a way that is responsive to the immediate circumstances of the incident, the rights of those involved, and the need to ensure that any recurrent risks are minimised.

Some incidents will require completion of more than a single report to Meditech. Some funding bodies and other agencies may require notification of incidents using their own system and forms. Meditech will ensure that where required such external agencies will be provided with the appropriate incident reports as scheduled.

Procedure

1. Support workers members must complete an Incident Report Form for any occurrence of the incident types listed above.
2. Support workers must be aware that completing an Incident Report Form does not substitute their obligations to notify appropriate others when a significant incident occurs. The Incident Report will usually be completed after the incident has finished, confirming in writing the nature of the incident and the subsequent actions taken. Verbal notification to the Manager is required immediately after any Category 1 incidents including the following:
 - Use of an emergency service
 - Allegations of abuse, neglect, sexual assault
 - Injury to a service user or support workers member
 - Incidence of a criminal offence or breach of duty of care
 - Death of service user or support workers member
 - A breach of security
 - A near miss that could have resulted in a serious situation
3. If any of the above incidents occur the support workers member must report the matter immediately the Manager who in turn should notify the Director.
4. Each individual support workers member involved in an incident should complete an Incident Report.
5. All sections of an Incident Report form are to be completed without exception. If a section does not apply, the words 'not applicable' should be entered in the appropriate place.
6. A copy of all Incident Report Forms must be forwarded immediately to the Manager. Where the support workers member has access to email an electronic version of the Incident Report Form can be obtained from the Manager and returned by email to that person when

completed. If completed in hard copy the original Incident Report must be retained in the support workers member's possession until it can be passed on to the Manager. All incidents must be recorded on the appropriate Incident Register.

7. The Manager will review the Incident Report, noting any actions that may be required. After completing his/her section of the Incident Report that person must check that the incident is recorded in the Incident Register.
8. The Manager will ensure that any further information required is obtained and that all recommended actions are implemented. The completed form should be returned to the support workers member(s) who submitted the Incident Report to advise them of any further actions taken and/or that the incident is now closed out.
9. Where Meditech is required to report incidents to funding bodies or other external agencies the Manager must ensure that the Incident Report is forwarded to those funding bodies or external agencies by 5pm on the next business day. This must occur even when a quick fix has been applied. This notification must be in writing (email or fax).
10. The Incident Report should be cross-referenced to any other relevant documentation as it arises such as Risk Assessments, Risk Management Plans, Treatment Plans, Complaint Management Plans, Corrective Action Request Forms etc
11. The Manager must ensure that all incidents are included in his/her reports to the Director so that senior management are aware of the nature and frequency of incidents.
12. A copy of the completed Incident Report should be provided to the person responsible for Occupational Health and Safety.

Corrective Action Request (CAR)

A Corrective Action Request Form must be used:

- When action is required to prevent the incident recurring; or
- When an opportunity exists for continuous quality improvement

Anti-Discrimination

Meditech is committed to a policy of non-discrimination. It is committed to providing all support workers and service users with a work or service environment that is free from any form of discrimination, harassment and vilification to ensure that they are able to function effectively and participate fully in their respective areas of the organisation.

Meditech does not condone or tolerate discrimination, harassment, and vilification. Such behaviour is deemed to be unacceptable and may result in disciplinary action.

Meditech will ensure that allegations of discrimination, harassment or vilification will be dealt with in a prompt and confidential manner.

Meditech accepts responsibility to ensure that equal employment opportunities exist for all current and future employees. This applies to recruitment, interview, selection, appointment and promotion processes. Support workers members will be selected or promoted according to merit irrespective of personal attribute.

In terms of Affirmative Action, Meditech recognises that certain groups of people are affected by past or continuing discrimination or disadvantage and as a result are more likely to be unemployed or working in lower paid jobs. As a result Meditech will take a systematic approach to the identification of barriers encountered by target group members. It will develop specific programs to assist such people to access employment, training or promotional activities.

Reporting and Resolving Allegations of Discriminatory Behaviour

The following procedures will be adopted for the reporting and resolving of allegations of discrimination, harassment and/or vilification.

1. Any support workers members or service users, who believe they are being discriminated against, harassed or vilified in a way which contravenes this policy or legislative Acts should immediately report the matter to their supervisor or to the Human Resources Manager. Service users may also report to any member of support workers or management or external advocate.
2. All complaints in relation to discrimination, harassment or vilification will be treated in a confidential, sensitive, fair and timely manner.
3. All complaints in relation to discrimination, harassment or vilification will be fully investigated by a person appointed by the director and this may be an employee of Meditech or may be a person from an agreed external, independent agency.
4. The investigation and resolution of allegations of discrimination will be addressed according to the normal grievance and complaints management processes of Meditech.
5. If the complainant is not satisfied with the process or the outcome of the investigation they can make appeals to external bodies such as Human Rights Commission.

Risk Management

Meditech is committed to providing a safe working environment and safe systems of work for its employees during the course of their employment. In this regard Meditech is committed to assisting employees to manage risks that may arise when providing support to service users so that adverse effects on lifestyle, health, safety and wellbeing are minimised.

Meditech will ensure that guidance is provided on:

- How to identify and assess risks relating to service users, support workers members and others
- How to develop risk management strategies and plans
- How to monitor and review Risk Profiles and Risk Management Plans for service users

Meditech will ensure that all service users:

- Where possible are assessed for risks to their lifestyle, health, safety and wellbeing, and have a Risk Profile completed prior to entering the service.
- Have risks reviewed within two weeks of entering the service
- Have a Risk Management Plan developed for all identified risks

Meditech will ensure that Risk Profiles and Risk Management Plans are subject to regular review through team meetings and Internal Audits.

Meditech will ensure that all Risk Management takes account of any specific cultural, linguistic and religious needs of Aboriginal and Torres Strait Islanders as well as those from Culturally and Linguistically Diverse (CALD) backgrounds.

The Risk Management Framework

The framework shown in the flowchart at Figure 1 provides a structured risk management approach that enables support workers to prevent, minimise, or eliminate injuries or incidents before they occur. The framework has five major components:

- | | |
|---------------------|------------------------------------|
| ▪ Step One | Risk identification and assessment |
| ▪ Step Two | Risk control and planning |
| ▪ Step Three | Monitoring |
| ▪ Step Four | Reviewing |
| ▪ Step Five | Recording |

The above framework is supported by three key tools. These include Meditech's Risk Profile, the Risk Management Plan and the Attendant Care Risk Audit Tool which assesses service user's residencies.

These key tools must be used to identify and manage risks prior to the person entering the service and then within two (2) weeks of entering the service to ensure that all risks have been properly identified.

Once the Risk Profile and Risk Management Plans have been completed other management and support plans should be developed for each person according to their specific needs. See Figure 1.

The Risk Profile and the Risk Management Plan should form part of the Individual/Care Planning process.

Occupational health and safety measures are the key considerations where support workers safety is integral to the assessment and management of risks and should be formally incorporated into the Risk Profile and Risk Management Plan.

Figure 1: Risk Framework for Service Users

STEP 1 RISK IDENTIFICATION & ASSESSMENT	STEP 2 RISK CONTROL & PLANNING	STEP 3 MONITORING	STEP 4 REVIEWING	STEP 5 RECORDING
<p>RISK PROFILE OF SERVICE USER</p> <p>Identify risks to:</p> <ul style="list-style-type: none"> Service user Support workers Others <p>Assess likelihood of risk:</p> <ul style="list-style-type: none"> Very likely Likely Unlikely <p>Categorise severity of risk:</p> <ul style="list-style-type: none"> High Medium Low <p>-----</p> <p>SUPPORT WORKERS</p> <ul style="list-style-type: none"> Manager to inform & discuss with support workers Manager to seek specialist advice if necessary. 	<p>RISK MANAGEMENT PLAN FOR SERVICE USER</p> <p>Includes management & support plans such as:</p> <ul style="list-style-type: none"> Epilepsy Management Plan Behaviour Support Plan Skills Development Plan Eating and Drinking Plan Seating Plan <p>-----</p> <p>SUPPORT WORKERS</p> <p>Safe Work Procedures, eg</p> <ul style="list-style-type: none"> Manual Handling Plan Safe Transport Plan Safe Bathing Procedures Additional practices as necessary. 	<p>RISK PROFILE & RISK MANAGEMENT PLAN FOR SERVICE USER</p> <ul style="list-style-type: none"> Support workers Changeover Checklist Communication Book, Diary, Individual/Care Plan Review (minimum three monthly) Internal Audit (bi-monthly) <p>-----</p> <p>SUPPORT WORKERS</p> <ul style="list-style-type: none"> Support workers Changeover Checklist Communication Book Diary Service meetings 	<p>RISK PROFILE & RISK MANAGEMENT PLAN FOR SERVICE USER</p> <ul style="list-style-type: none"> Quarterly or as required Three monthly- Individual/Care Planning process Annually - New Risk Profile to be developed with Individual/Care Plan <p>-----</p> <p>SUPPORT WORKERS</p> <ul style="list-style-type: none"> To be reviewed by manager in consultation with support workers To be reviewed at Individual/Care Planning meetings 	<p>DOCUMENTATION FOR STEPS 1-4</p> <p>Incidents relating to service users:</p> <ul style="list-style-type: none"> Record in Incident Report. Review: Risk Profile & Risk Management Plans as necessary <p>-----</p> <p>SUPPORT WORKERS</p> <p>Support workers – related Incidents</p> <p>Record in Incident Report Review Safe Work Procedures and support workers practices as necessary</p>

Privacy, Dignity and Confidentiality

Meditech recognises and respects the right of every service user to privacy, dignity and confidentiality in all aspects of life and is committed to the principles of privacy as described in the National Privacy Principles and the Commonwealth Privacy Act 1988.

Meditech recognises its statutory obligations and will maintain the confidentiality of a service user and will not release information about any person without first obtaining written consent from the person or that person's guardian. The exceptions to this rule would be where information is required by medical or emergency services to ensure the safety and wellbeing of a service user where he/she is unable to give consent and the guardian is unable to be contacted. Information may also be disclosed against the person's wishes if legislation requires such information, if information is subpoenaed for court proceedings, or in a matter of overriding public interest such as a service user telling a support workers member that a regular visitor is assaulting him/her. While the service user should be consulted about the issue, it is clearly important that the information be made available.

Meditech will at initial consultations inform service users as to the type of information that may be collected and retained that pertains to them and how Meditech will utilise that information.

Meditech will grant a person's request to access his/her personal records and any other information relating to him/her that may be kept by Meditech.

Where the service user is responsible for his/her own decisions and choices Meditech will ensure that information about the service user is not passed on to families without consent.

Meditech will ensure that when providing statistics about its operation in annual reports and when reporting to government departments or funding bodies (e.g. Minimum Data Set collection), service users will be informed and consent gained from them where required. Meditech will ensure that service users remain anonymous and will not be identified in any such reports.

Meditech will normally keep records of service users for a period of seven years. Non-current records in the person's file will be transferred to the Archival File. Meditech will archive all non-current records.

Procedure

1. Prior to commencing a service at Meditech, service users and their family/guardian will be advised by the Manager/Coordinator that Meditech will be developing and maintaining a file that will contain personal information about that person. The Manager/Coordinator will ensure that the service users and/or their guardians are aware of the type of information that will be collected and stored by Meditech and what that information will be used for. The information collected will be relevant to service delivery only. The Assessment Information Checklist must be used as part of this process.
2. The Manager/Coordinator must advise service users and/or their guardians that they may view the file and any other information held by Meditech that is specific to that person. Such information may be viewed at a time convenient to both the service user and the representative

from Meditech. The service user or that person's guardian can request that any such information that is demonstrably inaccurate or misleading, be amended as appropriate or removed from the file.

3. Prior to commencing duty at any service operated by Meditech, support workers must sign a confidentiality statement (as included in a Code of Conduct or an employment contract) that they will not breach the confidentiality for the service users or the organisation.
4. All documentation that is related to the personal issues of service users including personal files, service agreements, physical charts, individual/care plans etc. must be kept in a secure location. This documentation must not be left on desks, bookshelves, or any other location where unauthorised persons may have access.
5. Service users are to be given the opportunity to place information and relevant personal notes into their own file. The service users are to be encouraged to complete charts and other information gathering forms with the appropriate support from support workers.
6. Support workers will not provide information of service users to families without the consent of the service users.

SECTION 4: SERVICE DELIVERY FRAMEWORK

Attitudes to Disability and Ageing

Over the last 10 years the Australian Commonwealth and State governments have enshrined in legislation (Commonwealth State Disability Agreement, the NSW Disability Services act 1993, Aged Care Reform) an approach to people with a disability and people who are frail aged, that acknowledges that these people are equal members of Australian society and entitled to the same rights as any other citizen.

The approach has represented an historical shift towards the integration of people with disabilities and people who are frail aged in the Australian community and away from an environment where the only alternative for many people with disabilities and the aged was an institution of various kinds.

Being a community-based organisation Meditech supports these initiatives encouraging access to individually based service for persons to be supported. This provides persons with the opportunity to live at home, within the community and with a flexibility of lifestyle.

Disability and ageing, for many of us, are relatively unknown unless, perhaps, through a family member or close friend, and therefore can involve an element of fear and mystery. Early experiences and parental attitudes can influence our responses to people with a disability or people who are frail aged.

There can be a concern about what to say and where to look, particularly if the disability is physical and easy to see or involves unusual or difficult behaviours. Not wanting to embarrass the person and feeling a lack of confidence in oneself may lead to avoidance of situations where we come face to face with disability. Fear of the unknown is an experience common to all of us and can only be lessened when the unknown becomes familiar and our perceptions change through understanding.

Overcoming fear, gaining more confidence and feeling comfortable with disability and ageing takes time and energy in getting to know people, talking with them, understanding their particular needs and recognising their abilities as well as their difficulties.

For particular persons it may be very difficult to ask for help. Being dependent on others for assistance in the basic tasks of daily living, which many of us take for granted, puts people in a very vulnerable position. Some people may find it easier not to ask for the help they need.

Attendant Care workers have a responsibility to treat service user without discrimination. In NSW Anti-discrimination Act (1977) makes it illegal to discriminate. Services are to be provided without discrimination on the grounds of gender, culture, political affiliation, language, religion, marital status, disability, age, sexual preference, inability to pay or infectious disease status.

A "rule of thumb" is to think about how you would like services to be provided to you or your family if you required Attendant Care i.e. in terms of attitudes, sensitivity, fairness.

People Requiring Assistance with Personal Care

People who require assistance with personal care have a diversity of characteristics, come from differing circumstances and require varied responses. The level of support required may vary from a once daily service, with the service user requiring standby assistance to showering, to a routine which includes a variety of procedures a number of times a day, seven days a week.

The level of complexity does not necessarily relate to the level of physical dependence, but can exist as a result of interplay of factors (e.g. social, medical, psychological, financial) which together can make a situation more complex. It can relate to problematic relationships with family, carers, extended family, the neighbourhood in which they live, or with service providers.

When talking about people with high support needs living at home, situations can cover a wide range of circumstances and types and levels of need for assistance.

- There may be situations where people, for a variety of reasons, have very specialised needs. They are people whom the service system or individual services have difficulty supporting as they require assistance that is different to that which is normally provided.
- There may be circumstances where people whose needs and eligibility for assistance cross program funding boundaries and where there are no easy ways of providing sensible and effective coordination across boundaries.
- They can be people from the special needs groups such as people from non-English speaking or Aboriginal and Torres Strait Islander backgrounds where language, culture or family expectations mean traditional service responses are not appropriate, also people from rural and remote areas and people who are financially disadvantaged.

Some more specific examples of people with high support needs:

- People with multiple disabilities, who may be confused, experience memory loss, have problems with mobility, have communication problems, use multiple services and need assistance in a number of areas in their lives.
- Vulnerable/isolated people, who live alone, rarely go out, have few visitors and have no effective supports.
- People with fluctuating needs, deteriorating conditions, longer-term episodic conditions.
- People who experience repeated physical injuries, accidents or falls.
- People with challenging behaviours.
- People with high levels of need and risk who refuse assistance from services.
- Situations where there are two service users e.g. service user and “carer” both with significant needs.
- People with alcohol or drug problems in association with other disabilities.
- Children and young people with high physical support needs, who require highly skilled assistance or nursing care.
- People with head injuries, particularly if there is no carer.
- Ageing parents caring for adult children with a disability who have not learnt independent living skills.

- Carers who are very stressed.
- Situations where there are significant relationship difficulties and conflict in the home – between service user and carer or family.
- Situations where there are sudden changes, for example in living arrangements, loss of a carer.

Reference: *People With Complex Care Needs: Effective Support at Home*. A discussion and resource document for Home and Community Care Service Providers. McVicar and Reynolds Pty Ltd 1995.

Special Needs Groups

Young People with a Disability

Many young people with a disability, who have high support needs, live “ordinary” lives in the community. They are married, have children, attend work, drive, travel, and follow their chosen lifestyle. They are relatively independent and seek greater degree of control and choice in managing their service.

Intellectual Disability and/or Mental Illness

Some persons referred for Attendant Care service may have an intellectual disability and /or mental illness. Sometimes support workers can be anxious or uncomfortable around people with such disabilities. Service users who appear physically able may be judged as not requiring service. Support workers will require awareness training, to understand the challenges faced by people with intellectual disability and mental illness in their daily lives. This will help to ensure the sensitive consideration of needs. If support workers have concerns about providing service to people with an intellectual disability or mental illness, they should discuss this with their supervisor. Specialist teams, whose role is to support people with intellectual disability and / or mental illness, are present in the community sector. The support workers within the Attendant Care section of Meditech will need to establish and develop networks with these groups to ensure optimum service provisions.

A mental disorder may be defined as a significant impairment of an individual’s cognitive, affective and/or relational abilities which may require intervention and maybe a recognised, medically diagnosable illness or disorder. The National Mental Health Strategy defines a disability as a result of a mental disorder as “any restriction or lack of ability to perform an activity within the expected range of a human being”. Consequently a person with a psychiatric disability is a person who is not currently experiencing an episode of acute illness but has ongoing support needs to ensure independent living in the community. These people require access to a range of basic support services available to other members of the community. These services should only be provided to support persons in relation to disability.

Episodic Illnesses

A person who has an episodic condition that causes a functional disability is eligible to receive Home and Community Care services for their maintenance and support. Meditech policy is that people

needing palliative or post-acute care are eligible for basic support and maintenance but not treatment or medical care relating to their particular conditions.

Parents of Children with a Disability

When providing services to a family where there is a child/children with a disability the family situation as a whole needs to be considered. Some of the issues that require consideration:

- The ongoing adjustment to having a child with a disability;
- Impact on the family relationships and how the family spend their time;
- Health issues such as back injuries to constant manual handling and ongoing stress;
- Difficulty in accepting assistance after years of “doing it all” and concern that no one can provide care as well as the family;
- Dealing with financial constraints.

Meditech are aware of and sensitive to these issues when providing services. Flexibility with respite, in particular, can be an issue for families. Meditech will make sure that they are aware of available services in the community which can provide assistance to the family.

Issues with Sexuality

Support workers need to remember that people with a disability and people who are frail aged have the same needs and basic human right to loving and fulfilling relationships as themselves. Sexuality and sexual expression is often a neglected subject in the lives of people with a disability and people who are frail aged. There is a reluctance to talk about sex due to embarrassment, shame and fear. There has been a tendency to play safe, adopting a protective, restrictive role which has limited the rights of people with a disability and people who are frail aged. Sexual expression is a normal and everyday part of life. As with everyone, people with a disability and people who are frail aged have different sexual needs, feelings and preferences and will express these and their sexuality in different ways. They have the same right to choices and, as previously stated, support workers have a responsibility to treat all service users without discrimination.

Sometimes in the course of providing personal care, issues related to sexuality may occur and support workers may feel awkward and embarrassed. Some behaviours may occur that are inappropriate i.e. inappropriate touching of self or support workers; inappropriate comments or questions about their own or support workers' sex life; pornographic material left lying about or displayed on computers.

If situations of concern do occur, they should not be ignored. If a support worker feels comfortable discussing the incident with the service user they can. The support worker must then inform the Coordinator or Manager about the incident. If a support worker does not feel able to discuss the situation with the service user, they are to inform Meditech's Coordinator or Manager, who will act on this.

Situations need to be addressed sensitively. Confidentiality is paramount. If required, appropriate action needs to be taken. Where possible, discussion needs to occur directly with the service user.

For example, a service user is notified that inappropriate behaviour is unacceptable while the support worker is providing a service and that, should the behaviour continue, the worker will leave the room and return later to complete the service. Behaviours that continue after the service user has been advised may constitute sexual harassment and are to be reported to the Meditech coordinator or manager immediately for action. Specialist services are available to offer assistance and advice or provide training to support workers about support to the person.

Carers

Carers NSW describes a carer as “someone who looks after relatives or friends who have a disability, a chronic illness, or are “frail aged” (in an unpaid capacity). Carers are spouses, daughters, sons, siblings, other relatives and friends. Carers provide approximately 74% of informal care, with diverse and often complex requirements.

Carers are critical to the overall provision of community care. Services need to be provided in the context of the carer as a partner in the caring process. An assessment of the carer is integral to the development of the care plan. Services need to understand carers and how caring impacts on their lives. To understand the total care situation ALL people involved in the care need to be considered and consulted.

When providing service, it may be apparent that children and young adults are to a varying degree taking on the carer’s role. Support workers will need to be aware of these situations and ascertain if the expectations of young carers are reasonable, given their age.

HIV/AIDS

People living with HIV/AIDS, who have a functional disability arising from their condition can be eligible to receive basic maintenance and support services in order to help them to be more independent at home and in the community and to enhance their quality of life. As this specialist care is difficult to assess similarly with people receiving palliative or post-acute care it is dependent on assessment from HACC, and capacity to provide service by Meditech.

People living with HIV/AIDS, have a right to be treated with dignity, free from discrimination and judgment. People with HIV/AIDS include women, children, sex workers, and haemophiliacs, injecting drug users, indigenous people, people with a disability, people of non-English speaking backgrounds, heterosexual, bisexual, transsexual, lesbian women and gay men.

Given the levels of fear about AIDS in many sectors of the community, HIV status should be accorded a particularly high level of confidentiality. “Need to know” is the criterion for disclosure, not “want to know”. As HIV is neither contagious nor highly infectious and social contact presents no threat of infection, support workers, service users and care-givers do not have an automatic right to know the HIV status of others.

If confidential information about HIV is shared with support workers, they will have an ethical and legal obligation to respect the confidentiality of that information.

Palliative Care Needs

Providing services to people with palliative care needs is a “grey” area for Home Care. The Royal College of Nursing, in their position statement on the nursing role in palliative care, defines palliative care as a “concept of care which provides a coordinated medical, nursing and allied health service for people who are terminally ill, delivered where possible in the environment of the person’s choice, and which provides physical, emotional and spiritual support for patients, for families and for friends. The provision of hospice and palliative care services includes grief and bereavement support for the family and other carers during the life of the patient and continuing after death”.

Service users with palliative care requirements, where the condition is relatively stable are more appropriate for Attendant Care service. Those referred to Attendant Care with a prognosis as terminal, may have more complicated conditions and usually require specialist care. These people require referral to community nurses.

Meditech provides basic maintenance and support services. Meditech Attendant Care can provide assistance with domestic assistance, for example, if not personal care. Nursing services provide nursing care related to the palliative care, such as symptom management, monitoring and education. Any service would require ongoing monitoring.

For information, the following palliative care definitions are taken from the Department of Veterans’ Affairs – Guidelines for the Provision of Community Nursing Care:

Stable

The situation and condition of service user classified as STABLE can be characterised by the following:

- the service user’s symptoms are adequately controlled by established management;
- further interventions to maintain symptom control and quality of life have been planned;
- the situation of the family and carer is relatively stable and no new issues are apparent; and needs are met by the established plan of care.

Unstable

The UNSTABLE service user experiences the development of a new problem or rapid increase in the severity of existing problems, either of which will require urgent change in the management or emergency treatment.

The family and carer experience a sudden change in their situation requiring urgent intervention by members of a multi-disciplinary team.

Deteriorating

Service users classified in the DETERIORATING phase experience a gradual worsening of existing symptoms or on the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment.

The family and carer may experience gradually worsening distress and other difficulties as a result of the illness of the service user. This requires a planned support program and counselling as necessary.

Terminal

Death of the service user is likely in a matter of days and no acute intervention is planned or required. Typical features of a service user in the terminal phase may include:

- profound weakness and essentially bed-bound;
- drowsy for extended periods;
- disoriented regarding time and has a severely limited attention span;
- increasingly disinterested in food and drink;
- finding it difficult to swallow medication;
- requires the use of frequent (usually daily) interventions aimed at physical, emotional and spiritual issues;
- the carer and family recognise that death is imminent and care is focused on emotional support and spiritual issues as a prelude to bereavement

Receiving Chemotherapy

On occasions persons on chemotherapy may be referred to Meditech for services. If the person is on cytotoxic drugs, which are highly toxic, special precautions will be required. The person's waste such as urine, faeces, vomit, sputum, should be considered contaminated and potentially hazardous, following cytotoxic administration and should be handled with care. The duration of the protective precaution times varies with each drug and can be from 1-7 days.

At assessment and prior to acceptance for service, information will be obtained from the nursing/medical support workers involved in the person's care to assess the nature of the service. Care is required to ensure the safe handling of patient body waste (the Workcover Authority of NSW defines body waste as 'patients' vomits, blood, excreta and fluid drained from body cavities")

If the person is accepted for service, clear directions are required in terms of the procedures to be followed, the recommended personal protective equipment required, procedures for the disposal of waste material to and from the house.

Universal precautions must be followed. Exposure to body fluid should be minimised. Support workers should avoid skin contact with body fluids. Personal protective equipment may include long PVC surgical latex or purpose manufactured gloves, long-sleeved gowns of impermeable material. Special containers and plastic bags are required to contain cytotoxic waste in the home and for transportation to a designated storage area at a hospital. Support workers involved would also

require training on the safe handling of cytotoxic waste in the community prior to the provision of any service.

It is recommended that pregnant support workers DO NOT attend the person within the 7 day protective precautionary period following chemotherapy.

Dementia

People with dementia experience cognitive impairment. They may be confused, disoriented, and forgetful and can be agitated. They may be unable to express their needs. Again the total family situation is to be considered. If the person is unable to direct his or her care and there is no carer available to direct and supervise the care, supervision by a nursing service, a specialised service such as an Aged Care Assessment Team or dementia service is required. Exceptions to this guideline require a case-by-case, problem-solving, risk management approach where there is no option available other than Home Care (e.g. in isolated areas). Written guidelines, appropriate training, monitoring and ongoing support are required in these situations and need to be provided by the community nurse or local medical officer.

People with dementia may require specialised services. Support workers require training in how best to provide services to people with dementia, for example a calm gentle approach, with simple clear instructions.

Discussions with carers, regarding relatives with dementia and or challenging behaviours, need to be conducted in a place where carers can speak freely, as carers often will not discuss their relatives' behaviour when they are present.

Sensory Impairment

Sensory impairment includes:

- Speech impairment
- Visual impairment
- Hearing loss

Communication difficulties can arise due to hearing loss, visual impairment, and speech impairment. The impairment may be present from birth or due to injury or disease. The onset may be gradual or sudden and the level of impairment can vary.

Being aware of the degree of impairment can enable support workers to assist the service user. Difficulty with communication can be very frustrating for the person. Adjustments need to be made to the person's environment to maximise independence. Depending on the impairment there are specific independence aids available and specialist techniques can assist with communication.

Seek advice from the person, family, and carer for the best ways of communicating. Specialist advice from a speech pathologist or from specific organisations such as the Royal Blind Society may be of assistance.

Breakdown in Service

On occasions, with the provision of personal care, situations arise where strains develop between the service user and/or their support worker. Frequently the person has been receiving service from Meditech Attendant Care for some time and, when reviewing these situations, it is apparent that there are ongoing problems. For a variety of reasons, there have been short-term solutions implemented to deal with the issue of the moment, but not a service review that leads to a long-term solution. Inadequately addressed problems usually do not go away and tend to escalate over time.

Systems need to be established within Meditech, which “flag” and monitor issues with a service user as they arise. These services require formal review. A collaborative “win/win” approach is the desired outcome and advocates may have to be involved to ensure the person’s needs are represented. These situations can then be managed and action taken to prevent deterioration in service provision and person’s relationship with the support worker in the long-term.

If issues can’t be rectified they can be discussed with the relevant manager within Meditech. These situations need to be managed in total. Organising time to address these issues early on may reduce or prevent excessive time being required later on.

Challenging Behaviours

On occasions, Meditech Attendant Care may provide personal care services to persons and/or their carers who have challenging behaviours. The following protocols provide guidelines for support workers to follow when providing service.

Meditech recognises that at times support workers may face real or perceived physical, emotional or psychological hazards associated with delivering care to persons with challenging behaviour. In some cases there may be a very real threat of physical violence. In these situations, a manager must make a judgment about the personal safety and welfare of the employee and the rights and safety of the service user.

Prior to agreeing to provide service to a person with known behavioural problems the Coordinator or Manager will ensure that a case management program is provided and carry out appropriate risk assessments which sets out:

- Circumstances that trigger the behaviour.
- Strategies for dealing with the inappropriate behaviour should it arise.
- Training for support workers in dealing with the inappropriate behaviour.
- Crisis protocols.
- Documented safe work procedures for support workers.

- For any situations where there is a risk, careful consideration must be given to selection of support workers.

Services that cannot be delivered safely will be withdrawn and alternatives explored. This will be done in consultation with:

- ADHC Branch Manager
- the service user;
- the person's family/carer/advocate;
- the case manager

Advice and support should also be sought from experts in the field such as:

- external experts in the particular field relating to the person's condition, to assist with the development of safe work procedures and training e.g. community psychiatric team, brain injury team, ACAT, intellectual disability services;
- an identified case manager

If service is being withdrawn then consultation is required with relevant management prior to taking action.

Ideally the likelihood of risk due to a service user's behaviour will be identified at referral and/or assessment and a decision made about the prevention or control measures required. This should be done in consultation with the manager, support workers involved, the service users family/carer/advocate.

These controls must:

- Ensure the health, safety and well-being of the service user and support workers.
- Be clearly documented and the desired outcomes noted.
- Be clearly communicated to all support workers involved in the service delivery
- Include out of hours support and emergency mechanisms.
- Be communicated to the immediate supervisor e.g. Coordinator
- Ensure the health, safety and well-being of service user and support workers.

Support mechanisms must immediately be established to:

- Ensure the frequent support and supervision of all support workers involved.
- Ensure systems for the regular review of safe work procedures are put in place.
- Ensure employees involved are appropriately trained.
- Ensure the hand-over of information from support workers who have successfully managed the difficult behaviour.

Should these controls fail and result in a critical incident involving a support worker, it is the responsibility of managers to ensure that support workers receive full support from senior management.

NOTE

Behaviour issues may not be identified at referral and/or assessment and may manifest themselves when the support worker commences service. The support worker must be encouraged and supported to report any issues that arise in a service to their Coordinator. Issues related to challenging behaviour require review and action.

Links with Other Services

The Meditech Attendant Care section needs to see themselves as part of a local network of services i.e.:

- Welfare;
- Health – local GPs, community nurses, rehabilitation services, hospitals, mental health, area health services, hospital discharge planners, ACATS, community OTs and Physiotherapists.
- Disability – physical and intellectual disability services;
- Advocacy;
- Multi-cultural;
- Aboriginal and Torres Strait Islander;
- Ageing – dementia services, Community Aged Care Packages, respite, ACAT Teams, Veterans' Affairs;
- HACC – Community Options, Meals on Wheels, Neighbour Aid;
- Regional government contacts – Department of Ageing, Disability and Home Care, Department of Community Services, Councils.

Meditech with other services as listed above can assist in the overall management and care of people with complex care needs to ensure quality service provision. If systems are in place, it is easier to deal with problems as they arise. If systems are not in place a breakdown in the relationship can occur when there is a pressure situation.

Meditech Attendant Care aims to be responsive to the changing needs of the community.

Duty of Care

Many workers are concerned about being sued because of some action or inaction on their part, during the course of their employment. Whilst the possibility of being sued is sometimes overstated, workers and their agencies do have a duty of care to service users and others who may be affected by the worker's action or inaction.

The duty of care refers not only to the actions of a worker but also to the advice the worker may give or fail to give. Workers should not give advice beyond their level of competence or beyond what would normally be expected in their position.

The standard of care expected is that of a careful and competent co-worker at all times. Support workers need to acknowledge the skills and experience they have, and be aware of their limitations.

Support workers are more likely to meet their duty of care responsibilities by:

- Adhering to Meditech Attendant Care policies and procedures when providing services;
- Informing their Coordinator of any incidents or issues of concern;
- Carrying out services as outlined in the dated, documented, safe work procedure;
- Adhering to Meditech Attendant Care protocols

Workers have a legal duty to take reasonable care to prevent harm to themselves or another person. Negligence is broadly defined as a **'breach of duty of care and can result if a worker's actions or failure to act fall below a reasonable standard that results in harm'**.

The standard of care is ordinarily measured by what the reasonable person of ordinary prudence would do in the circumstances. A worker must avoid practices that could cause harm to a service user. Meditech has a responsibility to ensure support workers are properly trained and experienced for the work they are required to do.

Role of the Meditech Attendant Care Coordinator in Personal Care

With Service Users

The Coordinator receives assessment by the Referral and Assessment Centre; they will then be responsible for all follow-up action. In organising, delivering and managing the service, the Coordinator will be responsible for:

- Contacting families as required;
- Working with families to assist in decision making;
- Sending service agreements;
- Managing all aspects of WH&S;
- Ensuring the contingency plan is in place;
- Ensuring all necessary assessments for specific care plan is in place.

A clear understanding of the service user's situation is important in terms of their individual:

- Abilities and needs
- Expectations of the service
- Attitude towards service
- Attitude towards self and being helped
- Ability to express concerns
- Cultural background and language
- Family/carer involvement and/or influence
- Any other relevant matters

Following the assessment result discussion will occur with the service user and/or carer to ascertain their preferred way for the service to be provided. The service user knows his/her needs and how best to meet those needs. However these are to be negotiated, as a balance is required between service user's needs, what has been decided at assessment and what is safe for both the support workers and service user.

With Support Workers

Coordinators as supervisors responsible for support workers need to be familiar with the contents of the Attendant Care Reference Handbook to ensure support workers are appropriately carrying out the service tasks. Coordinators have an ongoing responsibility in managing support workers to ensure quality services.

Coordinators must also ensure support workers have dated, documented, safe work practice instructions for all personal care services and that support workers are adequately trained to provide the services.

They must ensure regular informal and formal support and supervision sessions for support workers. Group supervision sessions can be held, when required for service users with high support needs where there is a number of support workers involved in the service.

Coordinators have a responsibility to respond to and deal with the issues raised by support workers in relation to services and review situations as they arise. Replacing the support worker is the action of last resort. The outcome of the intervention is to be documented in the service user's notes and ongoing monitoring is to occur, if required.

WHS

- Coordinators, have a responsibility to ensure that support workers work safely, and also to make the work-place safe for others. All Attendant Care support workers are expected to fulfil their expectations of their roles as per the Meditech WHS Policy.
- When a support worker identifies and reports a hazard to the Coordinator, the hazard needs to be discussed with the service user. If a support worker feels comfortable discussing and resolving the hazard with the service user, they can do so. If they do not, the support worker should complete the hazard form and discuss it with their Coordinator, who in turn, will discuss it with the service user.
- **Coordinators must respond and act on all hazard reports and notify support workers of the outcomes.**
- On occasions, as a result of their actions, negative consequences can arise for the person reporting the hazards. Be aware of the potential for this to occur and prevent it where possible.

Role of the Support Worker in Personal Care

The Expectations of Support Workers are:

- Adherence to the Meditech Code of Conduct – particularly noting the importance of confidentiality.
- Adherence to communication, adaptability, reliability, empathy and safety.
- The maximising of independence is an important aim when providing assistance with personal care. Support workers must have a clear understanding of the assistance required for each service user – avoid making assumptions about a person’s ability. Independence is to be promoted with service users (encourage them to try) and inappropriate dependence discouraged.
- Don’t rush tasks.
- Explain what you are going to do prior to doing it.
- Be clear about the tasks that are required for the service user and/or carer and how they are to be carried out. Dated, documented safe work practice instructions are required for each service and are to be followed. Only carry out services that you have been trained to provide and feel confident carrying out. Make sure you clearly understand what is expected of you. If you are not sure, check it out immediately with your Coordinator.
- Where possible, be flexible with the special needs of service user. Communicate with service user. Be sensitive to the intimate nature of personal care tasks. Tasks are to be carried out with respect and consideration, maintaining the person’s dignity. Attitude is always important. Support workers need to be sensitive to underlying fears such as loss of independence, loss of control, loss of privacy, loss of self-esteem, fear of rejection, cultural background and values.
- Be particularly careful if the disability involves a difficulty with communication, due to hearing loss, visual impairment or neurological conditions. If there are difficulties with communication, talk to the service user, family, carer for assistance and advice on the best way to communicate. Consult your Coordinator. Also, specialists such as speech pathologists may be available.
- Speak regularly with your Coordinator, seeking advice and assistance as required and report any concerns you have about the service, such as:
 - Changes in the service user’s health status or service requirements, requests for changes in a designated bowel care routine or maintenance therapy program;
 - Issues that arise which have an impact on the provision of the service in the home, e.g. service user requesting extra tasks, sexual harassment, difficult or frightening situations, stresses or feeling “burnout” in the household, feeling that the person is taking advantage of you;
 - Where service provision limits are not clear, e.g. where the documented safe work practices provide insufficient information;

- Training needs that may arise;
- Issues with challenging behaviour of service users, e.g. people with an intellectual disability, mental illness and dementia.

These issues should be dealt with as they arise, and the outcome of intervention documented and monitored.

- A close working relationship between the support worker and service user often develops. The relationship needs to be professional. Support workers need to understand their personal limits and be aware of the risk of being over-involved. Giving advice should be avoided, as it may fall beyond your duty of care responsibilities.
- Remember that service users do not “belong” to the support worker and that support workers do not “belong” to service users. They are assigned and changes occur periodically.
- Provide service without discrimination on the grounds of sex, race, culture, language, religion, marital status, disability, age and sexual preference.
- Welcome suggestions, comments and complaints from service user and/or carer. Meditech Attendant Care section will acknowledge and deal with them fairly and objectively.
- Be prepared to admit mistakes or ask for advice and assistance, when needed, from the service user, carer, or your Coordinator or Operations Manager.
- Resist labelling someone as “difficult” or “uncooperative” – as labels stay. Service provider attitudes can make access to services difficult for people with disability, people who are aged, and their carers. Service provider attitudes can lead to behaviours which limit the possibility of services meeting unusual or different needs.

Support Worker – Work Health and Safety

- All support workers have a responsibility to ensure that they work safely and help to make the workplace safe for themselves and others. Support workers are expected to fulfil expectations of their roles by becoming familiar with and observing policies and procedures.
- Support workers are to follow the Policy of Universal Precautions as stated in the Infection Control Policy, and the Manual Handling Policy.
- Support workers must use personal protective equipment/clothing provided for work health and safety purposes, e.g. gloves. Support workers have a responsibility to ensure they have access to personal protective equipment/clothing.
- When providing service, a support worker is to follow documented safe work practices for each service user.
- If support workers identify a hazard and they feel comfortable discussing and resolving the hazard with the service user, they can do so. If they do not feel comfortable discussing it with the service user or if it can’t be resolved, the support worker should complete the hazard form and refer it to their Coordinator who will, in turn, discuss the situation with the service user.

- Coordinators must respond and act on all hazard reports and notify the support worker of the outcome.

Support Worker Clothing

- Wear appropriate, comfortable, well-fitting clothing- not excessively tight, low cut, brief or see through. Cotton materials breathe and are cool, durable, easily laundered, and allow ease of movement.
- Wear closed shoes of sturdy construction such as joggers, boots with non-slip soles or lace up shoes. Thongs, sandals and open-toed shoes are not to be worn. Occupational footwear is to be worn whilst working in wet areas.
- Wear minimal amounts of jewellery, and remove when carrying out tasks where you may scratch or tear the skin, e.g., transfers, dressing, bathing or showering.
- If providing personal care, fingernails need to be maintained at a suitable length to ensure the safe provision of service to service users. Nails need to be short, (length needs to be level with the top of the finger) rounded, filed and neat.

Universal Precautions

Service users are not required to tell support workers that they are suffering from an infectious disease. Sometimes they may not be aware that they are infectious, as certain conditions have no obvious symptoms. The only way that the support workers can fully protect themselves is to presume that every service user is a potential risk and to treat all bodily fluids as though they were infectious.

- Wear the appropriate gloves for the particular type of service being provided. Disposable gloves should be worn when carrying out personal care activities and in particular whenever there are tasks that may bring you into contact with blood or body fluids, with infectious skin conditions or when applying ointments. Gloves used for personal care should be disposed of after use.
- Wash your hands at the beginning and end of each service.
- Keep your skin in good condition. Check for cuts and abrasions on exposed parts of the body and cover with a waterproof dressing.

This principle must be applied to all service users regardless of their age, sex, disability, marital status, sexuality, ethnic background, lifestyle or the length of time that you have known them.

Universal precautions mean using the same precautions in all households, regardless of the state of health of the service user.

Protective Equipment/Clothing

Ensure support workers understand the importance of wearing protective clothing and using equipment. The specific special needs of each service user are to be documented. This may include

disposable aprons, if splashes or spills are likely to occur or if large amounts of soiling may occur; safety glasses to protect eyes if splashing is likely to occur; masks to cover nose and mouth.

Waste Management Procedures

Prevent body fluids and wastes from contaminating the environment and yourself. Dispose of soiled materials through double bagging **only if contaminated**. This means placing materials that have come in contact with blood and/or body fluids (e.g. disposable gloves, sanitary and incontinence pads) into one plastic bag then secure the top and place in a second plastic bag. Secure the top and dispose of in the usual manner in the garbage.

Cleaning and Disinfecting Surfaces and Equipment

Disposable gloves are to be worn during cleaning and then carefully discarded. Items and surfaces are to be washed and scrubbed to remove all visible contaminant and then disinfectant used according to the instructions set out on the label of the particular product.

Areas and equipment contaminated with blood or body substance are to be initially cleaned with detergent and water.

Appropriate household chlorine bleach may be used as a disinfectant with the bleach freshly diluted in water to give a 1% solution (i.e. 5 mls bleach to 500 mls water).

Accidental Spills

To deal with accidental spills of blood or body fluids:

- Wear disposable gloves;
- Remove solid matter with toilet paper, paper towels or tissues;
- Flush solid matter down the toilet and double bag any paper towels or cleaning cloths and dispose of in garbage;
- Clean the soiled area first with water and detergent, and then with a cleaning agent which contains bleach.

Issues to Consider When Providing Personal Care to People with Infectious Diseases

All referrals for service are to be considered and assessed using a risk management approach by the Coordinator. This requires the usual identification assessment and control of any possible risk that may be associated with delivering the service.

Control mechanisms include personal protective equipment that must be made available to all support workers in the form of gloves, aprons and glasses – masks, as appropriate.

Privacy and Confidentiality

Particularly note the Privacy and Personal Information Protection Act, HACC and Disability Service Standards. All support workers must observe strict confidentiality in relation to service users and be aware that service users with an infectious disease may not have revealed this to their families or those around them.

For people living with HIV/AIDS and Hepatitis C (HCV) the law is clear. The Public Health Act (1991) states that a person's HIV status may not be disclosed to anyone except with the consent of the person concerned or when the Act or a court of law requires it. There are significant penalties for unauthorised disclosure of information about a person's HIV and HCV status.

The Privacy Act contains a section that places responsibility on Public Sector support workers in terms of disclosure of personal information. Unlawful disclosure results in a fine or imprisonment for up to two years. Support workers should speak to their coordinator if uncertain of their responsibility.

Mandatory Notification

Mandatory Notification is defined in NSW legislation. Mandatory reporters are those who deliver the following services to children as part of their paid or professional work:

- health care - doctors, nurses, dentists and other health workers
- welfare - psychologists, social workers and youth workers
- education - teachers
- children's services - child care workers, family day care support workers and home based support workers
- residential services - refuge workers, community housing providers
- law enforcement - police

Any person with direct responsibility to provide the above mentioned services must report risk of significant harm to children.

Managers, including both paid employees and volunteers, who supervise direct services are also mandated to report.

Mandatory reporters are not obliged to report risk of significant harm to unborn children or young people (those aged 16-17 years). However they are encouraged to make a report if it is appropriate.

When to Make a Report

You must make a report to the Department of Community Services when you have current concerns about the safety, welfare and wellbeing of a child for any of the following reasons:

- the basic physical or psychological needs of the child or young person are not being met (neglect)
- the parents or caregivers have not arranged necessary medical care (unwilling or unable to do so)

- risk of physical or sexual abuse or ill-treatment (physical or sexual abuse)
- parent or caregiver's behaviour towards the child causes or risks psychological harm (emotional abuse)
- incidents of domestic violence and as a consequence a child is at risk of serious physical or psychological harm (domestic or family violence)

To report suspected child abuse or neglect, call the Child Protection Helpline on 132 111 (24 hours/7 days)

SECTION 5: PROVIDING PERSONAL CARE

Introduction to Provision of Personal Care

Personal care is one of the key services provided by Meditech Attendant Care. Changes in government policy such as the move to de-institutionalisation, reduced length of stay in hospitals and initiatives such as “hospital in the home”, have resulted in more people remaining in their homes and being cared for in the community. The demand for and level of complexity of personal care services has increased.

A personal care service can vary from a simple service, which requires minimal assistance, such as supervision or stand-by assistance to shower, to a comprehensive service for someone who is totally dependent for all daily living activities.

Range and Scope of Personal Care Services

Meditech Attendant Care provides personal care to people with a disability and people who are frail aged, who require assistance with activities of daily living.

Personal care assistance aims to:

- Allow people with a disability or people who are frail aged to live independently at home in the community and avoid unnecessary or premature institutionalisation;
- Relieve stress on the family and/or primary carer.

Personal care assistance includes the following:

- Eating;
- Dressing/undressing
- Personal hygiene – oral hygiene, nail care, skin care, bathing, showering, hair care, shaving;
- Toileting – bowel care, urinary care, menstrual care;
- Assistance with maintenance therapy programs;
- Medication;
- Mobility.

Many of these tasks involve manual handling.

For some people, the need for personal care assistance will increase over time, as ageing or advancing illness decreases their ability to manage and for others the change from independence to dependence will be sudden and traumatic.

Personal care assistance may be the sole service provided to the person or it may be in conjunction with other types of assistance, such as housework, respite, and meal preparation.

Personal care services are required at times that fit in with the service user's daily schedule, for example assisting a service user to get out of bed in the early morning and into bed in the evening. Service can be required a number of times a day, seven days a week. As much as possible, services will be flexibly provided to fit in with service user requirements, however some restrictions apply.

Given the nature of the service user's condition, or due to severe WH&S problems, there may be times when it is inappropriate for Meditech Attendant Care to continue to provide assistance in the home.

Guiding Principles When Providing Personal Care Assistance

The following principles need to guide our approach:

- In the main, people with a disability and people who are frail aged are not sick and do not require the assistance of medically qualified personnel for everyday activities.
- **The following rule of thumb applies to the appropriate level of personal care assistance that a support worker can provide.** The level is compared to that which a carer, family member or friend could reasonably and confidently be expected to provide if given appropriate training. However given the increased level of complexity in the personal care services, there are some practices a carer/family member may do that support workers are excluded from providing.
- Meditech Attendant Care support workers are not permitted to:
 - Give injections;
 - Cut toe nails;
 - Carry out complex wound dressings;
 - Fill dosette boxes;
 - Do catheterisations, either indwelling or intermittent
 - Take blood pressure;
 - Take blood sugars;
 - Take temperatures.
- **The over-riding principle is that services MUST be delivered in a manner that is safe for the service user and the support worker in accordance with the WH&S Act**
- As previously stated, person-centred personal care for each individual is essential, as no two people are the same in their requirements for assistance, their routines of daily care, their ability to communicate their needs and their attitudes to accepting help. To ensure effective person-centred care, a collaborative problem-solving approach is required which enables services to be provided within a safe environment for the service users and support workers.

Process to Be Followed When Providing Personal Care

For each person referred for personal care assistance, the following process will apply to ensure safe services for the service user and support workers.

Assessment

The Home Care Service of NSW Referral and Assessment Centre have responsibility for receiving referrals and then engaging Meditech to assist with provision of appropriate personal care.

The assessment will include the following:

- Recommending service level, type and frequency;
- Recommending an WH&S plan, including hazard identification, recommended control strategies, for example equipment needs and required modifications;
- Determining the health status of a person, the grade of task, recommending the required skill level of support workers and required work procedures;
- Negotiating a fee with the service user and organising debtor information;
- Negotiating a contingency plan with the person to be supported.

Joint assessments with the Meditech Coordinator, community nurse, case manager, OT, etc. may be required with high support needs. Following assessment, the referral and assessment centre assessor forwards a comprehensive service user care plan to Meditech and this will include information on personal care.

Service Provision/ Service Coordination

- Service users are made aware of their rights and responsibilities, how the service will be provided, the WH&S requirements and the person's feedback mechanisms.
- Meditech recognises that people with a disability and people who are frail aged have the right to self-determination. Assumptions are not made about person's abilities. The assessment outcome is to be discussed with the service user and the most appropriate way to provide the level and types of assistance. The service must be safe for the person and support workers. Issues are to be dealt with constructively, as and if they arise.
- An Occupational Therapy assessment may be required if manual handling risks are an issue in providing a personal care service. The report is written and the manual handling procedures including use of equipment are included in the support worker's safe work practice instructions.
- Interim arrangements may be required with a service, if there is a delay in the provision of equipment for example, a bed bath will be provided or a family member will transfer the service user, while awaiting a hoist. The interim arrangements will need to be safe for support workers. A problem-solving approach and discussion with the person, family/care is required.

- Case conferences, with service user, family, carer, advocate, local doctor and other service providers can be beneficial prior to the commencement of service and on an annual basis to review the service or when needs change. Clear communication at a case conference can assist in outlining expectations and clarifying needs. A planned approach from the commencement of service helps to ensure an organised service.
- With new service users who require special practices, such as bowel care, arrangements need to be made at commencement of service with a professional prepared to provide regular formal review and follow-up of the service and to deal with issues if they arise.
- The support worker must be prepared to carry out some of the more specialised services such as bowel care.
- Support worker selection should try to complement the service user's requirements e.g. culture and language, gender, physical stature, literacy.
- The support worker must have up-to-date, documented, safe work practice instructions including manual handling, bowel care, and maintenance therapy program for each personal care procedure for each person. The procedures must outline the services to be provided, how they are to be performed (incorporating the manual handling procedures and equipment needs from the OT). The procedures must also outline the process to follow should an emergency arise.
- Personal protective equipment e.g. gloves, aprons, must be specified for each service user, with guidelines for use. Coordinators must ensure that support workers use specified protective clothing/equipment when carrying out the service.
- Support workers involved in a service user's personal care must receive the appropriate training to ensure they have the necessary skills to perform the work.
- The service user or carer can provide training for individual needs, and specialists are to provide training for specialised services such as bowel care procedures. The long-term goal with specialist procedures, such as bowel care, is for the training to be provided by a specialist (not by another support worker) and in consultation with the service user and/or carer. In the short-term, access to specialist training may be difficult in some areas and this approach will need to be gradually introduced. In some cases a parent of a child with a disability may be the most skilled person to train support workers in a particular service.
- Support workers relieving another worker must also receive safe work practice instructions for service users with high support needs receiving personal care. Where possible, relief support workers should attend the service user with a permanent support worker prior to support workers going on leave. Service users with high support needs require additional, appropriately trained "relief" support workers to be in place to ensure that service users receive reliable and adequate service should a breakdown occur.
- Meditech provides an emergency or out-of-hours service. However the Attendant Care Coordinator needs to discuss contingency arrangements with all service users and/or carers with high support needs to ensure there are suitable arrangements in place.

- In some cases there is an in-home documentation system, particularly for service users with high support needs. The persons home folder could include a timetable outlining the general weekly services that are provided, for example personal care daily in the morning, bowel care three mornings a week, M/W/F, community nurses every Friday for a dressing change. A list of key contact numbers such as local doctor, pharmacist or carer could also be included.

Monitoring and Review

- Regular ongoing review of the personal care service from a support worker, service user and/or carer perspective is essential to ensure a high quality service and to ensure a prompt response to a change in status. Coordinators need to maintain regular contact with service users to review the quality and adequacy of the assistance provided (at least three monthly for people with high support needs).
- Meditech needs to establish a system whereby ongoing service issues for individual service users are “flagged” and managed as they arise. A planned management approach from the beginning with formal ongoing monitoring can help prevent the escalation of problems and assist in reducing time spent later on dealing with problems and major breakdowns in relationships.
- Regular formal and informal support and supervision sessions must occur for support workers providing service to persons with high support needs, particularly where there are multiple support workers providing the service. This will ensure consistency of service, ensure the persons Care Plan and support worker’s safe work practice instructions are up to date and flag issues should they arise. Meetings to be approximately three monthly at least or in response to changes in the person’s Care Plan or service e.g. support workers changes, changes in service user requirements.

(Reference: People With complex Care Needs: Effective Support at home. A discussion and resource document for home and Community Care Service Providers. McVicar and Reynolds Pty Ltd 1995)

Problem-Solving Approach to Personal Care

A problem solving approach is to be used with new service users and when reviewing existing service users.

A problem solving approach is an individualised systematic way of looking at an issue and finding a solution. It is a logical process.

It requires an objective approach, distancing oneself from an issue and attempting to look with fresh eyes. Other support workers can be involved and assist in bringing a new perspective. The process is as follows:

Stage 1 – Gather and Sort the Information

Look at the service user and/or carer holistically; look at the service user and/or carer details.

How do they manage activities of daily living?

What lifestyle do they lead?

What is the home environment like? Are modifications required? Are there WH&S concerns?

What support systems are in place? Is there a carer? Are they managing the caring tasks?

What other assistance is required?

What other assessments may be required – for example an OT assessment, continence advisor?

Stage 2 – Define the Problem

Be specific as you can.

What are the main areas of concern?

Stage 3 – Brainstorm Solutions

What are possible solutions?

Stage 4 – Assess the Viability of Each Solution

What are the advantages and disadvantages of each solution?

Stage 5 – What are the Best Solutions?

Set down the best solutions.

Stage 6 – The Action Plan

Set down the solutions in an action plan with tasks, timelines and people responsible.

Stage 7 – Implement the Action Plan

Stage 8 – Review the Progress on the Action Plan

Whatever the decision, clear and concise documentation outlining the process and outcome of the decision is required. A copy is to remain on the person's file. Any significant changes in a person's service plan are to be put in writing to the service user. Should a complaint arise from the decision, the process that has been followed needs to be clearly recorded. (See Meditech's Feedback and Complaints Policy).

Risk Management Approach to Personal Care

A risk management approach is to be used with new service user and when reviewing existing service user. This is an individualised systematic way of looking at an issue and finding a solution. It is a logical process.

The risk management approach helps us to look at:

- The risk involved in providing the service for the support workers and for the service user;
- What would be required to make the service provision safe, should it be carried out

The risk management approach:

- Risk identification – what is the problem?
- Risk assessment – why is this a problem?
- Risk control – what can be done to eliminate or minimise the risk?

The risk control hierarchy:

- Eliminate
- Modify the workplace
- Modify the work practice
- Use tools and equipment
- Training
- Personal protective equipment

Whatever the decision, clear and concise documentation outlining the process and outcome of the decision is required. A copy is to remain on the person's file. Any significant changes in a person's service plan are to be put in writing to the service user.

If the decision is made to provide the service, systems need to be established to ensure the ongoing management of service and the safety of the service user and support worker.

Tight parameters may be required to enable the service to be provided and to ensure the safety of the carer. Parameters may include:

- The service user and the carer or family are to understand that it is a task that Meditech does not usually provide as part of service; that support workers, health professionals may need special conditions to apply. If Meditech provides the task, it is with the informed consent of the service user, carer or family.
- Signed consent from the service user/carers stating that it is acceptable for Attendant Care support workers to provide a specific task as part of a service. Copy to be kept on person's file and renewed annually or in response to a change in the situation.

- Authorisation from a medical practitioner stating that it is acceptable for Attendant Care support workers to provide the specific task as part of a service. Copy to be kept on person's file and renewed annually or in response to a change in situation.
- Agreement from support workers to provide the service and communication with the service user that, should the support workers leave and other support workers do not want to provide the service that the service will cease.
- Specialised training for the support worker(s) initially and at regular intervals (e.g. six monthly) to ensure skills are maintained.
- Regular review and monitoring of the situation.

The process followed to reach the decision is to be clearly documented. Should a complaint arise from the decision, the process needs to be clearly evident.

Implementation of the Attendant Care Induction Handbook

The Attendant Care Induction Handbook is suggesting a systematic approach to the provision of personal care services, to ensure quality and safe services for service user and support workers.

The approach suggests a planned and gradual introduction that acknowledges the requirements of:

- New persons commencing service
- Existing persons already receiving personal care services.

New Persons Commencing Service

Meditech needs to incorporate the new approach to personal care, as outlined in the section "Process to be followed when Providing Personal Care", with new persons who require personal care services.

Existing Service Users

Meditech also needs to establish a system to review existing service users, particularly those with high support needs, who have been receiving personal care services for some years and where service procedures have not been formally reviewed for some time and where there are not up to date, documented work practice instructions for support workers.

Meditech Attendant Care needs to begin to systematically review these persons and bring their services into line with the new approach. A way forward is for each Coordinator to commence doing an audit of the service user, checking with their support workers, noting in particular services that involve:

- Manual Handling

- Equipment
- Maintenance therapy programs
- Bowel care
- Medication assistance
- Families with children with disabilities
- Behavioural issues
- Dementia
- Back up assistance with suction
- Assistance with oxygen nebulisers
- Gastroscopy and naso-gastric feeding

Once this is completed, review the list of service user.

- When were the service procedures last reviewed?
- Does the service user have current, documented instructions for special routines e.g. bowel care, maintenance therapy programs, medication, manual handling, equipment?
- Does the support worker have current, safe work practice instructions?
- Has the support worker had up-to-date, appropriate training to provide the service?
- Have there been hazard reports?
- Is the practice presenting a potential risk to the support workers or service user?
- Has there been a change in the person's condition or functional level?

The next step is to decide what is the priority for intervention?

The approach needs to be systematic and gradual. Given that many service users have been receiving service in a particular way for a long time, the review and change **MUST** be negotiated and handled sensitively, with clear explanations outlining the reasons for the change.

Any significant changes in a person's service plan are to be put in writing to the service user.

Meditech must ensure that service users are aware of the Meditech feedback mechanisms. This must include awareness of organisational structure within Meditech to allow for any confidential discussions. Service users are to be encouraged and supported to access an advocate if required.

How to Deal With Exceptions?

As previously stated, personal care services require an individual approach for each service user. The Attendant Care Induction Handbook does not provide black and white answers or cover all situations. It provides an overview and a framework for decision-making.

The contents of the Attendant Care Induction Handbook, as it stands, outlines the personal care services Attendant Care provides. It is to be accepted and followed by all Attendant Care Support workers.

On occasions, referrals occur for services that challenge normal service provisions; they are exceptions to the policy. These exceptions need to be systematically dealt with, on a case –by-case, problem-solving and risk management basis. The services provided by Meditech require a consistent approach to making decisions in relation to Attendant Care policies. There needs to be a clear process to resolve exceptions to policy.

Exceptions to policy that are not covered in the Attendant Care Induction Handbook are to be forwarded to Meditech management for a decision. Where warranted consultation with specialists such as nurses, doctors, therapists will occur. Approval from the Operations Manager and/or Director will be sought where required. Once a decision is made, support workers will be notified. If the decision has wider personal care policy implications, then modifications will be made in the manual.

The process followed to reach the decision is to be clearly documented. Should a complaint arise from the decision, the process needs to be clearly evident.

Support from Home Care or Nursing Services

Meditech support workers undertake personal care tasks for people whose support needs are at a level considered to be basic maintenance support and which do not require skills of a qualified nurse. Any activity that requires a nurse must be referred to a nursing service.

Decisions about whether or not a service user receives Attendant Care support or Nursing Services depends on whether the person's health is stable or not.

“Stable health status” is where the health of a person generally does not fluctuate, there are no frequent or enduring changes and a regular care plan/ pattern can be established, with personal care support workers trained accordingly. These people are able to monitor their own health and do not require nursing care. Where a person of stable health is unable to monitor their own health but has a primary carer who can accept the responsibility and direct the support worker, personal care assistance may be provided.

Decisions about “stable health status” can be based on the person's condition in the following:

- Level of pain or discomfort
- Degree of breathlessness
- Skin condition
- Sensory function (hearing, sight, touch)
- Diet
- Bowel and urinary function
- Ability of the individual to determine needs and effectively communicate
- Mental status
- Behaviour
- Mobility

“Unstable health” requires nursing involvement. It may be indicated by a dramatic change in the health of an existing service user, an increased incidence of falls, physical or mental deterioration, breathlessness or likelihood of losing consciousness.

Sometimes the delineation between “stable” and “unstable” can be difficult to make. If there are concerns about the situation or needs of a service user, it is preferable to firstly refer the service user to the nursing service/local doctor.

Individual situations need to be looked at in terms of:

- The characteristics of the service user;
- The tasks to be performed;
- The availability of other services;
- The availability of support workers;
- Previous branch experience providing the type of care;
- Availability of specialised support workers to monitor the situation in an ongoing way.

Further information may be required and discussion needs to occur between the key service providers to ensure an informed decision is made.

Meditech may decide to provide personal care to persons of unstable health status but only in exceptional and urgent circumstances where:

- There is no community nursing within the particular locality;
- The person’s health and personal care routine is regularly monitored by a registered nurse or doctor and;
- When a support worker substitutes for the primary carer for the purpose of providing respite care. In such situations a routine of personal care must be established and the support worker must be instructed by the service user requiring care (or their primary carer) of their particular needs. In this case a registered nurse or doctor must monitor the personal care routine.

Service users in unstable health, while not receiving personal care from Meditech, may still receive housekeeping, respite and other support from Meditech.

Safety Principles and Personal Care

All personal care tasks must be provided in a manner that is safe for support workers as well as the service user receiving the assistance.

- Any task that requires lifting, lowering, pushing, pulling, carrying, holding or restraining must be assessed for risks with manual handling.
- Support workers must understand the risk factors involved in the provision of personal care to service users and follow Meditech’s policy and procedures to make a decision about the best course of action.

When providing personal care services to service users, support workers need to keep the following in mind:

Remember the S.E.C.R.E.T.

Risks can be identified in six main areas: - Self, Environment, Client, Risks, Equipment, and Tasks.

- Where risks are identified, they must be controlled by applying the risk control hierarchy, (eliminate the risk, redesign the task, improve the workplace, use tools and equipment, re-organise work practices, training) see Meditech Risk Management Policy.
- In some cases, however, modifying residences may be difficult. Where it is not possible to control hazards, then work procedures must be modified. For example allocating extra support workers to the job, alerting support workers to hazards, specifying protective clothing or equipment, bed bath instead of bathing/showering are examples of how this can be done.
- Where risks are difficult to control or will involve a long time-frame, an action plan should be developed in consultation with the service user, carer, family, advocate to address safety issues. The process encouraged is a win/win approach, a partnership to ensure safety for the service user and support workers.
- In the event that essential modifications to a residence, equipment or work procedures cannot be made or the service user is unwilling to make or accept essential modifications for safety, then Meditech will not provide the parts of the service that are unsafe. Options will be discussed with the service user and/or carer. The responsibility for denying service which fails to comply with guidelines is with the Meditech Coordinator in consultation with the Operations Manager.

SELF

- Support workers may experience physical symptoms e.g. tiredness, irritability, difficulty with concentration, vague sore spots, localised weakness, pins and needles, hot/cold/ “funny” sensations in the upper limbs, pain aggravated by sustained activity, repeatedly stressed, physical discomfort. These should be reported immediately.
- Support workers need a level of physical fitness – work towards and maintain a level of fitness to ensure safe work practices. Incorporate stretches into the daily work routine as a warm up and cool down.
- Support workers are required to wear suitable clothing as specified in Personal Protective Equipment and Section One –“Role of Care worker” of this manual.
- Knowledge, skills and experience – request information/training if requiring additional knowledge or skills to service individual service user.

- Support workers need to acknowledge special needs –discuss any special needs for yourself or service user with Coordinator at supervision sessions e.g. returning from leave, injury, sickness, pregnancy, disabilities, etc.
- Support workers need to communicate their safety needs to the service user and /or carer.

ENVIRONMENT

- Working conditions should be safe and comfortable, with adequate space to perform the tasks.
- The workplace is to be maintained in a hazard-free state in order to increase efficiency and reduce the risk of injuries from slips, trips, falls and manual handling activities.

SERVICE USER

- **Physical Condition** – High risk conditions include:
 - Non-weight bearing or inconsistently weight-bearing
 - Fluctuating, changing or deteriorating physical conditions
 - Uncontrolled or unpredictable body movements e.g. spasms, shaking
- **Behaviour** – under the influence of alcohol or drugs, verbally or physically abusive, demanding, sexually harassing.
- **Communication** – language or speech/hearing impairments impacting on safety.
- **Cultural factors**

EQUIPMENT

- Ensure that the equipment needed to complete tasks is available and in good working order. Conduct a safety check on equipment prior to using it for each service.
- Support workers are to use tools, plant and equipment that are appropriate, well designed, properly maintained and that have been prescribed for the individual.
- Equipment to be used should be included in the dated, documented, safe work procedures.
- Support workers should be trained in the use of specialised equipment e.g. hoists, sliding boards, lifting belts, slide sheets.
- Taps must be correctly and clearly labelled.
- Bathroom strip heaters must be on the wall (not over the shower or bath) and cords must be secured against walls or fitted so they do not interfere with access
- Beds should have a firm surface and be of appropriate height for support workers to have a safe posture when providing service (i.e. groin height). Beds that are height adjustable are highly recommended where a large percentage of care is provided on the bed.

TASKS

- Use correct actions and movements i.e. semi-squat, weight transference, pivot, bending from the hips versus the lower back when performing manual handling tasks. Avoid twisting, over-reaching and bending forward with the knees straight.

Use safe manual handling practices including:

- Using a wide base of support
- Working with the load/task close to the body
- Working between mid-thigh and shoulder height
- Varying postures and positions
- Applying force on the push stroke, glide on the pull
- Applying force smoothly and symmetrically
- Actions in a forward plane
- Smooth, comfortable movements
- Having compact and manageable loads
- Handling the load over the shortest distance
- Ensure adequate time is allocated to complete tasks without rushing.

Work Practices

Support workers should think about their back and how they use it. All the principles for safe and correct manual handling are to be used with each service where manual handling is required.

General Principles when Handling People

Each situation needs to be carefully assessed before any service occurs. Decide on the functional level of the service user in terms of manual handling requirements i.e.

Independent – able to complete the task on their own without the presence of another person

Supervised – no physical assistance is required to perform the task. The presence of another person is required for safety and prompting.

Assisted – the presence of a helper is required for the service user to perform some or all the task. This may be physical or verbal help.

Dependent – the service user is unable to perform any aspect of the task without another person being present.

Weight-bearing – able to support one's own body weight through the legs.

Partial weight-bearing – this may cover several situations including:

- Service user able to support their own body-weight in standing for a short time (at least 30 seconds), unable to walk.
- Service user able to stand and walk with the use of equipment or assistance.

Non-weight-bearing – service user is unable to support their own body-weight through the legs

Inconsistent weight-bearing – the person's ability to weight bear fluctuates or is not maintained throughout the transfer process

- New support workers should not be expected to determine which manual handling techniques to use on service users. New support workers should be given documented work procedures from the Coordinator, and training from existing support workers who provide service to the individual service user if they require manual handling. If new support workers do not receive this information they are at risk and should not complete the task until they have all the relevant information and training. Where manual handling needs are particularly complex or unique, then training must be provided by an Occupational Therapist.

It is good practice for support workers to conduct a simple assessment of the service user prior to each manual handling service, especially in the following situations

- A person whom they have not seen before;
- A person who has a fluctuating condition;
- A person who has a deteriorating condition
- Anyone they are not sure about transferring.

If the support worker is in doubt as to the safety risk, refer it immediately to the Coordinator.

Remember all the manual handling principles and care for your own back.

1. Never let the service user grab or hold you. Instead, ask them to assist, the reason-being that the service user can pull on you, putting you off balance. This results in you not being in control of the transfer.
2. Communicate clearly what you are going to do and what you want the service user to do, i.e. take control of the situation
3. Take your time – plan the transfer, check self, equipment, service user

A useful mental checklist to use prior to any manual handling procedure is:

- Are they positioned correctly, do they understand the procedure and are they in control?
 - Is the equipment positioned correctly, brakes applied, height adjusted, armrests, footrests removed
 - Is the service user ready, positioned correctly, do they understand what is about to happen? Ask them the question, are they ready?
4. Encourage the service user to assist.
 5. Stand as close to the person as possible before you begin to transfer.
 6. Use the points of control, i.e. hip and shoulder girdle. The points of control in the human body are the points at which you can facilitate movement most easily and effectively. The arm is not a point of control.
 7. Stand parallel to the service user or the side of the bed or chair. Many of us often stand at an angle to the person so that before we even begin we are twisting the spine.

8. Work in the lower body, i.e. use your legs and not your back, and transfer your weight in your legs.
9. Bend from the hip versus the lower back in situations where you cannot assume a semi-squat.
10. Maintain the three natural curves of the spine.
11. Use the instructions **ready, brace, and move**. This makes a clear set of instructions which reminds you (and anyone else involved in the procedure) what it is you should be doing rather than 1,2,3, which does not clearly tell you anything.

Manual Handling Policy

Meditech Attendant Care Section recognises that manual handling represents our most common risk factor in workplace health and safety. Our core business of domestic assistance and personal care involves repeated manual handling. For this reason a risk management approach to service is required to ensure the health, safety and well-being of our employees.

Purpose

To ensure that all manual handling tasks are assessed for risk, and where necessary, appropriate controls are implemented and monitored.

Work Practices

Attachment A highlights a number of high risk tasks, which are targeted for elimination from support worker routines. Safe alternatives to each of these procedures are detailed on the attachment and must be implemented. In order to determine the safest alternative practice, a risk assessment, where necessary, must be conducted and, if required, expert advice sought.

As part of the manual handling policy, Meditech is moving towards a “no lift” approach in relation to personal care services provided to service users where manual handling is required. This means manual handling will only continue if it does not involve lifting, holding, pushing, pulling most or all of the person’s body weight. Service users are encouraged to assist in their own transfers and manual handling equipment must be used whenever it can help reduce risk. A different approach to existing and new service user will be implemented. This will be as follows:

New service users where manual handling or transferring is required

A manual handling risk assessment will be conducted and control strategies, which include a “no lift” approach, are to be implemented prior to commencement of service. Documented safe work procedures must be provided for each service user and support worker providing the service.

Existing service users where manual handling or transferring is required

Service users need to be advised of the new approach and be individually managed. If required,

meetings between carers, families and advocates should occur to discuss issues. Where difficulties arise in accessing appropriate equipment, an action plan must be developed, with identified goals, activities, time-frames and identifies responsibilities delegated to individuals. The Meditech Coordinator is responsible to oversee the process.

Work procedures must be fully documented and signed by the supervisor and support worker providing the service, with an undertaking that, in terms of their obligations under the Work Health and Safety Act, they will abide by the agreed work practices.

Attachment A

Safe Alternative Practices – Personal Care Tasks

High Risk Task	Safe Alternative Practices	Rationale for Change
Hook under arm methods of transfer	<p>Using the shoulder girdle as a point of control to facilitate movement. Use of standing/walking belts.</p> <p>Use electric bed, hoist for lying to sitting, monkey bar, bed rail.</p> <p>If two people - slide sheet.</p>	<p>Disadvantages to the service user include: discomfort, risk of damage to shoulder joints, lack of dignity, restricts independence and ability to contribute to the transfer, potential for skin tears.</p> <p>Disadvantages to the carer include: the load is placed on the shoulder and on the side of the neck, limits carers movement, there is a side flexion and rotation of the spine under load, minimises the person's ability to assist and so increase the load on the carer. All problems exaggerated when carers are different heights.</p>
Top and Tail lift	<p>Hoist, sliding board,</p> <p>For positioning in wheelchairs – hip hitching, weight transference and slide combination from in front, slide sheets, sheep skins, pivot head hoist, modified sling.</p>	<p>The service user is not contributing to the transfer therefore a mechanical aid should be used. There is a considerable difference in the weight each lifter can take, usually 60-70% at the head and 30-40% at the feet, therefore an uneven distribution of load, twisting cannot be avoided, over reaching and forward flexion often occur.</p>
Modified shoulder lift	Slide sheet	<p>The load is lifted through one shoulder, the arm under the person's thigh is at an awkward angle, and usually some forward and sideways flexion of the spine under load is involved. Requires a very compliant person, particularly one that will not react suddenly or decide to "help" once the lift commences.</p>
Cradle or orthodox lift	Slide sheet for positioning in wheelchairs – see above	<p>Forward bending posture under load, the load of the service user is distant to the carers centre of gravity, twisting occurs at the end stage of the lift.</p>

Bear hug pivot transfer	Use the shoulder and/or the hip girdles as the points of control. Methods include the support workers assisted, stand and step transfer, turntables, standing belts, encourage the service user to push up from the surface they are seated on.	Forward bending posture under the load, the load of the service user is distant to the carers centre of gravity, twisting occurs at the end stage of the lift.
Lifting wheelchairs in and out of cars	Obtain a lightweight wheelchair which disassembles (heaviest component < 14 kg), wheelchair taxi, meet the service user at the outlining location, hire a wheelchair at the shopping centre, w/c carrier on the car, utilise a second person, w/c ramps, community transport.	This task is to be eliminated where the w/c is not lightweight and does not disassemble. Positioning a wheelchair into the car involves awkward postures under load.
Working on the floor or in prolonged kneeling	Raise the work height, change position regularly, semi squat	Involves forward flexion, unable to use weight transference in the legs and so the action occurs in the lower back, strain on the knees, static muscle contraction in the legs.

For any task involving lifting or transfer of a service user, where there are severely limited or uncontrollable body movements, the following must occur:

- Tasks must be assessed by an Occupational Therapist, safe manual handling procedures documented, equipment prescribed;
- Outcomes discussed with service user;
- Training and discussion with support worker;
- Ongoing monitoring of the procedures.

Equipment

- All equipment for personal care must be safe and in good working order, designed so that a support worker has a safe and comfortable working posture when using it – (I.e. the posture needs to maintain the natural curvature of the spine – upper arms close to body, spine not twisted).
- In order to perform service user repositioning and transfer duties with optimum ease, efficiency and safety, all support workers must use mechanical lifting equipment and assistive devices appropriate to the task they are performing.
- Where mechanical lifting/transferring devices (e. g. hoists, sliding boards, slide sheets, transfer belts, etc) are prescribed, employees must be trained in their use, procedures must be documented with employees required to follow such procedures and instruction.

If the following equipment is used it must have the following features:

Shower chairs – adjustable legs, rubber stoppers, holes in the seat to allow for drainage, chairs with armrests, if people need the assistance of armrests when transferring sitting/ standing. Choose chairs that will not be affected by heat. Utilise a Shower Chair Checklist to determine whether or not a shower chair is safe and/or suitable for a particular service user.

Mobile shower commodes – height compatible with the surface from which transfer is taking place, brakes, foot plates, removable swing-away armrests, easy movable castors, bedpan carrier if required.

Lifting aids – as described in Australian Standards 2569.2 – 1987 Guide to the Lifting and Moving of Patients: Part 2 – Selection and Use of Mechanical Aids for Patient Lifting and Moving. Work Cover checklist.

If personal care is to be delivered to the service user in bed or the service user is to be transferred to and from the bed without a hoist the bed must be:

- High enough for a support worker to adopt a safe and comfortable working posture;
- Firm enough to allow a support worker to handle the service user in a controlled fashion;

- An appropriate height for service user to transfer.

If transferring a service user (who has limited control over body movements) to and from an armchair, the chair must:

- Be an appropriate height to enable the person to effectively weight-bear;
- Be accessible to a hoist and enable support workers to position and remove slings safely.

If assisting a service user who is partially weight-bearing to have a shower in the bath the bath must have a:

- Bath-board or set;
- Grab-rail;
- Slip resistant mat;
- Hand shower

If the service user is to be showered, the shower must have:

- A hand-held hose – with no leaks and securely attached to tap;
- If the service user is weight-bearing, they must be able to safely step over the shower hob. If non-weight-bearing, they must be wheeled into the recess on a mobile shower commode.

If assisting a service user onto or off the toilet:

The service user must be able to walk to the toilet and turn around independently with the use of a walking aid and/or rails. Raising the height of the toilet by using adaptive equipment and/or providing rails may aid the transfer on and off the toilet. If the service user is non-weight bearing, they must be wheeled into the toilet on a mobile shower commode.

If a child is to bathed

If the child is dependent, support workers are not to lift the child in and out of the bath. Equipment is required. If the child can transfer, specific manual handling instructions and training of the support workers must be provided.

Bathing adults

Support workers do not assist people with bathing. The safe alternative, as stated above, is to use a bath board over the bath with a hand held shower.

All tasks referring to showering/ bathing/ toileting need to be dealt with sensitively.

IS IT SAFE TO TRANSFER? DON'T FORGET THE SOAP

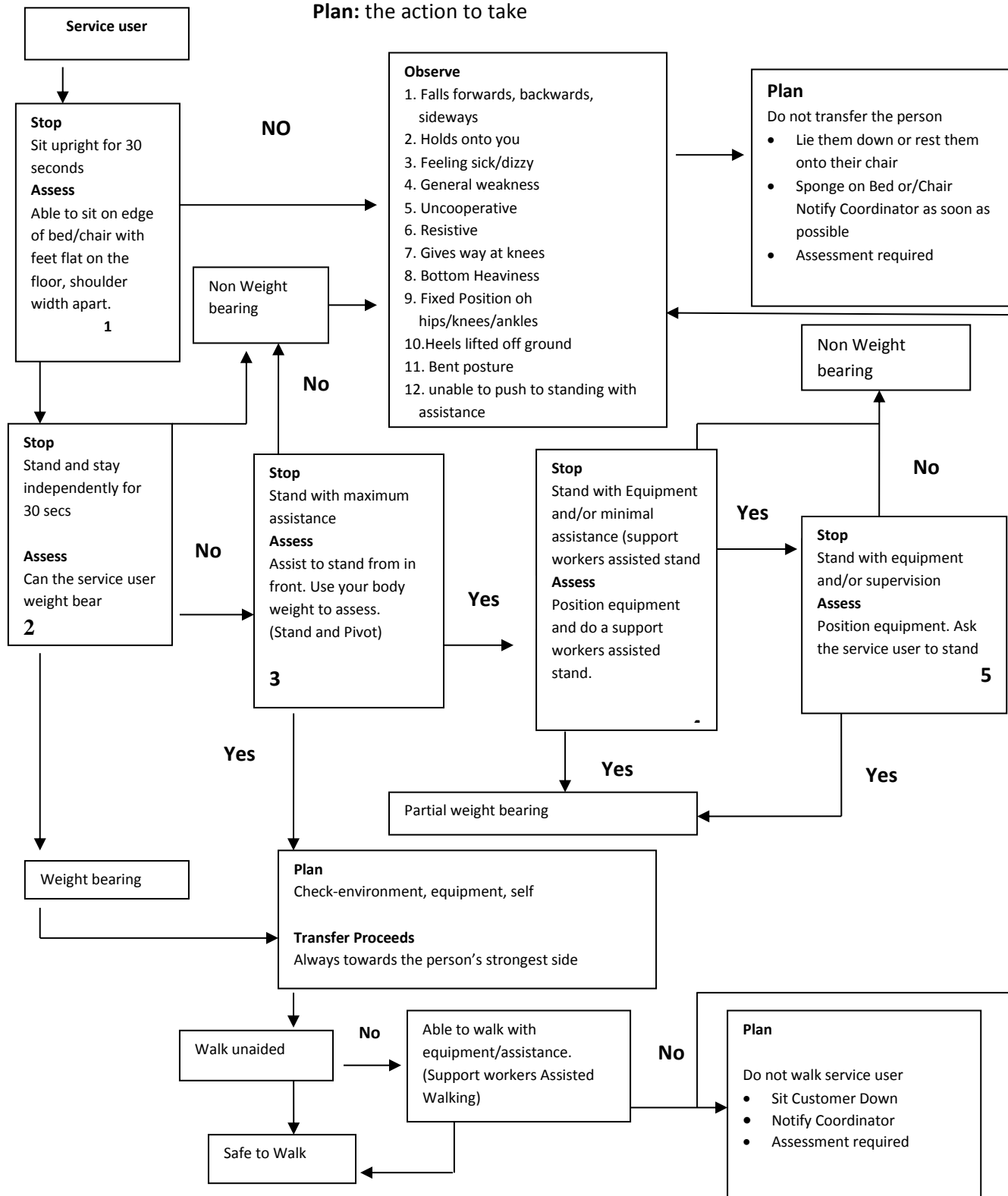
SOAP

Stop: ask the question "Can the service user do this?"

Observe: watch the service user complete the task

Assess: determine if the service user can do the task safely

Plan: the action to take



Personal Care Practices

General Mobility

The ability to move can be restricted for a number of reasons:

- Age
- Ill health
- Pain
- Physical disability
- Intellectual disability
- Mental illness
- Emotional trauma and grief.

Restricted mobility can lead to an inability to manage personal care tasks. Assistance may be required for the short-term or on a permanent basis and can vary from minimal assistance to total care. For some service users, the need for assistance will increase over time.

Services **MUST** be provided in a way that is safe for the service user and the support workers.

Remember the "Safety Principles and Personal Care" outlined in the previous section and apply them when you work.

Assess the person's ability to be moved using the SOAP chart as a guide. Also see Risk Management and Manual Handling for Support Worker.

Bed Mobility

- Check the bed for body fluids prior to assisting a service user out of bed. Does the service user have a catheter?
- First, check with the person you are assisting to see if they experience any pain on movement. Ensure you have documented work and manual handling procedures. Know how the service user prefers and usually performs the activity. Plan what you will do.
- Have any equipment you need.
- If one side of person's body is weaker than the other, work from the weak side, as it will lessen the strain on your back.
- Adjust the bed height if possible (groin height).
- Stand parallel to the side of the bed.
- Centre yourself to the centre of the load.
- Assume a wide base of support, positioning the feet to the direction of travel.
- If the bed is low, have one knee on the bed.
- Bend from the hips rather than the lower back, supporting the thighs against the bed.
- Use a semi-squat as an alternative.
- Transfer weight in the legs, maintain the three natural curves.
- Avoid lifting people up, down and across the bed (use a slide sheet).

- Encourage people to assist as much as they can.

Rolling

- Check bed height (groin height)
- Hands at person's shoulder and hip or knee
- Assume a wide stance
- Give clear instructions
- Use a semi-squat or forward/backward lunge and transfer your weight as the service user rolls onto their side or back. The action is in your lower body.

Moving to the Edge of the Bed

This can be achieved by:

- assisting the service user to move shoulders, hips, legs, in turn;
- rolling the far arm and leg across the body;
- the use of a slide sheet/draw sheet;
- bridging - where the service user flexes both knees, and then lifts the bottom to move.

Moving from lying to sitting

Only assist service user who are able to help. If a service user cannot assist, then equipment must be used, i.e. a hoist.

Sitting on Edge of Bed

- Adjust the bed height (if possible) so that the person's feet will be on the floor when they sit up.
- Move the service user to the edge of the bed (as above).
- Slide legs over the edge of the bed then grasp the lower shoulder and upper hip and assist service user to swing their body to sitting position, using sideways weight transference in your legs to do the movement.
- Movement should be smooth and flowing.
- Some people may need to move in stages from lying to sitting to prevent dizziness.
- Encourage the service user to assist and to use bed mobility aids as appropriate.
- Encourage service user to sit for a few minutes prior to standing.

Standing Transfers

Standing transfers should only be performed for service users who have at least partial leg movement and weight-bearing capability, to ensure reasonable safety for the service user and support worker.

Normal Pattern of Standing

- Ensure both feet are firmly on the floor, positioned slightly behind the knees.
- Encourage the person to lean forward, (nose over knees) as this transfers their weight from their bottom into their feet, making them easier to assist.
- Encourage the service user to assist by pushing up with their arms from the surface they are sitting on and by keeping their head up.
- Stand at the side of the people who require minimal assistance and in front of those requiring maximum assistance.
- Provide assistance by facilitating movement from the weak hip and/or shoulder - do not pull the arm on the weak side.
- If a walking aid is used have it ready close at hand; do not use walking equipment to stand as it can be unstable. Position the equipment after the person has stood up.

Standing with Minimal Assistance (support workers assisted stand)

- Ask the person to move forward on their chair, hip hitching, pushing against the backrest.
- Stand at the side of the chair (if the person has a weak side, stand on the weaker side).
- You should have a wide stance, parallel to the chair, one hand on the far shoulder girdle and the other on the front of the close shoulder, weight on the back foot, knees slightly bent.
- Lean the person forward to get their weight into their feet.
- Encourage them to assist by pushing up on the armrests.
- Ask them to stand when you say "move" or "stand".
- Use the command "ready, brace, move". As you say the word "move", assist the person to stand by transferring your weight from your back leg to your front leg and bring your feet together as the person stands. All the action should happen in your lower body by using the legs and maintaining an upright spine. Make sure the person is balanced and not dizzy before you start to walk.

Standing Transfer (stand and pivot)

- There are different ways to assist people who need more than minimal help to stand; equipment such as a transfer belt may be useful.
- Check to see if there is any pain and to ensure that you are using the way which best suits the particular individual.
- Take care not to move until the person you are assisting is prepared and can work with you.
- Position equipment required for the transfer, always move towards the stronger side.
- Stand in front of the person, facing them.
- Move the person forward on their chair - hip-hitching, or them pushing against the backrest.
- Make sure their feet are flat on the floor, feet slightly behind the knees.
- Lean the person forward to get their weight onto their feet.
- Support the weaker side. This may require bracing the weaker knee with your knee.
- Your hands are on the points of control, which are at the weak hip and strong shoulder.

- Encourage the person to bend their head and shoulders forward, looking up, and to push up from the surface they are sitting on.
- Do not allow the person to lean on or hold onto you.
- Be aware of bending your knees and maintaining the three natural curves of your back.
- Co-ordinate the stand, e.g. state "ready, brace, stand".
- As the person pushes to standing, use your body-weight to assist them to stand.
- Once standing, encourage the person to take small steps to turn 90 degrees, assist the weaker foot by applying pressure to the outside of the foot as it follows the stronger leg. Keep turning until the back of their knees are touching the chair they are going to sit on.

Sitting

- Position the chair to suit individual needs.
- Encourage the person to walk as close to the chair/bed/toilet as possible and then turn so their back is to the chair.
- The back of the knees should be touching the chair.
- Walking aids should be put aside at this time.
- Encourage the person to reach with two hands to the arms of the chair.
- When ready to sit, the service user should bend forward from the hips, bend their knees and use their arms to steady and maintain balance as they sit.
- Should a person require assistance to sit, position your hand on the front of the weak hip and maintain the other hand behind the opposite shoulder, as they attempt to sit, apply force to the front of the hip and encourage the shoulder forward.
- Maintain a semi-squat position as you assist.

Walking

Minimal Support

Once standing, the person may need standby assistance to walk (this is usually for confidence).

When assisting a person to walk.

- Stand beside the person (on the weaker or non-dominant side); you should stand at a slight angle to them.
- If you are standing on their right, ask them to use your left hand as they would a walking stick. Your right hand can either be free (ready to provide assistance if required) or on their right shoulder or hip girdle.
- This position enables you to have some control over the person rather than simply holding them by the arm or elbow.
- Encourage good posture.
- Walk at the person's pace without rushing.

Using a Walking Stick

How people use walking sticks varies depending on why they have it, the person who has taught them and their own preference.

- Generally the stick moves forward with the opposite foot i.e. if the stick is held in the right hand, stick and left leg move forward together, then the right leg follows
- For more support, the stick can move first i.e. stick, left foot, right foot, stick.

Using a Walking Frame

- Usually the frame is placed firmly forward with both hands grasping it
- The person then steps with one foot, then the other i.e. frame, left, right, frame. It is important that the body-weight is kept forward.
- When supervising or assisting, walk behind with your hands at the hips.

Assisting a Person with a Walking Aid

To Turn 180 Degrees for Toileting

To stand up

- Follow the procedure for assisting a person to stand.
- Position the walking aid in front of the person. They should not use the aid to assist them to stand but should push up off the armrests and once standing, hold onto the aid.

To sit down

- Encourage the person to walk up to the chair or toilet as close as possible (allowing room for their aid to turn).
- Ask them to turn around using their aid, stepping slightly backwards with each step sideways.
- Encourage them to step back until the back of their knees is touching the chair or toilet.
- Let go of the aid and reach for the armrests to lower themselves down.
- The support worker's position is at the side of the chair, using the procedure as outlined for assisting a person to stand. The weight transference is reversed from the front to the back leg; hand positions remain the same.

NB if a walking aid will not fit into the toilet, rails and / or a toilet aid will be required and the following procedure should be followed-

- Walk as close to the toilet as possible using the aid.

- Once the aid is put aside, the carer moves to the back of the person and guides using the hip girdle for control. (This may vary and the carer can remain at the side if appropriate).
- Encourage the person to grab a rail to assist them to turn around. At this point the carer is behind them.

Follow the same procedure as for sitting into a chair.

- Adjust clothing as necessary whilst they are using the rail for support.

To assist the person to sit, stand in front with a wide base of support, hands on the hip or shoulder girdle for support. Using a semi-squat (bending at the hips and knees) assist them to lower onto the toilet. Ensure the person maintains their grip on the rail or toilet aid as they are lowering to the seat.

Reverse the procedure to stand and walk out of the toilet.

Transfers

Bed to Wheelchair

To transfer easily, a person must be able to support their weight through their legs.

People can transfer themselves using their arms to assist. The following may be of assistance:

- Position wheelchair at about a 90 degree angle to bed and as close to the bed as possible.
- Make sure the brakes are on.
- Assist the person to sit on the side of the bed, feet flat on the floor.
- Assist the person to stand, and then pivot together until the person's body-weight is correctly aligned for sitting (use procedures as for standing transfers).
- Where possible, encourage the person to reach behind for the armrests of the wheelchair with both hands.
- Assist to sit. Be careful not to bend forward at this point.
- Position feet correctly on the foot-plates. Use a semi-squat position when adjusting feet and foot-plates.

Wheelchair to Chair or Toilet

- Wheel the chair as close to the bed/chair/toilet as possible and angle about 90 degrees.
- Transferring onto a toilet requires sufficient room to manoeuvre the wheelchair around the toilet.
- Apply brakes, lift foot-plates and position the person's feet flat on the floor.
- Assist the person to stand, then pivot together and assist to sit.
- There are many techniques for completing this transfer, depending on the nature of the disability and the environment/equipment.

- Do not attempt to assist a person to transfer from a wheelchair positioned in front of the toilet from behind the wheelchair. If the person cannot transfer independently with the use of equipment/rails, then they should be wheeled in on a mobile shower commode.

Sliding Board Transfers

If the person you are assisting is unable to support their weight through their legs, another method of transferring will be required.

One method is to use a sliding board, which is a highly polished lightweight board, which can be used to bridge the gap between the bed and wheelchair for example. It is important that the surface of the board does not get scratched or chipped. There are different types of sliding boards available. Most service users who use a sliding board will have been trained in the best procedure for them e.g. legs down, one leg up, one down, both legs up, etc. support workers should generally be assisting this process.

Wheelchair to bed

- Transfer surfaces must be of equal height.
- Position the wheelchair as close to the bed as possible and remove the armrest. Align the wheelchair so that the service user will land in the correct position on the bed.
- The feet remain on the foot-plates.
- Ensure the wheelchair is positioned with the long side of the front castor positioned directly forward. This increases the wheel- base of the chair and prevents it from tipping.
- Put brakes on.
- Move the service user forward in the seat to ensure they slide across in front of the wheel. This can be done by hip hitching or gently sliding the buttocks forward.
- Place one end of the board under service user's buttock, ensuring that it goes under their sitting bone (polished side up) and the other end on to the bed. Care needs to be taken with the positioning of the board. The board needs to be flat in front of the wheel and the middle of the board is in line with the middle of the wheel.
- Assist the person to lean forward and away from the direction of travel, this shifts the weight out of the buttocks and towards the feet, making the transfer lighter and easier.
- The person then lifts with their hands to shift buttocks along the sliding board to the wheelchair. Some people may use a cloth or upturned sheepskin, powder or oil on the board to reduce friction.
- Assist by gripping under the buttocks and assisting with the slide, keep your knees bent and maintain the three natural curves of the spine. Ensure the service user is holding the board.
- Stop halfway and re-adjust your position to avoid twisting.
- Once the person is securely seated on the bed, adjust their leg position and remove the board.

Mechanical Lifting Aids

A number of service users will require the use of a mechanical hoist for transfers. Hoists and slings vary in size and shape and are designed for different purposes. Clear instructions on how the hoist operates are required. Support workers need to feel confident in the use of the hoist. It is advantageous for support workers to experience what it feels like to be transferred in a hoist.

- Apply manual handling principles as for bed mobility
- Positioning the sling is crucial for effective transfer
- Keep your centre in line with the hoist's centre when manoeuvring it. Move the hoist the shortest distance possible once the service user is in it. Bring the chair to the hoist, not the hoist to the chair.
- Continually adjust your posture and position whilst operating the hoist.

Car Transfer

- If transferring from a wheelchair, position the front of the wheel in line with the doorframe.
- Allow yourself room to move, preferably work from in front of the service user.
- Adjust the car seat position to give maximum room.
- If assisting from behind, angle the chair slightly out from the car to allow yourself room. Maintain an upright spine and offer only minimal assistance; do not attempt to shift or lift body weight in this position, guide only.

Positioning in Wheelchairs

If using a hoist, use the hoist sling to position the person as well as you can.

There are several methods to move someone back in the wheelchair including:

- Standing at their side and leaning them forward over your arm, supporting them across the chest, and gently manoeuvring their sitting bones back into the chair (light person).
- Standing in the front, leaning person forward and shifting their weight to the side you are not moving. Use the person's hip to reposition.
- Two-person adjustment from in front and behind where the service user can assist - pay attention to working from your legs not from the upper body
- Positioning the wheelchair against the wall and, using a lunging action, applying pressure at the knees and hips.
- Use of a sheepskin or slide sheet on the seat of the chair.
- In all instances make the adjustments using your legs, not the upper body.

Falls

- Support workers are not to try and catch a service user who is falling. There are safe ways to control a person's fall to the ground. Support workers should be instructed in procedures as

per Manual Handling Policy. A risk management approach is required, e.g. if a service user is tall/obese, the support workers may choose to let them fall rather than helping to control their fall. Assess whether the service user is injured or ill, e.g. ask them how they are? Are they able to move their limbs? Do they have any pain?

- Make the service user is comfortable by placing a pillow or towel under their head and cover with a blanket if they are cold.

Following a fall a service user may be:

- Unconscious or seriously injured and requiring emergency care. Dial 000 for an ambulance;
- Uninjured, but unable to get themselves off the floor. A hoist should be used in this instance if available. If not, call an ambulance;
- Mobile enough to get themselves off the floor with minimal assistance or verbal instructions;
- If someone falls on the floor - under no circumstances should you attempt to manually lift the service user from the floor.
- If there is no apparent injury and the person is able to help themselves, the support worker can position a chair to assist

ALL falls must be reported to your Coordinator and noted in the service users file. An Incident Report should be completed. Contact the carer, family, or local doctor as required.

Toileting

For a variety of reasons service users may need assistance with their toileting requirements. There are many ways to assist. In order to understand the problem and how best to assist, an individual approach is required with each person. Remember to deal with the situation sensitively and offer privacy where possible.

Urinary and Bowel Incontinence

Incontinence or loss of the voluntary control of urine is a common problem. There are different reasons for and varying degrees of incontinence, ranging from the occasional accident to the need for constant ongoing drainage of the bladder due to paralysis and / or loss of muscle control.

Many people experience difficulty with normal bladder functions. As people age, they may experience increasing problems. At the opening of the bladder, sphincter muscles, which normally control the flow of urine, tend to lose their elasticity, as do many of the muscles of the body.

Coughing and sneezing can cause a sudden release of urine and leave the person feeling wet, embarrassed and uncomfortable.

A similar situation can arise if people have difficulty getting up and moving for any reason, e.g.

arthritis or general stiffness. By the time they reach the toilet it may be too late.

Some people may experience temporary incontinence following surgery, childbirth or emotional trauma, and normal control should return. People can lose voluntary bladder and bowel control through paralysis, spinal injury, spina bifida, multiple sclerosis, and stroke.

As a result of the damage, there may be partial or complete loss of feeling and paralysis of the contracting muscles in the bladder and bowel because the nerve supply has been damaged. The person, therefore, may not know when the bladder or bowel needs to be emptied or be able to empty them independently by voluntary contraction of the muscles.

There is a need for sensitivity and reassurance and an understanding of the difficulties for the service user. Some people will find it too hard to talk about their incontinence and you may become aware of the problems when you find soiled clothing tucked away or the bed wet. A compassionate, practical approach to the whole situation is essential.

Waste products of the body must be removed regularly. An effective and convenient individual bladder and/or bowel routine will need to be established for each person. They will require training to ensure adequate care.

Support workers who provide assistance with bowel care should follow the established bladder and/or bowel routine, including consultation with the service user, to ensure the bladder/ bowel routine is followed and to ensure maximum safety and comfort.

CHANGES TO THE ESTABLISHED BOWEL AND/OR BLADDER ROUTINE ONLY OCCUR AFTER ADVICE FROM SUITABLY QUALIFIED SUPPORT WORKERS. SERVICE USER REQUESTS ARE NOT SUFFICIENT.

Hygiene is important when carrying out bowel and bladder routines, to ensure the risk of infection is reduced. Equipment must be sterilised. Universal precautions must be followed.

Disposable gloves must be worn. Hands must be washed before and after assistance is provided.

Bladder and bowel management routines are usually carried out in conjunction with established showering/bathing or daily personal hygiene routines.

Management of Urinary Incontinence

Incontinence Pads/Mattress Protectors

Expert advice should be sought to ensure the most appropriate management of urinary incontinence. Continence advisors attached to area health services and hospitals can provide assistance. Paraquad also provides advice and has a service where continence items can be purchased in bulk.

There is a range of commercially available incontinence pads and it is important that people seek expert advice to ensure they use the most appropriate pads to fit their needs. Some pads fit ordinary

pants and others require specially designed pants with pockets to take the pad.

Mattress protectors are also available if there is incontinence at night - either full length or Kylie sheets. Water-resistant cushion covers are also available for wheelchairs.

When fitting mattress protectors, it is important that there are no creases or wrinkles, to prevent the possibility of skin problems. Bed linen must be changed and laundered as needed.

Bottles

Urinary bottles are easy for men to use almost anywhere and are available from local chemists. These are adequate if the person has control of his bladder and can reach the bottle. They may need assistance to loosen clothing and position the bottle.

Duck Bill Urinal

Some women may use a duckbill urinal. They can be used in bed or on a chair. To use, they wriggle forward on the chair, loosen clothing and place urinal between their legs. Assistance may be required.

Slipper and Bed Pans

Slipper pans are sometimes an easier alternative to a standard bed-pan. They are available from local pharmacists.

Commode Chairs

People with limited mobility find commode chairs easier and safer to use than to try and reach the toilet, particularly at night. Assistance may be required to transfer on/off the commode.

NOTE: When removing the pan from the commode/shower chair, when the person is sitting on the chair, carry out the procedure slowly. Remember to check for the height of the pan (in relation to the service user's bottom).

Bottles and pans need to be emptied and cleaned as required.

Toileting

If the person can walk to and from the toilet, provide whatever assistance is appropriate, for example assistance:

- to sit/stand or transfer to or from a toilet or pan;
- to loosen clothing;
- to maintain sitting/standing balance - with men, direct urine to toilet; with cleaning appropriately;

- with arranging clothes;
- with washing hands

Equipment may be required, for example:

- rails
- over toilet aids
- Mobile shower commode. These are often required if a person is in a wheelchair, is unable to stand and turn 180 degrees (with the use of rails) in standard narrow toilets

Urinary (Bladder) Management

For men, urinary management can involve the wearing of an external sheath attached to the penis and connected to a urine collection bag worn strapped to the leg. Alternatively, for men and women, a catheter can be inserted into the bladder, which drains into a collection bag.

External Sheath (male)

External sheaths include condoms, uridomes, uro-sheaths. These are soft, rubber sheaths which are carefully pulled up over the penis and attached with skinbond, tape or a variety of self - adhesives. The sheath should be snug enough to prevent slipping but not so tight as to impair circulation. The sheath has an opening in the end which attaches to tubing running to the collection bag. If the person is able, he can fit the sheath himself. If not, assistance with securing the sheath and connecting the leg bag is to be provided.

The penis may become erect during attachment. This is usually an involuntary reflex and not a sign of arousal. Care needs to be taken with pubic hair. Care must be taken to ensure the soft rubber sheath does not kink and prevent urine flowing freely. If this happens, the sheath fills with urine, it leaks or is forced off, causing embarrassment and the risk of skin problems.

External urinary sheaths should not be left on for longer than 24 hours before they are changed. If a service user requests the sheath to remain on for longer, the support worker is to explain to the person, that this is not normal practice. If there is an ongoing issue, the support worker is to inform the Coordinator, who will need to refer to the community nurse or local doctor. After removing the sheath, the penis needs to be well washed and dried. If there is any skin breakdown apparent, the sheath is not to be reapplied. Inform the service user and Coordinator, who will need to refer to the community nurse or local doctor.

Meditech support workers can assist with the attachment and/or use of external urinary devices; help to maintain collection equipment in a sterile and functional condition, and dispose of used appliances.

Intermittent Self-Catheterisation

This is an alternative to permanent catheterisation. A fine sterile catheter is inserted gently via the urethra into the bladder until a steady flow of urine is established, and left in place until finished.

Women using this method do so independently, using a mirror. It requires good control of hand movements and good eyesight.

NOTE:

Support workers **ONLY** provide assistance while the service user is carrying out the procedure. Assistance can be provided in the setting up, prior to the intermittent catheterisation procedure or cleaning up after the procedure is completed. Support workers can assist by assembling equipment, holding legs, positioning a mirror, changing the drainage or collection bag when the catheter is in place, cleaning up.

The service user inserts the catheter. Support workers do not insert catheters.

Indwelling and Supra Pubic Catheter

These catheters can be used by men or women. They are inserted into the bladder by qualified medical support workers and stay in place for some weeks before changing. Because it is a direct access to the bladder, there is a potential risk of infection. The catheter is inserted either through the urethra or directly through a small incision just above the pubic hairline (supra pubic). Once in position, the catheter is held in place by a small balloon, which is inflated after insertion.

INDWELLING CATHETERS MUST ONLY BECHANGED BY QUALIFIED HEALTH PROFESSIONALS (i.e. community nurses or doctors)

The outer end of the catheter is attached to a collection bag or a valve.

Consult the service user. Daily cleaning is required of the external parts of the catheter and individual routines should be established. Support workers are to follow the established cleaning routine.

Handle catheters gently. If they come out of position, let the service user know, as medical or nursing attention is urgently required. Should a supra pubic catheter come out of position cover the incision lightly with gauze until assistance arrives.

Urinary Diversions

- Some people may have had an operation to bypass the bladder. Instead of draining into the bladder, the urine drains to the outside of the body through a small hole (stoma) in the abdomen just below the umbilicus.
- A disposable plastic bag is applied directly over the stoma and held in place with adhesive and a belt around the body.
- Written procedures are required from the referrer prior to the service commencing, explaining how to change and apply the bag, how to dispose of the bags, how to care for the skin. Training of support workers by a stoma therapist (specialist nurse) is required prior to carrying out the procedure.

Care of Urinary Equipment

Written instructions relating to maintenance and cleaning of equipment are required and must be followed. This may involve changing the drainage or collection bag, the emptying of the bag, washing and rinsing the bags and tubing and disinfecting in a specific solution.

Things to Note When Providing Urinary Care

The person you are assisting is responsible for monitoring the state of their urine and retains responsibility for initiating any medical treatment. However, if you note any of the following, notify them:

- reduced urine flow - diminished amounts may indicate an infection or blocked catheter;
- unusual colour or smell of urine - cloudy or dark or strong smelling urine may indicate infection;
- skin breakdown from leaking urine, e.g. scalding

Potential Bladder Emergencies

For people with spinal injuries, a blocked catheter, over-full bladder or leg bag, or a distended bowel can quickly lead to a rise in blood pressure and an acute life-threatening emergency situation called autonomic dysreflexia. Pressure against the skin, which may lead to blistering or pressure areas, may be preceded by dysreflexia symptoms (increased spasm and blood pressure). This can potentially occur with all people with quadriplegia and people with high paraplegia (i.e. above the level of T6).

The service user will be aware of the possibility of this occurring and may direct the support worker to look for anything that causes pain (noxious stimuli). Autonomic dysreflexia can arise as a result of a kink in the catheter, the weight of a full leg bag pulling on the catheter site, or pulling the leg bag after rearranging trousers. If the cause is removed, the situation returns to normal.

A key sign may be that the service user complains of a throbbing headache. They may complain of not feeling well or the service user may be sweating profusely or have a blotchy rash in the face, neck and shoulder region. The catheter may not be draining well.

Discuss the situation with the service user. Discuss the situation immediately with the Coordinator. If these signs are present, phone the ambulance immediately. If in doubt, phone the ambulance.

Bladder Tapping

This is a method used to empty the bladder. It is not commonly used any more. However there may be service users who still use the method as part of a well-established routine. If a service user is referred for bladder tapping, the same procedures are required, i.e. dated, documented, safe work practice instructions, the support workers must have training before under-taking the procedure and there would need to be regular reviews.

Bowel Management

A well-established bowel care routine is an important part of the total daily schedule of many people. Bowel management usually involves the use of some kind of stimulation, e.g. enema or suppository, which sets up a reflex reaction in the bowel and encourages it to empty. This routine must be carried out at a regular time, on certain days, as the bowel has been trained to respond at those times and to its own stimulation.

Each person who requires assistance with bowel care is different and requires an individually designed bowel routine.

Support workers are to maintain correct body mechanics when providing bowel care services. Support workers are to be trained prior to providing assistance with bowel care.

Suppositories and Enemas

These are products which either act directly on the stool or make it soften and easier to pass or cause stimulation to the bowel wall. They are inserted directly into the rectum.

Suppository

A suppository is in solid form, cone or cylinder shaped. The support worker may need to assist with insertion. Use disposable gloves and a lubricant (Lubafax or KY Jelly). The suppository must be gently inserted to the length of your index finger in contact with bowel wall, approximately 5cm for a child/small adult and 7cm for an adult. Care should be taken not to damage the wall of the rectum. Depending on the suppository, evacuation may commence within 10 to 40 minutes.

Enema

Giving an enema is a procedure in which a solution is introduced into the rectum to assist in emptying faecal contents. This can be achieved in various ways, depending on the type of enema solution used.

A low enema - is in a pre-packaged soft plastic container, with a nozzle designed for insertion into rectum. Nozzle must be lubricated before insertion.

A high enema- is in sachets containing 5 mls of the solution, which can be drawn into a syringe and inserted into the rectum, via a soft plastic tube (nelaton catheter), attached to the syringe. Tubing must be lubricated before insertion.

Catheter/tube - This is used to give a high enema. It is attached to a syringe. The tube/catheter should be no longer than 20 cms and be used only to administer the enema. There are two lengths of catheter available, a male length (approximately 25cm) and a female length (approximately 12 cm). The shorter female length is the one to be used for both males and females. Sometimes the longer male catheter is cut in half and used. Be careful with this practice, as the cut end is rough and

could cause damage.

As part of the bowel care procedures, support workers will be informed of the type of enema being used with each service user.

The flow of solution should be slow and steady and not forced in any way, to prevent any damage to the bowel lining.

Microlax and Bisolax are examples of enemas:

Microlax lubricates the rectum to aid in defecation; it may be mixed with water to increase the volume.

Bisolax stimulates peristaltic action (wave movement) of the lower bowel to aid in defecation. Bisolax can cause irritation of the colonic and rectal mucosa (walls). Bisolax does not mix well with water.

Both enemas and suppositories can be administered in different positions, e.g. on a commode, in bed lying on left side, or other personal preference.

Bowel Care on Commode

When providing assistance to a service user on a commode, be aware of the environment and be aware of potential WH&S risks in the provision of the service, and modify it as required.

Because the procedure is done by touch, it is important to place a gloved lubricated finger into the anus and pass the nozzle of the enema along the finger, remove the finger and squeeze enema into rectum. Hold container squeezed when removing.

Bowel Care in Bed

If for some reason the service user is unable to use the commode, the procedure may have to be carried out in bed.

- Place service user on left side with knees bent, support with pillows as necessary;
- place incontinence sheet (blue) under hips and thighs / plastic sheet and towel;
- proceed to give enema or suppository in the usual manner (plastic apron, garbage bin with plastic liner - gloves - toilet paper - KY lubricant - all beside the bed);
- this procedure takes longer for a result, because there is no natural gravity fall;
- bed bath would usually follow this procedure

Some Other Procedures Associated With Bowel Care (*PR - Per Rectum*)

This is also known as digital examination. This is a rectal examination using a well-lubricated, gloved index finger. The PR determines whether the lower bowel is empty (collapsed bowel); is dilated but no faeces present (meaning faeces are present, but higher than finger length); or has faeces present.

The result of the examination will give the support worker an idea as to how next to proceed.

This procedure is usually undertaken at the beginning and end of a bowel procedure to determine the state of the rectum, for example - full, empty, half-empty of faeces. PRs can also be undertaken at other times in a regimen to gauge the efficiency of enemas or suppositories.

Digital Stimulation

Digital stimulation is the procedure undertaken to stimulate the defecation reflex. The procedure involves a well-lubricated gloved finger in the rectum. Once inside the anal canal, move the index finger from side to side in a gentle, circular motion. This stimulates relaxation of the muscles, resulting in a rectal emptying.

Too much digital stimulation may cause irritation to the rectum. For the person with a spinal cord injury above T.6, if PRs are not performed to check the emptying of the rectum and it is not emptied sufficiently, the service user runs the risk of potentially suffering an episode of autonomic dysreflexia. As a rule of thumb, if a service user requires more than 5 digital stimulations per bowel routine then the bowel routine needs to be reviewed.

Manual Evacuation

For some people, their disability means that the bowel will not empty spontaneously following stimulation and their stool needs to be digitally removed from their rectum. Manual evacuation, also known as digital removal, is the process of removing faeces from the rectum with the finger. The procedure may be a standing order because of the nature of the spinal cord injury. Some service users have this procedure only; others may require it as part of a whole routine.

When carrying out these tasks, support workers must initially wash hands, use gloves and lubricant. One or two fingers are used to scoop the stool out of the lower bowel.

When bowel is empty, flush faecal matter in toilet, wrap gloves and soiled pads in paper and place in outside garbage. Wash hands.

These three procedures must be undertaken with caution to avoid trauma to the rectal wall. These procedures must be prescribed by a professional as part of the bowel care routine.

Haemorrhoids (or piles) are locally dilated rectal veins (varicose veins) around the rectal and anal area. These dilated blood vessels may occur outside or within the anal sphincter. Extended time periods spent on the toilet and rough stimulation of the bowel will cause local trauma to the rectal area. Bleeding haemorrhoids need to be reviewed by a doctor or community nurse to determine if intervention is required.

Colostomy

Some service users may have had surgery to redirect the evacuation of the bowel to the outside of

the body on one side of the abdomen. A disposable plastic bag is applied directly over the stoma and held in place with adhesive and a belt around the body. The bags need regular changing and a support worker can be called upon to provide assistance, and to clean around the site.

Things to note - ensure the stoma site is healed, that there is no infection present, that the service user/carer is able to monitor the procedure. If the service user/carer is unable to monitor a case-by-case, problem-solving, risk management approach is required.

Written procedures explaining how to change and apply the bag, how to dispose of the bags, how to care for the skin and the protocols to follow in case of an emergency are required from the referrer prior to the service commencing.

Support workers will require training by a stoma therapist (for specialist nurse) and assessed for competency prior to carrying out the procedure.

Things to Note When Providing Bowel Care

- Diarrhoea and/or constipation
- Any unusual bleeding; a little bleeding may be normal
- Problems with skin breakdown.

An ileostomy requires a similar approach to the colostomy.

Menstruation

- The menstrual cycle is normally unaffected by disability and should be managed in a practical and natural way.
- Women may require extra assistance during menstruation to maintain adequate personal hygiene.
- When assisting service users with urinary care, bowel care and menstruation – be sensitive. Allow privacy where it is possible. If you can safely leave the room to carry out another task while you are waiting then you should do so.

Women may need assistance with placements of tampons and/or sanitary pads. In the first instance the use of sanitary pads is to be encouraged. With requests for the use of tampons, a case-by-case, problem-solving, risk management approach is required.

Questions to consider -

- Do the support workers agree to provide the service?
- Is the service user able to direct the procedure and monitor the insertion and removal of the tampon?
- Is there a full time resident carer who is capable of assisting or directing the procedure?
- What is the contingency plan should there be a service break-down? Who will change the tampons at regular intervals?

If service is to occur -

- Only female support workers are to provide the service.
- The support workers will adopt universal precautions, and wear the necessary personal protective equipment i.e. eye wear, apron, gloves
- Only tampons with an applicator are to be used.
- If required, written consent from the service user or a doctor's authorisation can be considered and kept on file.
- Support workers require documented safe work practice instructions and to be trained in the technique.

Pessary

On occasions there are requests for assistance with the application of vaginal creams or the insertion of an applicator of vaginal cream or application of creams for haemorrhoids. Requests can be from service user with over the counter preparations.

Prior to any assistance being provided, a dated, documented medical authority is required.

Discussions would need to occur with the prescribing doctor to clarify the request. With requests it is a case-by-case, problem-solving, risk management approach. Support workers would require training and dated, documented, safe work practice instructions.

Specific Spinal Bowel Care Management

The following process is new and will require the Coordinator to establish an individual plan for the gradual implementation of this process. This will involve the generic training of all support workers who provide bowel care and the establishment of local strategies to access specialists.

The new approach will be required for all new service users who commence service and who require a bowel routine. The new approach will need to be gradually introduced for existing service users who receive assistance with bowel care. This will need to be a planned introduction which considers each person individually.

New Service user

Support workers provide bowel care where necessary but within the following parameters:

- A service user is referred and part of the referral is for bowel care.
- Before any person is accepted by Meditech, an assessment by a specialist in bowel care is required. A Home Care Service Bowel and Bladder Care assessment is required, which outlines in detail the routine to be carried out.
- A decision is made from the assessments whether it is an appropriate referral for Meditech Attendant Care.

- Appropriate support workers are selected to provide the service. Support workers providing the service must be prepared to undertake this procedure.
- Support workers who provide bowel care must receive generic training in bowel care, related to the individual by a specialist in bowel care, e.g. spinal advisor. Support worker to support worker training in bowel care for service user is an adjunct to this training only. Training occurs in consultation with the service user/carer. To access generic training and specialist support workers, Meditech may need to implement local strategies to manage this approach.
- Dated, documented instructions by a specialist are to be provided for each service user, clearly outlining the bowel routine to follow and procedures to follow should an emergency occur.
- The person's bowel routine needs to be regularly reviewed, as part of the informal and formal supervision between the Coordinator and support worker, to ensure the support worker is providing the routine as per the written guidelines. The Coordinator needs to review the bowel routine on a six-monthly basis with the service user. The routine is to be regularly reviewed by a specialist nurse (as necessary).
- At referral, there needs to be agreement on who will provide follow-up reviews of the bowel care procedures, to ensure the ongoing monitoring and supervision of the person's bowel care routine and to determine who the contact will be if issues arise. For example, if a service user requests a support worker to change the prescribed bowel routine, the person should be instructed to consult with his/her doctor. The support worker should notify the Coordinator of the request.

NO CHANGES ARE TO OCCUR TO THE BOWEL ROUTINE UNLESS SPECIFIED BY THE SPECIALIST.

Existing Service user

Service users presently receiving assistance with bowel care need to be gradually brought into line with the above procedures. As this procedure is new, a systematic process to address the issues is required to minimise any anxieties service user may have.

An audit of service users presently receiving bowel care is a place to start. This process is outlined in this Induction Handbook. Review the bowel care training that the support workers who provide bowel care have received, and how current it is. Ensure all support workers providing bowel care receive a generic training. Establish a network with specialists able to assist with specialist advice, e.g. spinal units, spinal advisors. Sensitively approach service users, and explain and outline the planned course of action. Gradually all service users will need to be reviewed and written guidelines and instructions developed, used and maintained.

Access to advice on continence and bowel care is more straight-forward for service user with a spinal injury, as they can access the spinal units, for example. For service users with motor neurone disease, multiple sclerosis and the elderly, advice, assistance and support can be harder to organise. Discuss the issues with the Area Health Service Continence Advisor for your area. Depending on the

condition, some specialist organisations, such as the Multiple Sclerosis Society, also have continence advisors.

Showering and Bathing

NOTE: ALWAYS CHECK THE TEMPERATURE OF THE WATER BEFORE SHOWERING OR BATHING A SERVICE USER, TO AVOID BURNS AND SCALDS.

Encourage the use of water temperature regulators where possible.

Care is required in the bathroom. Maintain a warm and private environment. Deal with the situation sensitively. Care needs to be taken with the temperature of the water.

It is important that the appropriate assistance be determined during assessment.

Assistance with showering or bathing varies, depending on the needs of the individual and may range from minimal support, giving someone sufficient confidence to manage independently, to total care. Whatever the needs, the service must be carried out safely for the support workers and the service user.

If the person you are assisting is unable to get in and out of the bath independently, alternatives, such as the use of rails and/or a bath seat, having a shower instead of a bath, shower-commodes, the use of hoists, may be looked at. Modifications to the bathroom are sometimes required.

The choice of shower or bath may depend on the person's abilities and the facilities available. In many homes the shower is over the bath and not separate.

People May Require Aids to Assist Them

- Grab rails fixed to the wall
- A bath-seat - some bath-seats extend beyond the bathtub and provide extra seating surface for easier transferring, backrests and raised bath seats are also available
- Non-slip mats to prevent slipping
- Shower hose

Encourage service user to be as independent as possible.

To Use A Bath-Seat

The person sits on the bath-seat, as far over the tub as possible. They then swing their legs over the edge of the bath, one at a time. They stay on the seat and use a hand shower attached to the taps.

The person may require standby assistance to maintain sitting balance while they are washing, if so, a backrest or rail may be required.

Separate Shower Recess

- A plastic shower chair or stool to sit on while showering is safe and often used. The chairs have adjustable legs and rubber stoppers to reduce slipping.

- Sometimes a shower hose is used.
- Grab rails are also valuable

Grooming

The following personal care activities are routines which contribute greatly to our sense of general well-being, our self-esteem and our acceptability in social interaction with others:

- Hair care
- Teeth cleaning
- Nail care
- Shaving.

For people who are elderly, these are often the routines which become neglected. Feeling fresh, clean and neatly dressed can restore a sense of pride in self and stimulate interest in caring about appearance. Having someone to share such tasks as trying a new hairstyle, having dentures repaired or throwing out some old clothes can make a big difference.

Consult with service users about their preferred routine for grooming and take their direction to ensure their needs are met.

Hair Care

Shampooing hair is most easily done in the shower or bath but, if this is not possible, a hand held shower hose attached to the bath or basin taps will do.

Depending on the person's mobility, he/she may be able to sit with their head over a basin.

Follow individual directions about shampoos and conditioners. Use gentle but firm massage of the scalp as you shampoo and rinse well with warm, not hot water.

Let the person know if you notice any scalp condition, e.g. dandruff or dermatitis.

Dry carefully, gently patting or rubbing with a towel, then brush or comb tangles out while hair is still wet. Part the hair in sections to comb and work from front to back to avoid undue pulling. Depending on preference, blow dry, set in rollers or comb into style and allow hair to dry naturally.

Make sure brushes and combs are clean. Work in front of mirror if possible, so the person can watch.

In between shampoos, daily brushing and combing are important to stimulate the scalp circulation and loosen dry scalp and dirt. Be careful of sensitive scalps and brush with gentle but firm strokes.

Where possible, do hair in the style preferred. You are not expected to be a professional hairdresser but have a try - you might surprise yourself.

Care of Teeth and Oral Hygiene

- Encourage independence whenever possible.
- If help is needed, make sure toothbrush, toothpaste and clean water are within reach.
- Teeth and gums should be brushed gently and thoroughly with a circular motion.
- You may need to support the head with one hand (if head is tilted back) and clean teeth with the other.
- Inform the service user if you notice any bleeding of gums, tooth decay, ulcers or infection in the mouth. If the symptoms persist, notify your Coordinator.
- Commercially available mouthwashes or salt-water solutions may be useful in combating bacteria which cause bad breath. A mild salt-water rinse is effective in promoting healing of minor oral problems. Special mouth care regimens may be in place.

Dentures

- To remove upper dentures, grasp the front teeth with your thumb and index finger. Move up and down a little to break the seal and slip out of the mouth.
- Remove the lower dentures by picking out of the mouth, turning slightly to avoid the discomfort of stretching the lips.
- Be careful not to drop them. Dentures are easy to break and expensive to replace.
- Using toothbrush and paste, brush dentures thoroughly, rinse well and replace in the person's mouth. Encourage people to put their own teeth back in but, if help is needed, place lower denture first then upper. Make sure the dentures are settled in position and not likely to fall out.
- Some people may use cleaning preparations such as Steradent. Follow manufacturer's instructions.

Nail Care

Fingernails

Cleaning with a soft nailbrush and soap during a bath or shower is a helpful routine to establish.

Fingernail care should be carried out following a shower or bath or after the use of a softening cream on the cuticles.

Gently push cuticles down, clean under nail with a nail file and file nails as required with an emery board.

If nail polish is to be used, remove old polish and apply new as required.

Sitting face to face and supporting the hand on your knee is the easiest position to work from and provides good opportunity for conversation.

Requests for a support worker to cut fingernails are to be dealt with on a case-by-case basis with a problem-solving, risk management approach. Support workers must seek advice from Coordinator beforehand.

Issues for consideration prior to agreeing to the request:

- Is there anyone else who can do it?
- Is there any infection, deformity, disability (such as uncontrolled movement) present in the upper extremities?
- Is there a problem with circulation or loss of sensation in the upper extremities?
- Is there any skin breakdown?

If the answer to any of the last three dot points is yes, then contact Coordinator.

If the decision is taken to cut fingernails, support workers require training in the procedure. Nails are not to be cut too short, they are to be cut straight across, with a slight curve at the corners, filed with an emery board. Again err on the side of caution.

If any concerns arise related to possible infection, the support worker must report it to the Coordinator.

SUPPORT WORKERS ARE NOT PERMITTED TO CUT TOE-NAILS.

The reason for this is that when attempting this procedure it is very easy to accidentally cut the flesh or cut nails too short. Older people can have very poor circulation (peripheral vascular disease) or other diseases such as diabetes, which can cause a minor cut to result in an infection, gangrene and subsequent amputation. People with a disability may have poor or no sensation and similar issues may arise. Often nails can be malformed and very hard, thus requiring special equipment.

Toenails

The risk of infection around toenails is very high due to poor circulation and slow healing. If someone has problems with toenails he/she should seek assistance from a podiatrist. Discuss the situation with the service user and refer to the Coordinator.

Following a bath or shower, feet should be carefully dried between the toes and around the nails.

Shaving

Encourage independence whenever you can. Most service users will use either an electric razor or a safety razor. Cutthroat razors are dangerous and not to be used. Provide with the necessary equipment and a mirror. With a safety razor, you will need either shaving cream or soap and perhaps a brush to apply soap and warm water.

If the person needs assistance with facial shaving sit facing them. Gently and firmly support his face stretching the skin as required to achieve a good result. A towel across the person's chest will help prevent him getting wet. Be careful not to cut the skin. Some people will use an astringent lotion to

stop bleeding from a small cut. If bleeding occurs, firm pressure with a cotton ball or tissue should be sufficient to stop it after a few seconds. Rinse any remaining cream or soap off and apply after-shave lotion if appropriate. Talking while you are shaving can be reassuring, especially for the elderly.

Some women request assistance with removal of unwanted hair from under arms or legs. Follow the routines the person is familiar with. Support workers are to be aware of safe work postures and positioning if carrying out the task.

Remember there are a wide variety of aids and appliances available to assist people who have limited hand function, e.g. built up handles, universal cuffs.

Dressing

Helping someone get dressed is a very personal and individual task, and each person has different needs and requires different methods. It is essential that you spend your time understanding your role and that you maximise the person's independence. It is very difficult to stand by and watch someone struggling to dress but independence is often achieved only with continued and unaided practice. Avoid making judgments about what people should be doing for themselves. If in doubt, check with your Coordinator.

If the person has been disabled for a long time, it is likely that he/she will have developed techniques and may use adapted clothing and some dressing aids. There are many simple things that people can do to make getting dressed easier, such as using front opening dresses or Velcro tape.

Other service users may need to be reminded of the sequence of dressing or may be independent except for one or two items.

If help is needed, collect all the necessary clothing and make sure the room is warm and private.

Open all buttons, hooks, zips and other fastenings.

Generally, it is better to dress the top half of the body first but be guided by individual routine.

If one side of the body is paralysed or weaker, always dress the affected limbs first and the unaffected limb last. When undressing, it is the reverse, undress the unaffected limbs first and the affected limbs last.

Getting dressed involves a lot of movement, bending, sitting and standing.

When assisting service users to put on underpants, trousers, socks and shoes, the safest methods for the person is to either lie on the bed or to sit. When sitting, pull the trousers to the knees initially, then stand to pull the clothing to the waist.

If someone needs help to stand and balance while you pull clothing up, remember to follow the guidelines for manual handling, be careful of your back.

Dressing the top half of the body is easiest with the person sitting on the edge of the bed or on a chair (provided balance is good).

With garments that go over the head, put arms in first. You may have to put your arm into the sleeve at the cuff end, grasp the person's hand and pull the arm into the sleeve. Gather the garment, stretch the neck hole and place over their head.

Make sure the clothing is as unwrinkled as possible, tucked in smoothly and not likely to create pressure areas for those people who have limited movement.

Undressing is often accomplished more easily than getting dressed.

Reversing the procedure for dressing is usually appropriate but, again, be guided by the individual.

Modified clothing is available which assists dressing, for example Velcro closures and shoes, variations in openings for dresses, skirts, shirts.

Eating

For varying reasons people may require assistance with eating.

Being dependent, either partly or completely, on someone else for eating can be a difficult and frustrating experience for people. It is important that you remain respectful, patient and aware of your role as assisting the person to eat rather than feeding them.

Help may be needed to cut the food, to position the food so that it can be reached and lifted to the mouth, to place food onto fork or spoon, to assist with moving hand to mouth or with feeding.

Protect clothing with a napkin and sit at the same level.

Work at the person's pace - do not hurry food. Food can be reheated or placed over hot water to keep warm. Offer small amounts.

Discuss the food and ask which food he/she would like next.

Offer a drink as required. Wipe mouth if and when necessary.

Consideration needs to be given to the person's positioning:

- When assisting with eating make sure that you are seated at the same level, this will help prevent bending of the back and stretching of the arms.
- Sit directly opposite or parallel to the person. This will help to stop twisting the back.
- Sit a comfortable distance from the person while feeding, to avoid over stretching of the arms.
- If possible, support your arms whilst feeding the person; this may be done on a table or on the person's wheelchair.
- When assisting, make sure the person's head is supported by the chair, or a piece of equipment.

- Alter your position every 15 minutes.
- Sit on a firm chair; maintain a good posture, back supported, knees at 90 degrees, feet flat on the floor, arms supported.

Requests for assistance with eating, for service users with swallowing difficulties, (lip closure, chewing, swallowing) need to be considered on a case by case basis, with a problem solving, risk management approach. This type of assistance can require specialist intervention.

Modified equipment is available that can assist with independence, such as splints, built-up handles.

Naso-Gastric Feeding and Gastrostomy Feeding

Meditech may receive requests to provide assistance with naso-gastric feeding and gastrostomy feeding.

Naso Gastric Feeding

A thin pliable tube is passed through a nostril into the stomach. The tube is secured to the nose and cheek with tape. The position of the tube must be established in the stomach before any fluid is passed.

Gastrostomy Tube

This is a tube inserted into the stomach. An opening (stoma) is made on the outside of the skin for the tube to pass through. The tube can be inserted either directly into the stomach or is passed through the mouth into the stomach in a procedure called a Percutaneous Endoscopic Gastrostomy (PEG). The tube may be secured to the skin with tape.

Tube feeding can be given:

- As a bolus feed using a syringe connected to the tube – fluid flows into the tube by gravity;
- bolus feed using a container/bottle - used for larger amounts of feeds over a longer period;
- pump feed (either continuous, overnight or at certain times of the day)

There are various types of formulas used to suit individual needs. Sometimes medications are administered via the tube.

Requests are to be considered on a case-by-case basis with a problem-solving, risk management approach. Greater caution is required if the request is for a child, as there is more likelihood of the child tampering with the tube, or pulling it out.

Some issues for consideration are:

- Is the request for a child or an adult?
- What is the size and type of tube?
- How are the tubes connected and/or disconnected?
- Is the food solution pre-mixed or does it need mixing?
- Is the procedure stable and well established?

There would need to be documented work practice instructions, with emergency protocols, clearly outlining what to do if 'x' happens. For example, if the tube falls out, if the tube is blocked (do not

force the food, and it is contra-indicated to commence or continue the feed). Training would need to be organised by a specialist in naso-gastric and gastrostomy feeds, and ongoing monitoring and review.

Maintenance Therapy Programs

Meditech may receive referrals to assist with, or carry out therapy programs for children and adults for the short-and long-term.

With these referrals, it is to be remembered that support workers are not therapists or therapy aides and given their level of expertise, are unable to make clinical decisions. A support worker is able to provide a simple, straight-forward, routine program to service users whose health is stable. Maintenance therapy programs do not contribute to a change in function; they maintain the status quo.

Therapy programs are drawn up by medical, allied health or educational support workers (e.g. occupational therapist, physiotherapist, speech therapist or teacher) following assessment.

Common examples of maintenance "therapy" programs are maintenance of a joint range of movement, with simple stretches for a set period of time, for people with a spinal injury or multiple sclerosis and chest programs for people with cystic fibrosis. Programs are frequently carried out as part of a personal care service. Maintenance therapy programs must be carried out in a safe manner for the support workers and service user.

The assistance provided is not active intervention, rather assistance with a program that assists in the basic maintenance of present function. Support workers are not qualified to supervise or motivate a service user to carry out a program; make judgments about correct postures and positioning and detect the need for correction; identify progress or change in performance in relation to a program, to feedback to the professional.

Attendant Care requires the following with maintenance "therapy" programs:

- Maintenance therapy programs are to be performed under the supervision of the professional. Support worker training is the responsibility of the referring professional, in consultation with the service user and/or carer. Adequate instruction and practical demonstrations are to be provided until the support worker is comfortable with what is required. Training may occur in the home, rehabilitation unit or specialist centre.
- Clear, simple, easy to follow and dated instructions, outlining the routine to be followed and duration of each session, are required. Simple diagrams or photographs are preferred.
- After the initial assessment, the referring professional is to regularly review the instructions (minimum 12 monthly) or more frequently in response to change, to ensure that the support workers are complying with the program. Should the professional alter the program they must provide training for any adjustments to the maintenance therapy program.

- Any maintenance therapy programs must be provided in a safe manner for the support workers and service user. When carrying out the maintenance therapy program, positioning for the service user and support workers must be safe. The duration and nature of the maintenance therapy session is to be within reasonable limits, e.g. a maximum limit for ranging/stretching for most persons is 30 minutes once a day. The maximum limit for cystic fibrosis is 30 to 60 minutes daily (support workers rotation in the service is advisable).
- Support workers are not to modify a program without direction from the referring professional.

Hydrotherapy

On occasions, requests are made for programs for adults or children with a disability to be carried out in pools. Sometimes the pools are in the person's backyards, in spas or local community pool. Sometimes it may require the transportation of the service user to a public pool. These requests are to be looked at on a case-by-case basis and with a risk management approach.

The maintenance hydro program **MUST** be prescribed as per the maintenance therapy programs outlined above.

The support worker should not be solely responsible for conducting a maintenance hydrotherapy program.

If the service is to be provided, it must be provided in a manner that is safe for the support workers and service user.

Questions to ask:

- Does the person have uncontrolled movements? Challenging behaviour? A history of seizures?
- If the service is to be in a community pool, how will the person be transported to the pool? Who will be there to assist with transfers in and out of the car and pool? Who will be there to assist the support worker in the pool?
- If at home, will there be someone else to assist the support workers?
- Can the support worker swim?

A rule of thumb would be that the onus is on the carer or family member to transport the service user to the public pool. A carer or family member would also need to be present to provide assistance, should it be necessary, during the service, be it at home or in a public pool.

Skin Care

Skin care refers to the careful, preventative measures that must be taken to ensure that skin remains in a healthy state. It does not refer to the care of skin problems which require medical and/or nursing expertise to repair damaged skin or treat skin disease.

Some people are more prone to skin problems than others. As we grow older, skin loses some of its elasticity, bruises and breaks more easily and heals more slowly. Extra care is required with elderly people to avoid accidents which may damage the skin.

People who have a medical condition such as diabetes, cardiac or vascular disease, people who are paralysed, e.g. stroke, spinal injury, multiple sclerosis and people who have restricted mobility for any reason, either temporary or ongoing, will be more prone to problems arising from poor circulation of the blood.

Circulation can be impaired for a variety of reasons and movement of the affected part of the body will normally restore blood flow where there are no problems with blockage or narrowing of the arteries.

The body gives warning when circulation is impaired, producing numbness and pins and needles, and encouraging movement. For people who have no feeling or for those who can feel the numbness but cannot move to relieve it, the risk of developing "pressure areas" is increased.

A pressure area is one where, due to lack of circulation, breakdown of skin may occur.

Pressure areas, if left unattended, can lead to pressure sores, large ulcers and tissue damage. Severe pressure areas can result in extended periods of bed rest, hospitalisation and surgery. Therefore, for people who have poor circulation, loss of sensation and loss of movement, prevention of such pressure areas is of utmost importance.

Pressure areas can develop in all the parts of the body where the bones are close to the surface, e.g. elbows, hips, knees, ankles, heels, bottom, spine and where weight is maintained without sufficient movement.

People who are bed-ridden for any period of time may develop pressure areas at the base of the spine (sacrum) and the point where the hip, bones, shoulder blades and ankles are pressing against the bed.

Sitting for long periods, e.g. in a wheelchair, can produce pressure areas on the buttocks where the pelvic bone takes the body weight. The blood vessels are constricted by the continued weight and, if not relieved at regular intervals, pressure sores develop.

Reasons for Pressure Areas

Pressure areas can also develop as a result of external factors, for example:

Moisture

Inadequate drying of skin following bath or shower, particularly in areas where skin rubs together, e.g. groin, between buttocks, between toes, under arms and breast!

It may also be due to urine left on skin perhaps from a catheter or urodome leaking or wet bedding.
NB Some people may not be aware that they are wet, if there is no feeling present.

Tight Clothing

Seams on jeans or elastic rubbing against the skin can lead to skin breakdown.
Some people wear their underwear inside out to prevent rubbing of seams against their skin

Burns

Skin burns may occur from hot water taps or hot water bottles, hot drinks or hot plates, electric blankets, heaters, stoves, saucepans, hot wheelchair foot-plates sunburn etc.
Thermostat regulators to control the temperature may be fitted to showers or services

Diet

Inadequate diet will affect the condition of the skin.

Objects left in the Bed

Objects such as bottle tops, crumbs, and scissors must be considered as people with no feeling will not know they are there.

Tapes (sticking plaster)

Must be removed gently and carefully - if pulled off quickly, can damage the skin

Friction

Blisters and pressure areas can easily occur from friction of limbs rubbing on objects such as a wheelchair or in a motor vehicle.

Splints, Catheter Tubing, Leg Bags, etc.

Skin breakdown can result from splints rubbing on the bony prominences of the skin.

Rough Massage

Rubbing the skin can break it when the circulation is poor.

Support workers must be careful when providing services not to scratch or tear a service user. They must adhere to the guidelines set down in the section 'Role of the Support Worker' where it states

requirements with fingernails and jewellery.

Responsibility for the care of skin rests with the individual person but information regarding the state of his/her skin will be of great importance for those service users who cannot feel or see problems developing.

If someone needs assistance with bathing or dressing, closely observe the conditions of the skin each time you provide service. Inform the person immediately if you see any changes and take care to avoid creating situations where there is risk of pressure developing.

Some people may want the support worker to position mirrors so that they can check the condition of their skin themselves.

Pressure Areas - What to Look for

The first sign is slightly reddened skin. When pressured lightly, the skin will whiten then return to red. At this stage, no damage has occurred and relieving the pressure will return the skin to normal after about half an hour. Other signs of developing pressure areas are localised warmth, areas of swelling, blistering, small broken or ulcerated areas.

If the skin is red and firm to touch and when pressed stays red, some tissue damage will have occurred and the only effective treatment is to remove all pressure from the area until it completely disappears. Tell the person clearly about any problem areas you find.

If the warnings are not heeded, a pressure area may develop. If the skin is broken, a scab may form. The area is prone to infection and may become an ulcer, involving deep layers of tissue under the scab.

At this stage medical attention is needed and correct dressings applied.

Be sure to inform the service user of any suspected pressure areas. Discuss concerns with the person. If the problem persists inform the Coordinator.

Medication

Policy

Meditech Attendant Care provides assistance with medication in circumstances where a service user is receiving a package of services and where the need for medication arises at a time when the other services are being provided.

There are two types of medications:

- Prescription medications - those medications which require a doctor's prescription and can only be purchased from pharmacists.

- Non-prescription medications - those medications which can be purchased over the counter without a doctor's prescription.

Assistance with Medication

If the need for assistance with medication is identified, it is the responsibility of the Coordinator to discuss the medication requirements with the service user and/or carer and other relevant people as required, e.g. pharmacist, community nurse or general practitioner. A decision concerning the appropriateness of the medication request for Attendant Care is then made. Decision-making depends on the ability of the person to self-administer or direct medication and the medications prescribed.

Requests for assistance may include:

- a person with a physical disability requiring assistance to remove the medication from a container;
- to bring medication to their mouth;
- persons with dementia requiring supervision to ensure they are taking required medication;
- persons requiring medication via a gastrostomy tube during a respite service;
- persons requiring prompting to self-administer

Decision-Making

In the first instance, the role of the support worker in the administration of medication is primarily:

- To assist the person in the administration of oral medication where the service user self-administers or retains responsibility for directing the support worker on the appropriateness of the medication required at the time.

The assistance provided by a support worker with medications is such that it can reasonably and confidently be provided to the service user, without endangering the well-being of that person. That is, it falls within what is reasonable for the support worker, who has a "duty of care" under common law to ensure the service user's safety and proper use of medication.

- Service users must only be assisted with medication prescribed solely for their use by a medical practitioner.
- Medications are to be given from clearly labelled containers with a pharmacist's label and clear instructions for use.
- Service user can be assisted with over the counter medication if so directed. However if there is prolonged or frequent use, a review is required and approval sought from pharmacist or local doctor. Use some discretion, for example Vitamin C is different to the prolonged use of pain relief medication.
- Support workers are not to assist with Schedule 8 drugs such as morphine.

Support workers may assist with the administration of medication in the following ways:

- In the first instance the recommendation is for blister packs to be used (also known as Webster). These are a system of packaging carried out by the pharmacist, where each blister contains a medication that is to be taken at a specific time. Blisters are to be checked to ensure they are intact and not broken before assisting with contents. For a variety of reasons, blister packs may not be an option and the next alternative is leaving the medications in the original, labelled container as supplied by the community or hospital pharmacy, and administering the medications directly from the container. The container must have the person's name, medication name and dosage and date noted on the label. It should also be stated how the medication is taken. E.g. route
- Dosette boxes can be an option, however, there is a danger that the box can be interfered with or dropped. The medications can be mixed, resulting in the wrong dosage.

Medication compliance aids are designed and intended for the person's own use to facilitate self-administration of their medication. If able, the service user can safely load the dosette box. The boxes can also be filled by the person's family or the pharmacist dispensing the person's prescription.

Support workers are not to fill a medication compliance aid, i.e. dosette box for a person. Medications must never be given from an unlabelled container,

With service users requiring assistance with medication, the Coordinator is to ensure the following:

- Details of all prescribed medications are to be noted on the person's file, including the name of the medication as written on the label, dosage, frequency, route and assistance required.
- Each support worker, and any relief support workers providing a service to the service user, is to receive a dated copy of the medication instructions as noted on the file, as part of the documented work practice instructions for the person.
- A copy of the medication instructions is to be left in the home with the medications.
- The literacy of the support worker is an issue to be considered and noted.
- Service users where assistance with the administration of medication is required are to be reviewed at support and supervision sessions with support workers. Procedures are to be reviewed at these sessions.
- Coordinators are to ensure appropriate storage of medications in the home where tampering could be an issue.
- Consider the use of a daily medication record form or communication book with services where there are multiple support workers providing assistance with medication.
- Medications to be reviewed every six months or whenever there is a change in medication

Feedback re: Medication

Support workers must inform their coordinator of any concerns related to medication, i.e.

- deterioration in the person's ability to direct medication
- refusal to take medication
- medication taken prior to service where assistance was to have been provided
- reactions to medication which result in obvious changes in person's condition
- changes or requests for medications that were not expected or documented
- any irregular medication practices that occur with the service user

If there are any concerns about a service user's medication, it needs to be discussed with the person in the first instance and possibly the general practitioner and/or pharmacist.

Exceptions

Where the person is unable to direct the administration of medication, they are to be reviewed on a case-by-case basis.

1. If there is doubt about the ability of the person to direct the administration of medication, the Coordinator is to discuss the situation with the service user, family or carer. If Meditech is to continue to provide assistance, a written, dated, authority from the person's local doctor is required along with specific individual training for the support workers.
The authority is to state that Meditech can assist with the medication, and outline in detail what the medications are and the dosages. Authority is to be kept on file. Regular monitoring of the situation is to occur. The medication is to be kept in a Webster pack and administered directly from it in accordance with Meditech Policy & Procedure.
2. If the service user requires assistance with medication, is unable to direct the support worker, lives alone and has limited supports and tampers with their medication, the situation needs to be considered in total. Discussion needs to occur with the relevant people such as service user, carer, family, doctor, community nurse.

Questions to be considered:

- What are the medications?
- Is there anyone else who could assist?
- Do the nurses visit? Are they able to administer the medication? Can they monitor?
- Where service users tamper with medication, can a safe system be implemented to safeguard the medication in the house?

Based on the information, a decision is made. If the risks are too high for Meditech to safely provide the service, then the service is not to be provided. If Attendant Care provides assistance with medication, the system implemented must ensure safety for the person and

protection for the support workers. A well-documented system is required, with regular monitoring at support and supervision sessions with support workers, and six monthly intervals, or as medication changes arise, with the general practitioner and/or pharmacist.

3. Where there are requests for Meditech to assist with medication when there are no other Home Care services being provided, service provision will only occur in exceptional circumstances and it is a case-by-case situation.

Issues to be considered:

- Are there alternatives available to provide assistance?
- What level and frequency of service is being requested?
- What are the risks if the service is not provided?
- What are the resource implications, for example with country requests that involve travelling distances?

Procedures to Follow When Assisting Service User

Support workers are to sight and check instructions prior to providing assistance. Assistance is to be provided as per instructions. Always communicate your intent to the service user and gain the person's consent prior to commencing with the procedure.

Tablets

- Support workers are to thoroughly wash hands before and after assisting the service user with medications.
- Support workers must check the label of the blister pack/bottle, verifying it with the service user.
- The support worker places the tablet(s) in the person's hand, to take the tablet(s) or the support worker places the tablet(s) in the person's mouth. Support workers will provide fluid to assist with swallowing.
- Tablets can be placed in a thickened fluid such as custard, yogurt or crushed and placed in thickened fluid to assist in swallowing. Consent to do so must be sought prior from the service user and general practitioner.

Liquid Medicines

- Support workers are to thoroughly wash hands before and after assisting the service user with medications.
- Support workers must check the label of the bottle. Shake bottle well before pouring. Assist with measurement of the correct dosage. Hold graduated medicine cup at eye level to avoid meniscus error. Verify all steps with the service user. An extra safeguard can be an indelible line placed on the measuring cup to indicate required level for the liquid.
- If necessary, support the person's head as this may help to swallow.

Powders

- Support workers are to thoroughly wash hands before and after assisting the service user with the administration of powders.
- Powder can be shaken onto back of tongue, then swallowed with water or mixed with something palatable and eaten from a spoon.

Medication via Gastrostomy

On occasions, Meditech may be requested to assist with the provision of medication via a gastrostomy or NG tube during a respite service. A risk management, problem- solving, case-by-case approach is required with these requests.

If the service is to be provided, the support worker is to be trained in the procedures. Dated, documented instructions are required. If there is an issue, documented approval to carry out the procedures from the local doctor or family can be considered and requested. If there are concerns, an option may be for the carer/family to pre-measure the required medication, which leaves the support workers to administer the medication via the tube at the designated time.

Reference: NSW Health Department Circular No. 97/10 7/2/97 Guidelines for the Handling of Medication in Community Based Health Services and Residential Facilities in NSW.

NOTE: AS PER THE JOINT CARE STATEMENT WITH THE NSW NURSES' ASSOCIATION SUPPORT WORKERS WILL NOT GIVE INJECTIONS

Assistance with the Application/Administration of Ointment or Drops

Policy

As per medication, Meditech will provide assistance with the application of ointment and administration of eye/nose/ear drops in circumstances where a service user is receiving a package of services and where the need for medication arises at a time when the other services are being provided.

Assessment

If at assessment, the need for assistance with the application of ointment or administration of eye/nose drops is identified, it is the responsibility of the Assessor or Coordinator to discuss the requirements with the service user and/or carer and other relevant people as required, e.g. pharmacist, community nurse or general practitioner. A decision concerning the appropriateness of the request for Home Care is then made.

Decision-Making

In the first instance, the primary role of the support worker in the application of ointment and administration of nose/eye drops is:

- To assist the service user in the application of ointment or administration of drops where the person retains responsibility for directing the support worker on the appropriateness of the ointment/drops required at the time.

The assistance provided by a support worker with ointment/drops is such that it can reasonably and confidently be provided to the service user without endangering the well-being of the person. That is, it falls within what is reasonable for the support worker, who has a "duty of care" under common law to ensure the person's safety and proper use of medication.

- Service users must only be assisted with ointment/drops administered solely for their use as prescribed by a medical practitioner.
- Service users can be assisted with over the counter medication if directed by a person. However, if there is prolonged or frequent use, discuss the situation with the service user and perhaps a review may be required and approval sought from pharmacist or local doctor. Use some discretion with the ointment.

With service users requiring assistance with ointment/drops the Coordinator is to ensure the following.

- All prescribed ointments and drops are to be noted on the person's file, with instructions outlining the assistance required. Note the name of the ointment/drops as written on the label; refer to the instructions on the label, the dosage and frequency of ointment/drops and any procedures.
- Each support worker providing a service to the service user is to receive a copy of the ointment/drops instructions as part of the documented work practice instructions for the person.
- A copy of the instructions related to ointment/drops is to be left in the home.
- The literacy of the support worker is an issue to be considered and noted.
- Service users receiving assistance with the administration of ointment/drops are to be monitored at support and supervision sessions with support workers. Instructions are to be reviewed at these sessions.
- Coordinators are to note the appropriate storage of ointments in the home.

If there is doubt about the ability of the service user to direct the ointment/drops, the Coordinator is to discuss the situation with the service user/family/carer and obtain a written, dated, authority from the person's local doctor. The authority is to state that Meditech can assist with the ointment and drops and outline in detail the name of the ointment/drops, the dosage, frequency and other procedures.

Procedures to Follow When Assisting Service Users with Ointments and Drops

- Communicate the intent and gain consent from the service user prior to performing the procedure.
- Support workers to sight and check instructions prior to providing assistance. Assistance is to be provided as per instructions. Verify procedures with the service user.
- Support workers are to wear gloves when applying creams/ointments.
- Support workers are to thoroughly wash hands before and after assisting the service user.
- Assist the person to position themselves comfortably for the procedure.
- When assisting with eye drops, slightly tilt the head back and support as necessary with a pillow or with one hand. Follow carefully the instructions given for application.

Dressings

A support worker may assist with simple dressings only. If the support worker discovers a wound (e.g. a small skin tear or cut) discuss it with the service user. It is acceptable for the support worker to do a temporary soft dressing (do not use band-aids, use non-stick dressing such as duodermmicropore). If the support worker is concerned or the wound does not heal in time discuss it with the service user and inform the Coordinator.

A support worker may only replace dry minor dressings where the dressing is to a simple abrasion. Cover the area with a non-stick dressing e.g. jelonet or telfa and cover with a pad or light bandage to protect it. Use non-stick tape. If a dressing still requires changing after one week, then a health assessment is required. Inform the Coordinator.

If a registered nurse or doctor considers that the Home Care Service may continue to provide this service then:

- The nominated support worker must be instructed by a registered nurse or doctor.
- The person's condition and the routine must be monitored regularly by a nurse or doctor.

Wash hands thoroughly before and after the procedure. Wear gloves.

Support workers are not permitted to undertake complex dressings i.e. burns, pressure areas, diabetic ulcers, post-surgical wounds, major cuts and grazes and any lesions where there is infection require medical/nursing intervention. Support workers should not debride (cut away dead tissue in a wound) or undertake invasive irrigation of an open wound or pack a deep wound.

Surgical Stockings

- Meditech Attendant Care support workers may be required to assist service user putting on and taking off therapeutic stockings. The service is usually carried out as part of other services, i.e., personal care.
- Compression stockings are usually prescribed by a doctor to assist in venous return and are more frequently used with people who are frail aged.
- There are a variety of compression stockings available. They come in different pressures and accurate measuring by a specialist is required.
- Discuss with Coordinator what assistance the service user requires with the stockings.

Issues to Consider:

1. When are the stockings to be put on and removed?
2. How are the stockings to be put on? Support workers will require training to ensure the stockings are put on properly and to learn the easiest method to provide assistance to ensure it is safe for the service user.
3. Support workers require dated, documented safe work practice instructions.
4. The stockings will need to be monitored as they lose elasticity and therefore pressure.

Oxygen, Nebulisers, Suction, CPAP Machines

Meditech may receive requests to provide assistance to people with nebulisers, oxygen, CPAP machines and on limited occasions suction. The requests are usually for services to be provided during respite.

Assistance with CPAP machines, oxygen and nebulisers are usually more straightforward. Decisions need to be made on a case-by-case basis, with a problem-solving, risk management approach.

Requests for suction however need to be referred to the Coordinator for discussion and decision making.

If service occurs, the same expectations apply, that is documented safe work practice instructions with emergency protocols, training by a specialist, regular monitoring and review.

Nebulisers

Support workers can assist where the service user or carer retains the responsibility for observing/directing the use of the nebuliser, in particular the solutions. The support workers can assist with the placement/removal of the mask, can turn the machine on/off, and mix the solutions.

If the service user is unable to direct the operation of the nebuliser, discussions need to occur with the relevant people such as service user, carer, family, doctor, or community nurse to ensure that support workers can safely provide the service. Support workers require training. Documented guidelines are required outlining the procedures and actions should an emergency arise and a system for monitoring and review.

Oxygen

Attendant Care support workers can assist where the service user or carer retains the responsibility for observing or directing the use of the oxygen. The support workers can assist with the placement or removal of the mask.

The oxygen can be turned on to a pre-set or well-marked level.

Please note: There is to be no smoking around oxygen.

If the service user is unable to direct the operation of the oxygen, discussions need to occur with the relevant people such as service user, carer, family, doctor, or community nurse to ensure that support workers can safely provide the service. Support workers require training. Documented guidelines are required outlining the procedures, actions to be taken should an emergency arise and a system for review.

Suction

On a limited number of occasions, there will be requests for support workers, to be trained to provide emergency back-up for service users who very occasionally require suction.

The requests are usually for assistance to be provided during respite. They are situations where family could not otherwise leave the house. They are situations where the need for the suction is very rarely required.

All requests for suction need to be forwarded to Meditech Coordinator and Operations Manager for decision. Decisions are to be made on a case-by-case basis, with a problem-solving, risk management approach.

If assistance is provided the service must be well documented and tight parameters are required around the service.

If service occurs the same expectations apply, i.e., support workers are prepared to provide the service, there are written instructions including emergency protocols, regular training by a specialist, regular monitoring and review.

CPAP Machines

The machines are usually used for people who have sleep apnoea. Sleep apnoea is a medical condition in which breathing ceases for a few seconds (sometimes as much as two minutes, or more) during sleep. The body simply forgets to breath. It is a neurological function.

The Continuous Positive Airway Pressure (CPAP) Machine involves the use of a specially designed mask worn over the nose and mouth at night. Service user may require assistance to put on and

remove the mask. There are other models of these machines (VPAP and BPAP machines), which are less frequently prescribed.

Emergency Situations

Support workers are only responsible for providing assistance within their own level of expertise. They are not expected to provide active assistance that they are not trained or employed to do.

If upon arrival at the residence, if the service user does not answer the door and this is out of character, attempt to contact the person, by trying doors and windows, check with neighbours and/or family. If unsuccessful, notify the Coordinator, and/or contact the police.

In the case of an emergency, for example a service user becomes ill, medical advice and /or assistance should be sought immediately by the service user / carer / support worker.

Assess whether the service user is injured or ill e.g. ask them how they are? Are they able to move their limbs? Do they have any pain?

Make the person comfortable by placing a pillow or towel under their head and cover with a blanket if they are cold. Do not give them fluid or food. In general observe the persons condition.

Stay with the person until assistance or the ambulance arrives. Notify the Coordinator, family, carer, doctor.

Following a Fall, a Service User May be:

- Unconscious or seriously injured and requiring emergency care. Dial 000 for an ambulance.
- Uninjured but unable to get themselves off the floor. A hoist should be used in this instance if available. If not, call an ambulance.
- Mobile enough to get themselves off the floor with minimal assistance or verbal instructions.
- If someone falls on the floor, under no circumstances should support workers attempt to manually lift the person from the floor.

If there is no apparent injury and the person is able to help themselves, the support worker can position a chair to assist. The support worker must always notify the Coordinator of any changes in the person's condition as soon as possible

If ANY incident of an emergency nature occurs always inform your Coordinator and complete an Incident Report. The Coordinator must make a note in the person's file describing the incident, the action taken and outcome, the people notified.

Always ring an ambulance if in doubt. If the person goes to hospital the support worker locks up the house for service user.

SECTION 6: WORKPLACE HEALTH AND SAFETY

WHS Management System Review

Purpose

This procedure is to ensure that the WH&S Management remains effective in achieving its goals, and remains in line with relevant legislation.

WH&S Management System

This includes all policies, procedures and activities relating to occupational health and safety within Meditech.

Responsibilities

It is the responsibility of Meditech management to review the WH&S Management system on an annual basis, and to revise and develop appropriate goals and objectives in relation to WH&S with the workforce.

Procedures

- Management meet on a yearly basis to review the current goals and objectives of the WH&S Management system
- Each goal and objective is assessed, and the relevant data collected in relation that goal/objective reviewed
- Management also reviews results of any audits, reports, and risk assessments. Support workers meeting minutes over the past 12 months can also be used to assist with this process, as can any relevant employee feedback
- Management review the WH&S Policy, and any legislative changes which may have been introduced over the past 12 months
- Revised goals are developed based as required, or procedures modified as required for goal attainment.
- Management submit the revised goals and objectives and procedures to the employees for review and comment if appropriate
- Once finalised, employees informed of revised goals and objectives and/or procedures. New procedures developed and implemented, and policies updated and/or signed as being revised
- Employees trained in any new procedures

Objectives and Targets

Objective 1: To have an effective work, health and safety management system in place

Target: A WH&S system will be in place that ensures Meditech adheres to its legal requirements and maintains the health and safety of the workforce

Indicator: A system will be in place within 3 months that adheres to the requirements of the WH&S Act

Objective 2: Provide WH&S Induction training for all employees/contractors

Target: All new employees to be provided with training in the first week of induction, all existing employees/contractors to be trained over the coming 12 months

Indicator: % of employees/contractors given WH&S induction training

Objective 3: WH&S responsibilities to be known and defined

Target: All employees will have their WH&S responsibilities included in their job descriptions over the coming 12 months

Indicator: % of job descriptions with WH&S responsibilities/accountabilities outlined.

Objective 4: To maintain zero work injuries

Target: Zero injuries in a financial year

Indicator: Number of injuries in a financial year

Objective 5: To implement a risk management approach to all current work activities.

Target: Any unsafe practices will be reported, assessed and controlled

Indicator: Number of work tasks assessed, and % of hazards assessed and controlled following notification

Objective 6: To develop a documented consultation system with employees, contractors and volunteers

Target: A consultation system will be in existence to allow employees, contractors and volunteers to communicate issues re WH&S to management and vice versa

Indicator: % of employees/contractors aware of the system and utilising it

Objective 7: To maintain an effective WH&S Management System

Target: The WH&S Management System will be revised annually in relation to its effectiveness, or as new requirements arise

Indicator: Date of last evaluation/review of the system

SECTION 7: FEEDBACK AND COMPLAINTS

Meditech values and appreciates all complaints and feedback as these assist us to develop better services. All complaints will be recorded and will be used to improve our existing services and in planning new services.

Meditech supports the rights of all people with an interest to make complaints. People with an interest could include a service user, family member, friend, support workers member or other service provider.

Meditech supports the rights of all people with an interest to pursue any complaint in relation to services received and to do so without any fear of retaliation, disadvantage, or of services being discontinued.

When requested by a service user Meditech will facilitate access to an independent advocate to assist the person with the complaints management process.

Meditech will develop resources or have complaints information available for people from culturally and linguistically diverse backgrounds.

Meditech is committed to resolving all complaints efficiently and fairly. Service users have a right to request an internal review of decisions. Reasons for such decisions will be provided in writing on request.

If any person with an interest is not satisfied with the manner in which Meditech has managed a complaint, they should contact a senior member of the organisation such as the relevant Operations Manager or any external agency such as the funding body or NSW Ombudsman.

Meditech will ensure that its Feedback and Complaints policy and procedure is visible and accessible to all service users and will also provide them with information including contact details about other external support agencies that may assist with complaint resolution if required. (E.g. the Funding Body or the NSW Ombudsman).

All complaints received by Meditech will be fully documented and every effort will be made to resolve the matter within 30 working days of receipt of the complaint. The complaint management process will be conducted in an environment of openness, accountability and service improvement. Sufficient resources will be allocated to ensure that all complaints are adequately managed and investigated. If Meditech is unable to resolve a complaint to the satisfaction of the parties involved, the matter will be referred to an agreed external agency for resolution or mediation.

Meditech will ensure that support workers are trained in complaint management and specifically in the application of this policy and procedure. Meditech will ensure that only suitably qualified/trained support workers will manage the investigation of complaints. Such support workers will be required to attend training sessions such as those provided by the NSW Ombudsman.

Service users will receive training if required to understand their right to make a complaint and to understand the complaint management process. Support workers who have received formal complaints management training may be required to provide that training to service user and their families so that they have an awareness of their rights as well as an understanding that complaints are welcomed and benefit the delivery of services.

See Feedback and Complaints Policy for full details of complaint handling.

SECTION 8: SAMPLE FORMS

As these forms are regularly reviewed, please contact the office for the latest version.

- Timesheet
- Incident Report
- Complaints Form
- Hazard Form
- Money Handling Form
- Emergencies Protocols