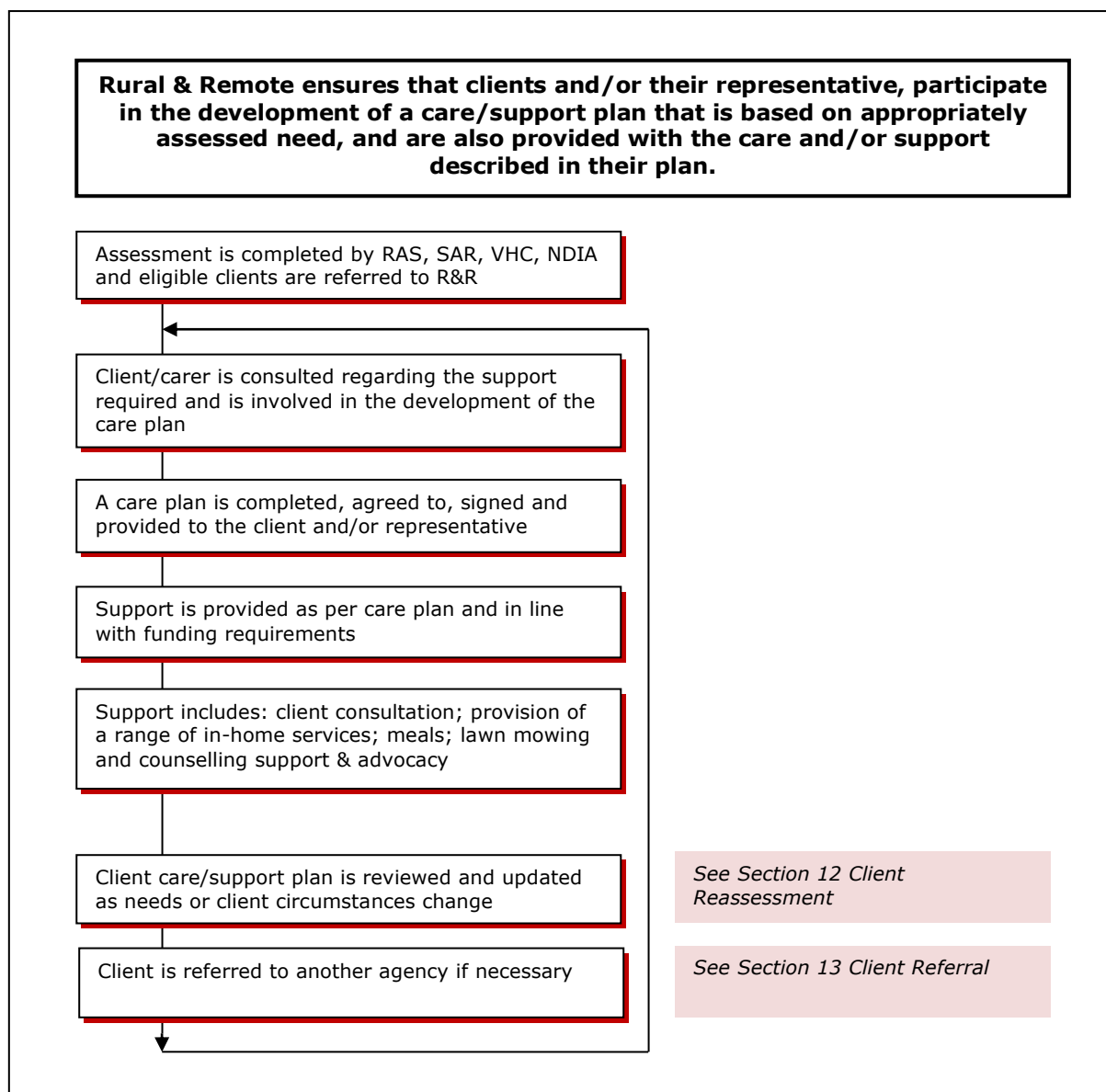


SUPPORT PLANNING AND DELIVERY



FORMS AND RECORDS

Client Consent Form	Client record – Information Management System
Information Management System	Shared Drive & client files
Client/care support plan	Client record – Information Management System
Client Assessment/Re-assessment form	Client record – Information Management System
Progress Notes	Client record – Information Management System
Hazard Report	Shared Drive; Client Record; Cluster Team Leader
Incident/Accident Report	Shared Drive; Client Record; Cluster Team Leader

Tell Us What You Think form	Shared Drive
Incident/Accident Report	Shared Drive; Central Risk Register
Client Handbook	Shared Drive
Home Care Worker Probationary Checklist	Shared Drive

11.1 Client Involvement in their Service Planning

11.1.1 CLIENT CONSULTATION

Clients/carers and/or other nominated representatives are consulted about the support that the client is to receive; this is firstly determined through the assessment process.

When we first meet the client, the RnR Team Leader/CTL provides the client with a range of options, which takes account of their preferences regarding support. This is balanced with considerations regarding 'dignity of risk' (see Section 6.8) for the client, funding and legislative guidelines and current service capacity in relation to availability of suitably qualified staff.

All service level assessment/re-assessment and client care/support plan documentation is completed in partnership with the client/carer or nominated representative, has a wellness focus and incorporates the following considerations, in particular those outlined in **Standard 1 & 2 of the Aged Care Quality Standards:**

- ***Each client is treated with dignity and respect – with their identity, culture and diversity valued***
- ***Care and services provided, are culturally safe and appropriate***
- ***Each client is supported to exercise choice and independence, including to – make decisions about their own care and the way such care and services are delivered; make decisions about when family, friends, carers or others should be involved in their care, and; communicate their decisions, and; make connections with others and maintain relationships of choice, including intimate relationships***
- ***Each client is supported to take risks to enable them to live the best life they can (Dignity of Risk) See Section 11 – Support Planning and Delivery.***
- ***Information provided to each client is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice***
- ***Each client's privacy is respected and personal information kept confidential***
- ***Assessment and planning, including consideration of risks to the consumer's health and wellbeing, informs the delivery of safe and effective care and services***
- ***Assessment and planning identifies and addresses the client's current needs, goals and preferences, including advance care planning and end of life planning if the client wishes***
- ***Assessment, planning and review is based on an ongoing partnership with the client and others that the client wishes to involve, and includes other organisations and individuals/providers of other care and services that are involved in the care of the client***
- ***The outcomes of assessment and planning (including any identified risks and mitigation strategies) are effectively communicated to the client and documented in a care/support plan that is readily available to the client, and***
- ***Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the client.***

Options for Clients may include:

- The day or time of service
- A choice of support worker if possible (considering gender and other preferences and interests)
- A choice of activities that most suit the client's needs and preferences when possible
- Consideration of the clients' independence, functional capacity and wellness goals (included in the service level client assessment/re-assessment documentation).

R&R respects each clients cultural preferences by ensuring staff have an understanding of the culture of the client and that, where possible, support is tailored to meet cultural needs. We endeavour to recruit staff from a range of cultural backgrounds to assist in understanding and meeting cultural and linguistic needs relevant to our local demographics.

We also consult with the representative or carer of the client to endeavour to understand their needs, where this is appropriate and consent provided.

For recipients of Respite services (in home or centre based), the carer is the primary client, so understanding their needs is paramount. The carer's family member/s may require support whilst the carer receives respite; the family member (or care recipient) will also be consulted regarding the type and nature of the support required.

11.1.2 CONSENT

Consent is sought from the client (and/or carer) for receiving and providing information to other parties. The RnR Team Leader/CTL explains the extent of consent and completes the client [Consent Form](#) which is signed by the client/carer. If the individuals are unable to sign, verbal consent is received and noted.

11.2 Delivering Support

The RnR Team Leader/CTL organise appropriate staffing for the services delivered. Staff are rostered to meet the planned support and service needs determined through assessment, and support is provided by suitably skilled home care support workers who follow the designated Client Care/Support Plan.

11.2.1 TEMPORARY STAFF SHORTAGES

The following process applies for clients whose support has been rescheduled or have had support cancelled due to staff shortages:

- The client is advised by telephone and provided with an explanation as to why there is a need to cancel a support visit. Every effort is made to reschedule the support, but this is not always possible

A progress note is made in the client file and the information management system is updated accordingly by the RnR Administration/Finance Assistant.

11.2.3 STAFF ACCESS TO SUPPORT

All support workers have access to support, information and advice via telephone or secure email to the office, or their immediate supervisor (CTL). Local staff are encouraged to call in to the office on a regular basis. The RnR Team Leader/CTL's provide ongoing support and guidance to home care support workers as necessary, under supervision of the Program Manager.

11.2.4 ACTION IN THE EVENT OF A CLIENT NOT RESPONDING TO A SCHEDULED VISIT¹

Each client is consulted regarding what they want us to do in the event that they do not respond to a scheduled visit. This is documented on their file and a copy given to staff so they are aware of what action to take. Actions usually include - when a client does not respond to a scheduled visit they first:

- Knock and shout at the doors and/or windows
- Check the boundaries of the property and/or check with neighbors (if applicable and appropriate)
- Check the consent form and follow it i.e. either knock & enter, or, ring the client's designated contact person
- Telephoning the office (or CTL) if a client does not respond to a phone call to them, and the office will notify the police as a last resort, after first notifying their next of kin.

¹ The organisation uses the Guide for community care service providers on how to respond when a community care client does not respond to a scheduled visit (Department of Health and Ageing 2009) as a reference.

- The Program Manager may request the Police undertake a 'welfare check' when a client does not respond and entry to the premises cannot be gained.

Staff who provide support have the necessary skills and qualifications to carry out their roles.

The Program Manager, RnR Team Leader and CTL's work together to identify any additional skills or training needs required should a particular client's needs change.

Staff are provided with relevant training and support (internally and externally) to provide the appropriate services.

Client medical information & support is firstly provided on the formal assessment document, is checked and updated during the service level assessment and support/care plan development process, and later may be obtained from local community health clinics and hospitals as required and with client consent.

11.2.6 FEES

See 14.4 Client Fees (client contributions)

11.3 Range of Services Provided by Rural and Remote Home Care

The R&R Program provides community care services to frail aged and younger people with disabilities and their carers, and is a joint Commonwealth, State and Territory government initiative. The program provides a basic level of support (up to 5 hrs/week) to assist client's to remain independent at home and in the community and to reduce the potential for inappropriate admission to residential care.

Some of the services funded through our Program include:

- Meals and other food services
- Domestic assistance
- Personal care
- Home maintenance in the form of lawn mowing
- Respite care
- Social support (Individual or Group via Centre Based Day Respite Care)
- Counselling, support, information and advocacy
- In-Home respite
- Allied Health – Podiatry (delivered via Centre Based Day Respite Care)

Specific information and requirements regarding the RnR Programs support deliverables are obtained from the relevant guidelines. Those listed below conform to the requirements for all current funding agreements including CHSP, QCSS, DVA and the NDIS.

3. CARE SERVICES	
Note: Excludes services if the client and carer chooses and/or is able to provide these for himself or herself.	
Service	Description
Personal care	Personal assistance, including individual attention, support, supervision and physical assistance with: <ul style="list-style-type: none"> • Bathing, showering, personal hygiene and grooming, dressing and undressing and using dressing aids • Communication including assistance to address difficulties arising from impaired

3. CARE SERVICES

Note: Excludes services if the client and carer chooses and/or is able to provide these for himself or herself.

Service	Description
	hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone.
Nutrition, and meal preparation	Assistance as necessary, in the preparation of meals and special diets for health, religious or cultural reasons. Assistance to use eating utensils and eating aids and assistance with actual feeding if necessary. Payment of food prepared by staff in the client's home is the responsibility of the client
Domestic assistance	Basic household cleaning including laundry & bed making if required
Social support	Assistance to access services to maintain personal affairs, either accompanied or not, and to access social activities, & appointments etc (if possible) and encouragement to take part in community life
Home Maintenance	Lawn mowing vouchers are provided to assist with this need, which is high in the wet tropics. A register of contractors is maintained by the office and distributed to clients who may choose from it
In Home Respite	"time out "" for carers to have a rest or go out.

Service	Description
Counselling, support & advocacy	On-going, appropriate support for the client and carer is adjusting to a lifestyle involving increased dependency.

11.7 Support Planning – In-Home Services

In-home services are planned to meet the assessed needs of the client/carer and can include:

- Domestic assistance
- Personal care
- Social support (Individual or Group)
- In home Respite
- Lawn mowing
- Meals
- Allied Health - Podiatry(delivered via Centre Based Day Respite Care)

Each client has a Care/Support Plan which is developed in consultation with them and/or their representative and reflects the services and support to be provided.

11.7.1 DEVELOPING A CARE PLAN

In developing the support plan, R&R ensures that:

- Clients/carers are involved in deciding the support they receive and their individual needs and preferences are taken into account and may include:
 - Physical needs
 - Emotional needs

- Cultural needs
- Socio-economic needs
- Preferred days and times (balanced against the ability of R&R to provide support at specified times)
- Consideration of the concept of 'dignity of risk' - Dignity of Risk refers to the right of clients to make their own informed decisions in relation to the care and services they receive, as well as their right to take risks.

The client is also made aware of and able to choose from additional available support in the broader community.

The client agrees to the care plan by signing it.

11.7.2 CARE PLAN LOCATION

There are three (3) copies of the signed care plan. The original is in the client record in the office (and online in the Information Management System), the second is kept in the client's home in their folder, and the third copy given to the home care support worker.

Amendments to the care plan identified after a review of client circumstances are provided to the home care support worker and to the client. All internal records are also updated including hard copy in the client record and in the Information Management System.

11.7.3 IN-HOME FILE CONTENTS

The in-home file may contain:

- A client consent form
- The relevant care plan/s
- Brochures and leaflets re complaints & advocacy agencies
- Information on client contributions
- Charter of Care Recipients' Rights and Responsibilities – Home Care
- Client handbook
- Other documents as required e.g. sheet for signing by all staff whenever they visit

The RnR Team Leader/CTL at first visit, and then home care support workers ensure that there are adequate cleaning supplies and equipment necessary to safely deliver services and support.

NOTE: If at any time the condition of equipment changes, making use unsafe and/or cleaning supplies not conforming to the material safety data sheet are found, the home care support worker must immediately inform a senior member of staff (CTL/RnR Team Leader) who will liaise with the client/carer to resolve the issue.

The services delivered are those specified in the support/care plan. If a client requests additional or different support, then their support/care plan is reviewed before additional or different services are provided. The support/care plan may also detail any special needs such as special diets, particular domestic assistance requirements, particular personal care requirements or medical considerations.

11.7.4 DELIVERING SUPPORT

All client supports are delivered in partnership with the client/carer or nominated representative, have a wellness focus and incorporate the following considerations, in particular those outlined in **Standard 3 & 4 of the Aged Care Quality Standards:**

- **Each client receives safe and effective care (personal) that is best practice, tailored to their needs and optimises their health and wellbeing**
- **There is effective management of high-impact or high-prevalence risks associated with the care of each client**

- **Deterioration or change of a client's mental health, cognitive or physical function, capacity or condition is recognised, recorded and responded to in a timely manner**
- **Information about the client's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared**
- **Each client receives safe and effective services and supports for daily living that meet the client's needs, goals and preferences and optimise their independence, health, wellbeing and quality of life**
- **Services and supports for daily living promote each client's emotional, spiritual and psychological wellbeing**
- **Services and supports for daily living assist each client to participate in their community within and outside R&R's service environment, have social and personal relationships and do the things of interest to them**
- **Timely and appropriate referrals are made to individuals, other organisations and providers of other care and services**
- **Where meals are provided, they are varied and of suitable quality and quantity, and**
- **Where equipment is provided, it is safe, suitable, clean and well-maintained.**

Delivering services and supports to maintain or improve a client's wellbeing and quality of life requires a consumer-centred approach. This means RnR treats the client as a whole person and considers their physical and mental health, and spiritual, emotional and social life as a part of support/care planning. RnR also considers that the client's relationships, attitudes, cultural values and the influences of those around them (including family and community) are all important.

Clients sign for the time spent delivering the service on the home care support worker rosters.

Home care support workers fold the sheet over so that only the client who is signing can see any client details. This ensures that privacy is not breached. Home care support workers return the completed sheets fortnightly to the RnR Administration/Finance Assistant for payroll purposes.

Home care support workers deliver the support as described in the support plan/s. If the support worker notices a change in condition or other exceptional event, they report this to either their CTL or the RnR Team Leader. The CTL or RnR Team Leader follows up as required; any notes of the follow up are recorded in the clients file and the Information Management System.

All staff use the relevant reporting forms to record hazards, or incidents and ensure these documents are completed and lodged as near to the event as possible. The Program Manager has responsibility for updating the Central Risk Register as appropriate.

Home care support workers are updated on any changes to support/care plans or client needs through a verbal handover and are also provided with an updated support plan to take to the client's home if there are significant changes.

If this is not possible, the new plan is posted to the client. Home care support workers are instructed to report any issues arising in the support they provide and the Program Manager is available by telephone, at any time, if necessary.

NOTE: All home care support staff are encouraged to provide ongoing client progress notes, in particular when there are changes to circumstances or functional capacity. Staff receive training via staff meetings in the best-practice method for writing objective progress notes. Client progress notes are saved in the client record and also the Information Management System.

Equipment and materials

Clients are expected to provide safe cleaning products and equipment for their services to be completed safely, efficiently and effectively. Material safety data sheets are provided to all support staff during the induction, for WH&S purposes. Home care support staff are encouraged to advise senior staff if equipment and/or materials are not meeting the required standards.

11.8.5 SUPPORT PLAN REVIEWS

See Section 12: Client Reassessment.

11.9 Meal Delivery Service

Meals delivered to clients at home are prepared by an external contractor and delivered either frozen or hot. Surplus meals are stored in the client's freezer. Some clients prefer for a whole week of meals to be delivered and others prefer a daily, week-day delivery; other clients may choose to go the hotel or café providing the meals and eat there.

Wherever possible, R&R will source quality, varied meals which meet the client's nutritional needs.

11.9.1 CLIENT RECORDS - MEALS

Clients who require a meal delivery service have this arrangement organised by the RnR Team Leader. Dietary requirements and allergies are noted and given to the meal provider. The client signs for the receipt of each meal.

Invoices are sent monthly to the Finance Manager from the meal providers.

11.10 Contracting and Subcontracting Service Delivery

This policy statement reflects the requirements of all current Service Agreements – Standards, Terms and Funding and Service Details between RCC Inc – R&R and the relevant State and Commonwealth Governments and/or Authorities.

All contractors/subcontractors engaged by RCC Inc – R&R will meet the following criteria:

- Have the relevant experience to fulfil the required duties to a high standard;
- Adhere to any Industry relevant codes of practice, regulations and requirements at all times in the performance of their duties;
- Abide by the requirements and policies and procedures of the Organisation relevant to their role;
- Hold and provide to the Organisation current copies of all necessary insurances and certifications relevant to their role, and immediately inform the Program Manger R&R should any be revoked, cancelled or not renewed;
- Ensure any equipment used in the delivery of services to all clients is well maintained, fit for purpose and in good working order;
- Will carry out all agreed activities with due diligence;
- Treat all clients, staff and members of the Association with respect, at all times, and where entering the home of clients, abide by the R&R Code of Behaviour for Staff and Volunteers;
- Abide by all WH&S standards and guidelines relevant to their industry at all times;
- Abide by the confidentiality and privacy principles of the Organisation in the event that the contractor has access to information held by RCC Inc – R&R;
- Immediately inform the Program Manager of R&R of any incidents, risks or potential hazards relating to the safe completion of their required duties;
- Will not make any statements, comments or representations to any person, company or entity on behalf of RCC Inc – R&R, without prior written consent and authorization of the Organisation;

- The contractor/subcontractor may not further subcontract the provision of services to another person or entity without the prior written consent of the Organisation. If the contractor/subcontractor obtains prior written consent from RCC Inc – R&R to assign or subcontract the provision of services, the original contractor/subcontractor retains responsibility in relation to the completion of all services etc;
- Will submit accurate invoices for payment in a timely fashion, within 5 working days of the end of each month to the Program Manager R&R;
- The contractor/subcontractor will immediately declare in writing to the Organisation when a potential or actual conflict of interest becomes apparent;
- All disputes will be handled in accordance with the Organisation’s Grievance and Dispute Resolution policy and procedure, which will be provided to the contractor/subcontractor upon request;
- Any agreement will be immediately terminated in writing where a) the contractor/subcontractor fails to remedy a breach within 30 days of being notified of a breach or default, b) by mutual agreement, or c) the contractor/subcontractor is found guilty of serious misconduct by a regulatory or disciplinary body;
- Provide 2 referees who can evidence the quality of work provided by the contractor/subcontractor.

11.12.1 Infection Prevention and Control Overview

Healthcare-associated infections (HAIs) can occur in any healthcare setting, including home and/or community care. The basic principles of infection prevention and control can be applied in all settings.

Standard and transmission-based precautions are used to prevent and control infections and provide protection for clients, staff and the community at large. Infectious agents (also called pathogens) are biological agents that cause disease or illness to their hosts. Infection requires three main elements—a source of the infectious agent, a mode of transmission and a susceptible host.

Clients and healthcare workers are most likely to be sources of infectious agents and are also the most common susceptible hosts. Other people visiting and working in health care may also be at risk of both infection and transmission. In healthcare settings, the main modes for transmission of infectious agents are contact (including blood borne), droplet and airborne. Clients are informed of the precautions R&R staff are required to take to prevent and control infections.

Standard precautions

Standard precautions are applied to all; irrespective of whether it is known the person has an infection, to provide a basic level of infection prevention and control.

Standard precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE) e.g. disposable gloves, booties, aprons and masks
- Waste management including the appropriate handling and disposal of sharps and linen
- Environmental controls such as cleaning and management of spills
- Appropriate cleaning of reusable equipment and the use of single-use only instruments
- Practicing respiratory hygiene and cough/sneeze etiquette

These are further discussed below.

Some transmission-based precautions can include:

- Wearing specific PPE
- Providing equipment to one particular client
- Using specific disinfectants
- Restricting the movement of the client and/or support staff.

11.12.2 ROUTINE HAND HYGIENE

Hand hygiene must be completed:

- Before and after every contact with a client
- Before and after eating or drinking
- When hands are visibly soiled
- After using the toilet
- After removing gloves
- After handling waste, linen or equipment
- After blowing/wiping/touching your nose or mouth
- After blood or body fluid contamination.

Hand hygiene solutions

- Soap (liquid or bar soap)
 - Soap does not have to be antibacterial or antiseptic, soap helps to lift soil or organisms from the skin and the water washes them away.
 - If liquid soap is dispensed from reusable containers, they must be cleaned when empty and dried prior to refilling with fresh soap.
 - Bar soap can be used if liquid soap is not available; use running water and rinse hands well after use.
 - Alcohol based product
 - Only used if hands are not visibly soiled (alcohol based products are inactivated by any soiling).
 - Alcohol based products kill organisms on the surface of the skin.

Procedure for hand hygiene using soap and water (total time 45-60 seconds)

1. Wet hands including wrists under warm running water
2. Apply soap to either palm and lather hands including wrists for at least 15 seconds
3. Rinse well under running water
4. Pat hands dry with paper towel or clean dry cloth
5. If elbow operated taps are not available, paper towels (or a clean dry cloth) should be used to turn off taps
6. Place used paper towel in bin.

Procedure for hand hygiene using alcohol based products (total time 15 seconds)

1. Hands must be visibly clean
2. Apply recommended amount (about 3 ml) of alcohol based product to either palm
3. Spread over all surfaces of both hands and wrists
4. Allow to dry without wiping off
5. There is no maximum amount of times that alcohol gel can be applied.

Hand and nail care

The hands of support workers doing personal care must be cleaned repeatedly during the course of their work; caring for your hands prevents breakdown of the skin as a natural defence against infection.

- **Nails:** Must be kept short (<3mm), clean and well manicured. Nail polish if worn should be clear and not chipped. Artificial nails/extendors must not be worn when providing care. Nail brushes should not be used.
- **Jewellery:** Staff is encouraged to apply a risk assessment approach when determining what jewellery is appropriate to be worn during work hours based on the tasks being completed. Jewellery including wrist watches, bangles, bracelets, rings with stones or intricate detail must not be worn during direct client care if there is a risk of client skin integrity injury, or during food preparation. Plain wedding bands can be worn in these situations.
- **Skin integrity:** must be checked prior to commencement of work. Visually check skin for broken areas, alcohol based hand products may be used to check skin integrity (slight stinging may occur). All broken skin (cuts and abrasions) must be covered with a waterproof, occlusive dressing. Gloves may be worn to protect larger lesions. Staff who handle food must cover broken skin with a waterproof, occlusive dressing, and gloves worn to prevent the dressing coming off. Staff are required to report any skin conditions on the hands to their supervisor such as dermatitis, exudative lesions, exfoliative skin conditions and glove sensitivity (latex and non-latex).
- **Moisturising:** the use of aqueous-based hand cream helps to prevent skin dehydration which may lead to breaches to the integrity of the skin.

11.12.3 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Staff collect PPE from the office as they require it; disposable gloves, booties, masks and plastic aprons are available.

Use of gloves

- Disposable gloves are provided to all direct support staff to minimise the risk of transmission of infection between staff and clients and must be removed after each task and hands washed or decontaminated with alcohol rub.
- Disposable gloves must be used when:
 - there is a risk of exposure to blood or body fluids eg whilst emptying commodes
 - when handling chemicals eg when cleaning client's home
 - handling ready to eat foods, such as sandwiches and salads, or
 - the client has suspected or confirmed infection with an organism transmitted via contact.

Staff with latex allergies can notify their CTL and latex-free, non-powdered gloves are provided.

Other personal protective equipment

Home care support workers are provided with other personal protective equipment relevant to their roles as required. This can include goggles or face shields (if body fluid splashes are possible, such as in the emptying of catheter bags), aprons and booties (if showering poses a risk of wetting the support worker's clothing/footwear), or any other personal protective equipment deemed necessary. If staff believe that additional personal protective equipment is necessary they can talk with their CTL or complete a [Hazard Report](#).

11.12.4 WASTE MANAGEMENT INCLUDING SHARPS AND LINEN

General waste

This includes food and household waste, incontinence pads, equipment and plastics that do not have sharps, general wound dressing waste (that is not overly contaminated with blood) and office waste.

This can be discarded into the normal household waste. Rural & Remote recycles as much of their office waste (paper, aluminium cans, glass and plastics) as possible. Staff also encourage recycling of waste in client's homes.

Clinical waste

Clinical waste is waste that has the potential to cause disease, sharps injury or public offence. Rural & Remote does not generate this waste except for sharps. If a client requires sharps (e.g. uses disposable needles for insulin injections) they must provide a sharps container marked with biohazard symbol in their home and they are responsible for disposing of it.

Pharmaceutical waste

Clients are required to take any pharmaceutical waste (out of date medications etc) to their local pharmacy for destruction.

Linen

Soiled linen and clothes must be handled with gloves. Paper towels are used to remove solid matter and flushed down the toilet. Personal protective equipment (gloves and aprons) are provided to home care support staff who are providing support to clients who may require this linen management.

11.12.5 ENVIRONMENTAL CONTROLS

General cleaning principles

- Regular cleaning of work areas is important for ensuring infection control precautions. Deposits of dust, soil and microbes on surfaces can transmit infection. Routine cleaning and maintenance is necessary to maintain a safe environment for staff, clients, volunteers and visitors.
- Cleaning equipment used is fit for its purpose, clean and well maintained.
- All home care support staff undergo mandatory training to ensure they have the knowledge to carry out their duties effectively:
 - cleaning practices
 - equipment use
 - chemical handling and
 - regulatory, infection control and WH&S requirements.
- Supervision is in the form of either CTL's or clients identifying cleaning deficits and bringing these to the attention of the home care support staff.

Cleaning practices

- Standard precautions are implemented when cleaning surfaces and facilities. Home care support staff are required to wear suitable gloves and other protective clothing appropriate to the task.
- Hand hygiene is completed prior to cleaning tasks.
- Gloves are worn when handling solutions of detergent and disinfectant products and when cleaning wet areas.
- Other protective clothing (e.g. aprons) are worn wherever soiling is anticipated.
- Surfaces are cleaned on a regular basis using only cleaning procedures which minimise dispersal of dust, soil (micro-organisms) and aerosols into the air.
- Material Safety Data Sheets (MSDS's) for all cleaning agents are readily available on request from the office and all staff are given a list of safe products for use.
- Client care equipment is cleaned in warm, soapy water (if appropriate e.g. for plastic chairs), dried and/or wiped down with an alcohol wipe to maintain cleanliness. Other medical equipment items are wiped down with an alcohol wipe.
- Personal Care services have a specific care plan which notes any infection control measures should they be required.

Cleaning agents

- Chemicals used for routine cleaning may be hazardous if used incorrectly.
- A neutral, low irritant detergent and warm water is used for all routine cleaning. No bleach or corrosives are used in the home; clients are advised that home care support staff are unable to use these products.
- Where surface disinfection is required, the manufacturer's instructions are followed.
- Clients are encouraged to have all cleaning products clearly and correctly labeled with labels prepared only by the manufacturer.
- Incidents or errors associated with chemical handling or use must be reported immediately to the CTL. A Staff Incident/Accident Form must be completed by the end of the shift and forwarded to the Program Manager for action.

Horizontal surface – work surfaces, ledges and floors

- Clean work surfaces, ledges and floors thoroughly as often as needed (as per the care plan) depending on the frequency of use. A general purpose neutral detergent is used, following manufacturers' instructions.
- Separate cleaning of clean and dirty areas (e.g. hand basins and toilets).
- Work from clean to dirty, high to low.
- Damp mopping or damp dusting is the preferred method for cleaning surfaces.
- Change cleaning solution and cleaning cloth on a regular basis when cleaning work surfaces (eg when moving from one area to another). Change cleaning solution when cleaning floors on a regular basis and launder mop head when soiled (if removable mop head). If mop head is fixed, clean mop with detergent and warm water and allow to air dry, standing head end up.
- Carpets/floors are vacuumed according to use and as stipulated in the client support/care plan.

Procedure for dealing with body fluids

1. Apply personal protective clothing
2. Pick up any broken glass or other sharps using forceps or scoop onto strong cardboard material and dispose of into a sharps container.

3. Absorb spillage into paper towels and place in leak proof plastic bag for disposal.
4. Clean area thoroughly with detergent, warm water to remove all visible contamination.
5. Dispose of cleaning cloth.
6. Remove and dispose of protective equipment or clothing
7. Wash hands as per instructions.

11.12.7 HYGIENE AND COUGH ETIQUETTE

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow the respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest bin after use
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

11.12.8 COMMUNICABLE DISEASES

Home care support staff use standard precautions and use hygiene and cough etiquette to reduce the risk of contracting or passing on a communicable disease. Home care support staff who have a communicable disease (such as a heavy cold, flu or gastroenteritis) are not permitted to work as our client group are vulnerable to such infections. All staff (including senior office staff) must stay off work until the symptoms have passed.

11.12.9 EPIDEMIC/PANDEMIC RESPONSE

From time to time infectious diseases develop into epidemics or pandemics, and create increased risks for the community. These occasions require specific policies targeted at the particular disease in question and general efforts at preparedness.

- 1.1 R&R wishes as far as possible to protect its clients, its staff, its volunteers, and the general public from infection or contagion by epidemics and/or pandemics.
- 1.2 R&R will facilitate, through its policies and procedures, strategies designed to reduce risks to its clients, its staff, its volunteers, and the general public.
- 1.3 R&R will comply with all directions from funding bodies, authorised public health officers and recognised medical authorities in relation to the epidemic or pandemic.

2. Purpose

- 2.1 The purpose of this policy is to outline the strategies and actions that R&R intends to take to prevent the transmission of infectious diseases that are epidemics or pandemics, and control the transmission of infectious diseases when a case/s is identified.

For the purpose of this policy, infectious diseases mean diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. This policy is focused on infectious diseases that are declared to be an epidemic or pandemic.

3. Policy Statement

- 3.1 R&R will as far as possible plan for and make advance preparations for the possibility that its operations will be affected by an epidemic or pandemic.
- 3.2 In the event of an epidemic or pandemic, R&R will, as far as possible:
- 3.2.1 Assist its clients, staff, volunteers and others, as relevant, to minimise their exposure to the illness concerned.
 - 3.2.2 Encourage and assist those who have reason to believe that they are at risk of contracting the epidemic or pandemic to obtain a diagnosis.
 - 3.2.3 Support employees, volunteers, contractors and clients to take reasonable precautions to prevent infection or contagion.
 - 3.2.4 Provide standard infection control precautions such as access to personal protective equipment (e.g. masks, soap, and gloves, hand sanitiser, gowns and shield glasses where necessary).
 - 3.2.5 Maintain its services and operations throughout the period of concern to the best of its ability.
- 3.3 In the event of an infectious disease being declared an epidemic or pandemic, R&R requires people covered by this Policy to take the following precautions:
- 3.3.1 Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water as per the advised protocols (for at least 20-30 seconds).
 - 3.3.2 Maintain at least 1.5 metre (approx. 3 feet) distance between yourself and anyone who is coughing or sneezing.
 - 3.3.3 Avoid touching your eyes, nose and mouth, or shaking hands with others.
 - 3.3.4 Make sure you follow recommended personal hygiene strategies, and encourage others to do the same (at work, home or out in the community). This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze, and disposing of used tissues immediately.
 - 3.3.5 Staying home if you feel unwell. If you are well enough to work but would like to minimise the risk of infecting others, ask your Program Manager (where appropriate to your work role) whether you can temporarily work from home.
 - 3.3.6 Keep up to date on the latest hotspots (cities or local areas where the pandemic or epidemic is spreading widely). If possible, avoid traveling to places - especially if you are more at risk.
 - 3.3.7 If you are or are likely to be contagious, notify your immediate supervisor/team leader as soon as possible. It may be possible or necessary for you to self-isolate by staying at home until you recover.
 - 3.3.8 Seek medical advice promptly and follow the directions of your local health authority. (North Queensland Primary Health Network – www.nqphn.com.au)

4. Leave and Flexibility

- 4.1 R&R recognises that staff may request or require paid and unpaid leave when they are unwell, at risk of or vulnerable to infection, and at risk of infecting others.
- 4.2 Workers may make use of leave consistent with RCC Inc – R&R’s leave policy, relevant industrial instruments and the National Employment Standards (including access to unpaid leave).
- 4.3 RCC Inc – R&R may, at its discretion, direct those affected or reasonably at risk of being affected by the pandemic or epidemic, to remain away from the workplace or work remotely.

5. Notes

In carrying out the procedures listed below, RCC Inc – R&R will be guided by the information and directions provided by local health authorities and the World Health Organisation, and its occupational health and safety obligations.

6. Above and beyond provisions

- 6.1 RCC Inc – R&R may at its discretion subsidise any reasonable medical expenses incurred by any workers directed by the Organisation to obtain medical clearance for the infectious disease before returning to work.
- 6.2 RCC Inc – R&R may at its discretion offer any staff member who is diagnosed with the infectious disease in question additional paid leave entitlements to cover any period the person is required to spend in quarantine or self-quarantine, presuming that person cannot carry out their duties remotely. *This type of paid leave entitlement is more likely to occur when the Commonwealth Government has made paid pandemic leave available to the Organisation.*
- 6.3 Where possible during an epidemic or pandemic, RCC Inc – R&R will aim to provide workers with flexibility to work remotely and to attend medical appointments.

7. Related Documents

- 7.1 Australian Health Management Plan for Pandemic Influenza ([AHMPPI](#))
 - [Qld - Queensland](#)

8. Legislation & Industrial Instruments

This policy & procedure is not intended to override any industrial instrument, contract, award or legislation.

- *Biosecurity Act 2015 (Commonwealth)*
- *Fair Work Act 2009 (Cth)*
- *Fair Work Regulations 2009 (Cth)*
- *SCHADS Award 2010*

1. Endemic/Pandemic responsibilities

- 1.1 The **RCC Inc Management Collective** is responsible for:
 - Ensuring that the organisation’s Leave and Workplace Health and Safety policies are consistent with the intention of the Epidemic Policy

- Assessing the organisation's vulnerabilities, in the light of the epidemic or pandemic, to:
 - RCC Incs' own human resources
 - RCC Incs' suppliers of goods and services
- In the event of an epidemic or pandemic,
 - Giving notice to staff, volunteers, clients, and any persons likely to be affected that epidemic or pandemic procedures are in effect
 - Bringing into operation the epidemic or pandemic management procedures specified below
 - Instituting any administrative measures necessary to reduce the impact of the vulnerabilities detailed above

1.2 **Supervisors/managers** are responsible for:

- Ensuring that staff and volunteers are aware of the epidemic procedures in effect at any time.

1.3 **Employees/volunteers** are responsible for:

- Abiding by the epidemic procedures specified below, when informed by authorised staff that epidemic or pandemic procedures are in effect

1.4 The **R&R Program Manager** is responsible for:

- The preparation of a comprehensive epidemic plan for the program
- Advising all staff/volunteers on when epidemic procedures should be activated
- Familiarising staff/volunteers with recommended procedures regarding epidemic avoidance
- Working with all senior staff to identify service-critical staff and functions across the breadth of program operations.

2. **Procedures**

The following procedures apply in the event of the R&R Program Manager giving notice that epidemic or pandemic procedures are in effect.

2.1 **Events**

- The R&R Program Manager will consider on a continuing basis whether any events involving the attendance of staff or members of the public should be changed, rescheduled or cancelled to minimise the risk of infection. Advice from Commonwealth and State authorities will be strictly adhered to in this regard.

2.2 **Work procedures**

- The R&R Program Manager will consider on a continuing basis whether:
 - it is necessary or appropriate for nominated staff/volunteers to work from home.
 - staff/volunteer travel, (or other activities that may cause them to come into contact with other people) should be modified or terminated.
 - arrangements for staff/volunteers who work with clients or the public should be modified to minimise risks for all parties. Advice from Commonwealth and State authorities will be strictly adhered to in this regard.
- The R&R Program Manager may require any member of staff to not attend the workplace, and/or to work from home, or, if this is not feasible or appropriate, to take negotiated/discretionary leave.
- The R&R Program Manager may require any member of staff to provide satisfactory evidence that they are fit to return to work.

2.3 Contractors and suppliers

- The R&R Program Manager will consider on a continuing basis whether arrangements with existing contractors and suppliers need to be modified or supplemented to ensure uninterrupted service delivery (See Ravenshoe Community Centre COVID-19 Action Plan 2020)

3. **Health Messaging**

- 3.1 The R&R Program Manager shall familiarise and regularly provide updates to staff/volunteers, clients and others, as relevant, with recommended procedures on epidemic avoidance guidelines (e.g. handwashing, soap, sneezing, infection control) as appropriate for the duration of the epidemic/pandemic.

11.13 Dealing with Suspected Elder Abuse

Where elder abuse is suspected or alleged to have occurred, or if the Program Manager is unsure of the best course of action to take in a dispute between a client and a carer, one or more of the specialist agencies listed in 17.5 Advocacy and Complaints Investigation Contacts is contacted for advice.

If the client has not consented to this contact it must be made without disclosing the client's details.

If there are fears for the well-being of the client due to suspected elder abuse the Program Manager will follow the advice of the specialist agency even where it conflicts with the confidentiality of the client. In this case the specialist agency may request direct involvement. The Program Manager will immediately inform the Management Group of RCC Inc should such a matter arise.

11.14 Monitoring Support Planning and Delivery Processes

Support planning and delivery processes and systems are regularly audited as part of the R&R audit program and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see [Corporate Calendar](#) and Section 5: Continuous Improvement).