



**AAQ Community Services Staff**

# **STAFF HANDBOOK**

**Alzheimer's Association of Queensland  
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## STAFF HANDBOOK

This handbook has been prepared so that you may be better informed about policies, procedures, benefits and other issues concerning your employment. We appreciate the service of those of you who have been with us for some time and we welcome new employees.

Our working conditions, procedures and processes have changed over the years as the Association has grown as well as changes in our industry to the guidelines. These changes necessitate a review in the Association's policies and practises from time to time. This handbook contains information which will ensure the smooth operation of our services and your well-being as an employee. The Association reserves the right to delete, amend or modify these policies and practices as the need may dictate.

All employees are expected to be familiar with and abide by the information in this handbook.

A copy of the Association's mission, aims and objectives and philosophy is attached. It is anticipated that your expertise, experience and attitude will assist us to achieve these and abide by our philosophy. If you have any questions regarding anything in this handbook, or your employment, please do not hesitate to your Community Services Manager, Regional Home Care Manager, State Manager or the Human Resources Manager.

All staff are required to read this handbook and sign that they have understood and agree to the terms and conditions set out within.

### 1. INTRODUCTION

The Alzheimer's Association of Queensland prides itself in delivering excellent care.

The Association is committed to providing quality care services to its consumers and operates within a quality management framework. Continuous improvement is an important component in providing excellent quality care and consumers and/or their families/carers and staff are encouraged to participate in the improvement process by completing surveys and submitting improvement ideas to the Managers. All suggestions are gratefully received and are explored as to their feasibility, taking into consideration the interest/wishes of other consumers, the philosophy of the Association, budgetary constraints, practical implications and, most importantly, the improved outcome for Consumers. These improvements are reported to all staff at staff meetings.

The Association owns and operates four Multi Service Centres within Queensland:

- Gordon Park Multi Service Centre – 45 Shamrock Street, Gordon Park
- Garden City Multi Service Centre – 50 & 52 Khandalla Street, Upper Mt Gravatt
- Ipswich Multi Service Centre – 84 Chermiside Road, East Ipswich
- Toowoomba Multi Service Centre – 8 Buckland Street, Toowoomba

The Association owns and operates three residential care facilities within Queensland:

- Rosalie Nursing Care Centre – 18 Howard Street, Rosalie

- Garden City Retirement Home – 33 Tryon Street, Upper Mt Gravatt
- Windsor Aged Care Services - 26 Palmer Street, Windsor

The respite centres are state and federally funded under the following programs:

- CHSP (Commonwealth and Home Support Programme)
- CDC HCP (Home Care Program)

An organisational chart for the organisation is also attached.

## **2. CONDITIONS OF EMPLOYMENT**

Your employment is governed by a Modern Award. This instrument outlines your employment conditions as specified in the Fair Work Act 2009. Your letter of offer and terms and conditions of employment will form the basis of your employment.

## **3. ORIENTATION**

Your Manager is one of many who want you to succeed in your job. Only by working together as a team with our Managers and other employees can we continue to be successful and at the same time deliver excellent outcomes for our consumers.

Your Manager is an experienced employee who will give you full opportunity to learn the best ways of doing your work. If you have any problem or difficulty in performing your work properly or if you have a question about any job duties, please talk over your problem with your immediate Manager. He or she is always willing to help you and is the best source of information.

## **4. WHAT YOU CAN EXPECT FROM US**

### **4.1 Annual Leave**

Annual leave entitlement is in accordance with the current modern awards; Social, Community, Home Care and Disability Services Industry Award, Aged Care Award 2010, Health Professionals and Support Services Award 2010, and the National Employment Standards (NES). Copies of the relevant awards and National Employment Standards are kept on site in the office. Annual leave (applicable only for permanent part time or permanent full time employees) will accrue progressively throughout the year based on the employee's ordinary hours of work.

If new employees (permanent part time or full time) terminate at any time within the first twelve (12) months of joining the Association they will receive a pro rata annual leave payment, or as per the Award.

All annual leave (paid or unpaid) requests must be submitted to your Manager as soon as possible. Approval for leave will be based upon the needs of the Association and can be taken not less than (1) week's duration. However, up to one (1) week's leave may be taken daily, but

at least twenty-one (21) days' notice should be given in writing to the Manager on the leave application form.

Staff employed by the Alzheimer's Association of Queensland must not accrue more than one (1.0) years' annual leave entitlement and should arrange to take annual leave as it falls due.

If you have any specific requests regarding your annual leave period, it is asked that you put these in writing as early as possible. While reasonable consideration is given to your requests, the final discretion on timings for leave rests with the Manager.

Only under specific circumstances will unpaid leave be granted for permanent and full time staff and will be at the discretion of the Manager. Adequate notice must be given of intent for unpaid leave, and the request must be sought in writing on the leave application form.

#### **4.2 Long Service Leave**

Long service leave entitlement is in accordance with current modern awards; Social, Community, Home Care and Disability Services Industry Award, Aged Care Award 2010, Health Professionals and Support Services Award 2010 and the National Employment Standards (NES). Copies of the relevant awards and National Employment Standards are kept on site in the office.

#### **4.3 Parental Leave**

Parental leave allows employees to take time away from work for the birth or adoption of a child. The term "parental leave" encompasses several types of complementary entitlements, including:

- ❖ Government funded parental leave pay
- ❖ Unpaid parental leave
- ❖ Adoption leave
- ❖ Foster parent leave

The Paid Parental Leave scheme (Government funded) is an entitlement for working parents of children born or adopted from the 1 January 2011. Working parents, including full-time, part-time and casual workers may be eligible for Parental Leave Pay if they meet the scheme's eligibility criteria.

You have to be an Australian resident, be the primary carer, and meet the work and income tests in order to be eligible.

The Government funded paid leave scheme does not provide eligible employees with a new entitlement to leave, the leave entitlement remains the same the only difference is there is an entitlement to paid parental leave. The scheme provides Government-funded Parental Leave Pay at the National Minimum Wage for a maximum period of 18 weeks. Parental Leave Pay can commence from the date of birth or adoption, or at a later date. It must be taken in one continuous period and must all be used before 12 months from the date of birth or adoption.

Parental Leave Pay is taxable and can be received before, after, or at the same time as existing entitlements such as annual leave, long service leave etc.

Under the NES (National Employment Standards) employees with 12 months or more of continuous services with an employer are entitled to take up to 12 months of unpaid parental leave from work. You can also request an additional 12 months unpaid leave on top of this.

In order to apply for Parental Leave, the employee must give written notice to the Association. This notice must be provided at least 10 weeks before the start of the leave with the intended start and end dates of the leave. These dates must be confirmed again at least four weeks prior to going on leave. Evidence, such as a medical certificate or statutory declaration, of the expected date of birth or date of placement or adoption will also be required.

To apply for Parental Leave Pay, you must contact Centrelink, who will then contact the Association to arrange payment. You will receive fortnightly payments in line with the current pay cycle and will continue to receive your pay slips.

#### **4.4 Personal/Carer's Leave**

Being at work in accordance with your roster is expected and is considered an important factor in overall employee performance.

We recognise that occasionally it may be necessary for you to be absent from work as a result of illness. Personal/Carer's leave (only applicable to permanent part time and full time employees) accrues progressively throughout the year according to the employee's ordinary hours of work, at the rate of 10 days per year of service.

Employees must complete and submit a Leave Application form before personal/carers leave will be paid, and may be required to provide evidence of illness or injury to the satisfaction of the Association.

An employee is required to promptly notify their Manager if they are going to be absent from work due to illness or injury, and of approximate duration of their absence, if the employee fails to promptly notify the employer (unless it is due to circumstances outside of the employee's control) the Association is not required to pay the employee for the day, and may commence disciplinary action.

If an employee is absent for more than 2 consecutive days and is absent prior to or after a public holiday, the employee may be required to provide a medical certificate that states the nature of the illness, and the period of required absence from work. The Association may question a medical certificate that is illegible, post-dated, lacks detail or does not certify the authenticity of the illness. If satisfactory evidence is not provided, the employer is not required to pay the employee for the absence, and may be able to commence disciplinary action against the employee.

At least six (6) hours' notice is required, if possible, for absence from work to allow time for a replacement.

**More personal leave rules:**

- Personal leave is not paid on termination
- An employee who suffers illness or injury during another form of leave (e.g. annual leave) cannot “swap” that other leave for personal leave without consent
- Personal leave is not intended to be used for pre-scheduled or routine medical appointments
- Personal leave cannot be cashed out
- Personal leave is only paid where there is an entitlement. If personal leave has not been accrued, there is no obligation for payment

**4.5 Compassionate Leave**

Compassionate Leave is a paid entitlement of two days provided under the Act to all employees, except for casuals. It is separate from personal/carer's leave entitlement, in that it is paid from the employers' own pocket and is not deducted from an employee's personal/carer's leave accrual. The entitlement is available to an eligible employee for each occasion where a member of their immediate family or household:

- Has an illness or injury that poses a serious threat to their life (to spend time with)
- Passes away (to grieve, make arrangements and attend funeral)

**Definitions**

An immediate family member includes: a spouse, child, parent, grandparent, grandchild or sibling of the employee, or of the spouse of the employee.

A spouse includes: a former spouse, a de facto spouse, and a former de facto spouse

A child includes: an adopted child, a stepchild, and an adult child.

Payment for compassionate leave is at the rate that the employee would reasonably have expected to receive had they actually worked.

**4.6 Staff Meetings**

The Association believes that regular meetings of staff in its service are essential to reinforce teamwork, quality processes and provide opportunities for open communication.

It is a condition of your employment that all employees are required to attend the regular staff meetings. If the staff meeting is held on a day that you are not rostered, please see your Manager if eligible to claim for attending the meeting.

#### **4.7 Commitment to Training**

The Association encourages the professional development of employees' through attendance and participation in approved meetings, seminars, conferences, symposiums etc. which are directly related to the Association's operations, activities and objectives and which will place employees in a position to improve their job performance. It is the responsibility of the Association and its employees to ensure that all staff are appropriately trained and have current knowledge related to their field.

Opportunities for training may be limited by budget considerations. Prior approval will need to be obtained before any training is authorised.

#### **4.8 Public Holiday**

If your shift falls on a recognised public holiday, you will be required to work that shift. Payment will be in accordance with the pay rates set down for that public holiday.

**A copy of the award and NES (National Employment Standards) are located in the office.**

#### **4.9 Library**

The Alzheimer's Association of Queensland has an extensive library which is located at the Association's Resource Centre. All staff are eligible to borrow any reference material, books, video tapes, DVD and journals. A borrower's registration must be completed before borrowing is permitted.

Please remember, these items are the property of the Alzheimer's Association of Queensland and must be returned in good condition and on time.

### **5. COMMUNICATION**

#### **5.1 Communication Diaries and Memo Folder**

A folder containing staff communications is located at each Respite centre which is to be read at the start of each shift. Entries into the communication section of the folder can be made by any member of staff. However, entries should not disclose any references to sensitive issues relating to consumer's (this type of information should be written directly into the consumers file with a notation for staff to check that particular consumers file), rumours, gossip or vindictive comments are not to be made.

The folder also contains a section for memos, please initial these to show that you have read and understood the memos in this folder.

Correspondence will also occur through the use of iCare community for mobile workers.

### **5.1.1 Home Care Team**

Correspondence will occur through the use of iCare, via email, text, telephone calls, face to face meetings, handover of forms or in your monthly team meetings. Please ensure you have the required contact numbers for the Case Manager, Regional Home Care Manager and other relevant staff.

Consumer information will be communicated in another process. For further information, please refer to Feedback Form Page 38

### **5.2 Notice Board**

This is situated in the admin or Community Services Manager's office. Notices will be displayed as they become necessary. Please check the notice board each time you are on duty.

#### **5.2.1 Notice Board Home Care Team**

This is situated in the Home Care Team Office, Case Managers Office or general notice board. This information will be shared at Home Care Team meetings and or emailed as required.

### **5.3 Change of Address, Telephone or Bank Accounts**

Employees are expected to keep the Association informed of any change regarding their records. Changes in any of the following categories should be reported to the Manager and/or payroll at [payroll@alzheimeronline.org](mailto:payroll@alzheimeronline.org) as soon as they occur:

1. Change of address
2. Change of telephone number
3. Change of emergency contact
4. Legal change of name
5. Change in marital status or taxation status
6. Any change and/or addition to qualifications

### **5.4 Handover**

It is expected that there is a fifteen (15) minute handover between respite centre shifts; this handover should include verbal communication as well as the reading of the communication folder.

Staff should ensure that handover includes the following information:

- Messages from carers
- Any relevant incidences
- Information related to overnight consumers
- Outstanding duties from previous shift
- Any other relevant information that relates to the consumer well-being



#### **5.4.1 Home Care Team Handover**

You must write in the clients in-home file at each service. Additionally, there is a Feedback form if you have noted any changes in the consumer (a decline or improvement) or their environment and/or may need to provide feedback to the case manager. This may not be daily or weekly, but as they occur. Other examples:

- Consumer may advise of hospital operation pending
- Scheduled medical appointment at same time of service next week
- Holiday leave
- Change of address

Feedback via the Feedback Form enhances communication, ensures a coordinated team approach to service delivery and a continuity of support services for consumers. To assist in this communication and support to the consumer please action as follows:

- If you note any issues, changes in consumer, changes requested by consumer ongoing, or advice of leave, hospitalisation etc., please complete the Feedback Form take a picture and email to your Case Manager and as required your Regional Home Care Manager.
- The consumer's Case Manager is to be called if there are any changes in the consumer's status or concerns identified that are an emergency or urgent.
- The consumer's Case Manager is responsible for all follow-up actions according to the nature of the information provided regarding consumer.

The Feedback form will be actioned to iCare and filed in the Client/Consumer File with the review notes.

#### **5.5 Open-Door Policy**

It is to be hoped that if any staff member who is experiencing any work related issues will bring the matter/s to the attention of the Manager. All discussions will be treated in confidence.

### **6. YOUR COMPENSATION AND HOURS OF WORK**

#### **6.1 Awards**

Employees' wages are calculated on a fortnightly basis. You will have your wage deposited directly into an account with the financial institution of your choice. The Association cannot be held responsible for delays in transmission to the financial institution/s.

Apart from income tax deductions, any deduction will need to be authorised by you in writing. Requests for deductions are to be submitted to the Payroll Department. Non authorised deductions by you may include orders from either the ATO or the Family Law Courts.

Hourly rates will be in accordance with the current modern awards; Social, Community, Home Care and Disability Services Award 2010, Aged Care Award 2010, Health Professionals and Support Services Award 2010 and the National Employment Standards (NES).

Broken Shifts: (Only applied to home care employees)

- A **broken shift** means a shift worked by an employee that includes one or more breaks (other than a meal break) and where the span of hours is not more than 12 hour

Meal Breaks:

- Each employee who works in excess of five hours will be entitled to an unpaid meal break of not less than 30 minutes and not more than 60 minutes
- Where an employee is required by the employer to have a meal with a clients or clients as part of the normal work routine or client program, they will be paid for the duration of the meal period at the ordinary rate of pay.

Leave

- Planned leave to be applied for on the AAQ "Application for Leave" form. All leave forms need to be reviewed by the Case Manager and submitted for approval to the Regional Home Care Manager
- If you have unplanned leave (sick, carers or bereavement leave), you must notify the your Manager by 5.00pm the previous day (if known) or at least one hour prior to your first appointment. Otherwise by 7am on the day, unless you have an early client, then it must be one hour prior to commencement of shift. It is preferable that you contact the Case Manager as soon as you are able to allow rescheduling to take place

## 6.2 Superannuation

Where applicable all employees are eligible for employer-funded superannuation in accordance with the Superannuation Guarantee Act.

It is a requirement that you nominate which superannuation company you wish to belong to, by signing an application form to join the nominated superannuation fund, within the first pay period of employment. If you do not nominate a superannuation company of your choice, the Association will use their default fund.

## 6.3 Registration of Regulated Staff

Registered Nurses, Enrolled Nurses and Allied Health Practitioners must hold current registration with the National Governing body AHPRA (Australian Health PR actioners Regulatory Authority). Renewal of this your license is to be recorded with the Human Resources Manager by 31 May each year. Neglecting to do so, will result in you not being permitted to work until evidence of registration is present or your registration is showing as being current on the AHPRA website.

It is the responsibility of all regulated staff to ensure that they maintain current knowledge in their field and also to ensure they meet the requirements of the CPD (Continuous Professional Development) component of their registration.

#### **6.4 Commencement of Employment**

At the commencement of employment, the following forms and documents must be completed and submitted to the payroll department before the first pay:

1. Personal Details form
2. Employee Bank Details
3. Letter of Offer
4. Contract
5. Superannuation choice of fund form
6. Timesheet
7. Tax File Number Declaration
8. Code of Conduct
9. Current National Police Certificate
10. First Aid Certificate
11. If applicable, copy of your Passport
12. Copy of any applicable work right visa
13. Copy of Motor Vehicle Compulsory Third Party
14. Copy of Motor Vehicle Comprehensive insurance
15. Copy of Drivers Licence
16. Motor Vehicle Registration

Staff will not be eligible to work until a current National Police Certificate is provided.

#### **6.5 Proof of Experience and Qualification**

Proof of Qualifications must be given to the Human Resources Manager prior to commencement of first shift. Original documentation may need to be sighted or a copy signed by a Justice of the Peace and the copy notarised.

Proof of experience and years of service must be given to the Human Resources Manager prior to commencement of first shift. If not provided then staff may be paid at first year rates.

If it is necessary to obtain proof of hours from a previous employer, backpay will be given from the date of commencement if the proof is given within four (4) weeks of commencement date.

If proof of experience is not provided within four (4) weeks of commencement, the higher rate of pay will only become payable from the date the proof is supplied.

## 6.6 Paydays

The Association's Community Services pay period of fourteen (14) days is from Saturday a.m. to the end of the final shift on Friday. Pays will be transferred to a bank account of your choice the day prior to the end of the pay period. As the payroll is processed a day in advance, if you are sick on the Friday and you have been paid normal hours for this day please ensure that the sick day is actioned on the next fortnight payroll.

As the payment is processed by electronic funds transfer, please ensure that you provide your **exact** six number BSB number and your **exact** account number.

Should statutory holidays occur during the two working days following the completion of a fortnightly roster period, payment of wages may be delayed no longer than the period of such statutory holidays. It is strongly recommended that direct debit payments from your bank account are not scheduled for pay day in case there is a slight delay in the receipt of wages into your bank account. The Association will not be accountable for any additional bank charges incurred as a result of late receipt of wages.

## 6.7 Timesheets

It is each employee's responsibility to complete their own timesheet, which includes:

- Signing on and off at the beginning and end of each shift
- Requesting any pay for leave on the bottom of the timesheet
- Initialling any errors
- Totalling the number of hours worked
- Ensure you sign the timesheet in the appropriate place once all shifts are complete
- Complete an expense reimbursement form must include all details i.e. consumers full name and address. Kilometres are reimbursed based on distances identified in google maps.

Any entries not included could result in non-payment of wages.

This is the official payroll record from which pay is computed.

**Overtime** - Unless an employee is authorised to work overtime, (he/she records their normal commencing/arrival times) overtime will not be paid. All employees need to be aware that they must seek approval PRIOR to working any overtime.

An employee seeking to claim for unauthorised overtime will have their claim rejected and will not be paid.

Please ensure that you do not complete or sign a timesheet on anyone else's behalf.

## **6.8 Salary Sacrifice**

Salary sacrificing arrangements may be offered to full time, permanent part time or casual staff members who work 3 or more shifts per week. Staff who work less than three shifts per week are eligible to apply for salary sacrifice but the benefit of salary sacrifice maybe diminished as your tax payable may not be enough.

Salary sacrifice is a system whereby a portion of an employee's gross salary or wage is paid as a benefit before tax, rather than directly as salary, thereby usually reducing the amount of tax paid by the employee on the income.

The Associations offers salary sacrificing through the Employment Benefits Card facility offered by the Westpac Bank. Other options may be available, please call the Payroll Office to discuss.

Please contact the Community Services Manager or the Human Resources Manager for further information.

Please note: AAQ is a Public Benevolent Institution (PBI) and therefore able to access these salary sacrifice arrangements.

## **6.9 Rosters**

Rosters will be displayed two weeks prior to the commencement of the current roster period. Each roster will be for a period of two weeks.

Seven (7) days' notice must be given by the staff member requesting any change to the current roster, the exclusion to this would be if a staff member was sick or in an emergency situation.

The Manager is the only authorised personnel to approve or alter the roster.

### **6.9.1 Attendance and Absenteeism**

Regular attendance contributes significantly toward better team effort and operations; each employee is very important to the smooth operation of the Association. Good attendance is an essential component of solid employee performance.

Occasionally, however, it may be necessary for you to be absent from work as a result of illness, injury or other appropriate personal reasons. In such cases, you are expected to give your Manager as much advance notice as possible before the beginning of your scheduled starting time. This advance notification is necessary in order that appropriate arrangements can be made to handle your work during your absence. If you must leave work, your Manager should be notified as far in advance as possible.

Notification of inability to work due to illness is encouraged to be by 4pm prior to the day of leave. This allows time for your shift to be covered and not leave your colleagues or consumers without support

**Absences are classified into two categories – Excused and Unexcused.**

Excused Absences - Excused absences are earned through length of service or are a result of factors beyond your control, such as holidays, annual leave, sick leave, bereavement leave.

It is expected you will commence work on time. Unavoidable delays cannot be foreseen, but a quick call would be appreciated if it is possible to make one.

Unexcused Absences - Unexcused absences occur upon failure to report to work as expected. Any unexcused absence of any duration will be considered an occurrence. Employees will receive a disciplinary warning for each occurrence. Two or more occurrences of unexcused absence within a three month period will result in disciplinary measures up to and including dismissal.

Being on the job, ready to work and on time, and in a fit state is very important. Each employee was hired for a specific contribution to the overall business of the Association. When you are absent or late, you are missed and the service experiences disruption.

If you are going to be absent or late unexpectedly, you must call your Manager at or before the assigned starting time. Without this notification to your Manager, your absence will be counted as unexcused and could have a detrimental effect on your future employment.

Further to this, you are expected to remain at your work assignment for your full work period except for lunch and break periods. Do not leave the job without your Manager's permission.

Anyone who is absent for more than one day must stay in regular contact with his/her Manager (i.e., three-day virus infection – call each day; 3 weeks leave for surgery – keep in regular contact).

**6.11 Reporting Accidents and Incidents**

In order to fulfil the Association's workplace health and safety objectives, the Association is committed to ensuring all injuries and incidents that occur are reported promptly and accurately.

Reporting injuries and incidents aids in the initiation of preventative actions to control or limit future incidents, which may endanger the health and safety of employees. It is only reporting every injury and incident that the proper treatment for injuries can be given and appropriate action taken to prevent further incidents occurring. These arrangements also apply to particular illnesses and diseases which may become apparent.

Occupational injuries that require medical treatment other than first aid or that result in lost time, are required by state and federal laws to be reported by the Association. In either of these

instances, the facts are to be reported to your Manager as soon as possible after the occurrence, and the appropriate report forms completed.

All employees must report all work related injuries and incidents, no matter how small. Upon informing the manager these incidents should be entered into RiskMan Incident Management Program.

All employees should be aware of the Policies and Procedures surrounding incident reporting including workers' compensation and rehabilitation.

### **6.12 Workers' Compensation**

If you are injured at work, you will be subject to the coverage of the workers' compensation cover held by the Association. Any 'on-the-job' injury must be reported to your Manager as soon as it occurs, and full details recorded.

Either complete the appropriate Workers Compensation Application form available from the WorkCover website. Or you can send this information to the Human Resource Manager who will lodge it with WorkCover on your behalf. Please ensure that the incident is documented in RiskMan Incident Management Program as soon as possible following the incident.

The Human Resources Manager and Payroll Officer is the current Association's Rehabilitation Return to Work Coordinators.

## **7. PERSONNEL AND TRAINING POLICIES**

### **7.1 Probationary Period**

All new employees will undertake initial employment, which is known as "minimum employment period". The length of the minimum employment period (probationary period) is for six (6) months.

During this probationary period, your Manager will evaluate your work, personal traits, willingness and general fitness for the job.

### **7.2 Staff Training and Development Plans**

Staff Training and Development Plans are conducted annually by the Manager. After your plan has been developed, you will have a discussion with the Community Services Manager or Regional Home Care Manager where any issues or concerns will be discussed. All discussions are confidential.

All employees are expected to comply with performance standards relevant to the Association. Failure to consistently achieve the levels which are set in line with the Associations standards/guidelines, industry standards and your Position Description will result in

counselling, training, and as a last resort, disciplinary action, which may unfortunately, lead to termination.

### **7.3 Full-Time, Part-Time and Casual Employees**

Employment classification is as follows:

- Full-time Permanent Employees. Employees hired to work the normal, full-time 38 hour week on a regular basis
- Part-time Employees. Employees hired to work more than 16 hours per fortnight and less than 76 hours per fortnight
- Casual Employees. Employees engaged as a casual to work on an hourly basis for the Association, whose hours of employment may be varied from time to time as required. The maximum number of hours worked may also be specified in your Contract.

## **8. WHAT WE CAN EXPECT FROM YOU**

### **8.1 Employees Code of Conduct**

#### **8.1.1 Conduct**

All employees shall be expected to conduct themselves in a professional manner. This will be in keeping with Association's policy of recognising that this is the home of the individual receiving services who has the right to expect services with dignity, respect privacy, confidentiality and courtesy from the staff employed by Alzheimer's Queensland

#### **8.1.2 Language**

All staff are expected to speak in a gentle, supportive manner when on duty. Consumers are to be addressed in a respectful manner and inappropriate terms of endearment are to be avoided at all times. English only is to be spoken during the course of your work except in the circumstances where the resident's first language is more appropriate. Inappropriate verbal incidents may result in disciplinary procedure/s being initiated.

#### **8.1.3 Rumours and Gossiping**

Rumours are always destructive to all concerned – they benefit no one. For information about the Association or about things that are being done that you think will affect your job, ask your Manager. Please feel free to do this. Don't depend on rumours; get the facts.

You are expected to discourage the practice of starting or spreading rumours and gossip and to refrain from being a party to such actions, as they can only harm harmonious working relationships in your service.



#### **8.1.4 Alcohol and Substance Abuse**

The misuse of legitimate drugs, or the use, possession, distribution or sale of illicit or non-prescribed controlled drugs on organisation premises is strictly prohibited and will result in disciplinary action, up to and including dismissal. Except at approved functions, no employees shall consume, have in their possession, distribute or sell alcoholic beverages or any other mind altering substance on organisation premises. To do so is a prime cause for termination of employment. Employees may be subjected to random Drug and Alcohol testing based upon reasonable suspicion.

Being unfit at work because of use of drugs or alcohol is strictly prohibited and is grounds for dismissal. While this policy refers specifically to alcohol and drugs, it is intended to apply to all forms of substance abuse.

Contractors and common carriers are also covered by this policy. Those who violate the policy will be removed from the Associations premises and may be denied future entry.

If a person is deemed to be under the influence of drugs or alcohol during work hours, then that person will be required to take sick leave until they are no longer affected by the drugs or alcohol.

#### **8.1.5 Food and Beverages**

##### **Respite**

Food is provided at the centre for meals with consumers and is also provided for outings with consumers. Staff are to eat meals with the consumers.

##### **Home Care Team**

Home Care Workers will be required to take their own food to have during their breaks. When supporting a social outing where the consumer would like to have food and beverage, the consumer is to pay for their own. The staff are able to choose to purchase food and beverages at their own expense. The staff member is not to pay for the food and beverages for the consumer nor the consumer for the staff member.

If providing in-home respite staff are to take their own morning tea and lunch. At other times food is to be consumed during your rostered breaks.

If the consumer would like you to join them for a tea/coffee and a biscuit, you may do so, but please ensure you can complete your scheduled task.

#### **8.1.6 Your Appearance and Grooming**

All employees are to be neat and clean in person and wear appropriate attire at all times.

As a guide you must ensure:

- Hair is neatly trimmed or styled
- Hair, if long, must be tied back for safety and hygiene reasons
- Nails must be kept short and any lesions on the hand must be covered with a waterproof dressing
- Clothing and accessories are appropriate to the position held, and meet job requirements and professional capacity
- Non slip soled footwear should be worn at all times
- Nail polish, false nails or acrylic nails in a care setting is not acceptable
- Jewellery and body piercing must not pose a Workplace Health and Safety risk
- Externally visible body piercing and tattoos is unacceptable. Discreet earrings are acceptable
- Perfumed products can cause allergic reactions (please see allergies)

Appropriate dress is expected at all times. Due to the nature of the role of a respite assistant, Home Care Worker or Allied Health Professional, tailored shorts (knee length) are considered acceptable but not appropriate for Administration staff. Shoes must be supportive and nonslip.

Staff will be asked to remove any inappropriate chains or other pieces of jewellery including nose, cheek, lip, tongue and eyebrow piercing and also will be asked to cover visible tattoos.

#### **8.1.7 Internet access, Email usage and Social Media**

Computers/electronics (IT) resources are provided for the purpose of conducting authorised business.

These resources may include, but are not limited to telephone, mobile phone, facsimile, computers, electronic mail (e-mail), World Wide Web (www) and voice mail.

All employees must realise when they use the Associations resources, they are representing the Association and are publishing facts or views that may be used as evidence in court.

Employees must be aware of the instantaneous nature of IT related communications; it is easy to fire from the hip and unnecessarily inflame professional relationships. The conversational style of e-mail in particular, can lead to your intended message being misinterpreted.

All employees need to be aware that the Associations policies on sexual harassment and workplace harassment apply to the transmission of offensive material either through the www or e-mail. The distribution of pornographic or sexually explicit material through the Associations e-mail or other electronic means will not be tolerated and will be dealt with as a serious disciplinary issue.

The Management may authorise access to any information stored on the Associations IT resources. This is to ensure continuity of business at all times.

Staff are to ensure that they are familiar with the Association's Technology Security procedure (RES-P-11) and in particular section 4.2 which prohibits staff from conducting personal business on the Association's computers. Staff must also at all times comply with AAQ Social media policy.

#### **8.1.8 Sexual Harassment**

It is policy of this Association to maintain a working environment free from all forms of sexual harassment or intimidation. Unwelcome sexual advances, requests for sexual favours or the display of offensive material, which can create a hostile or offensive work environment and other verbal or physical conduct of a sexual nature are serious violations of our policy and will not be condoned or permitted.

**Sexual harassment can take various forms; examples include but are not limited to:**

- Unwelcome touching, hugging or kissing;
- Staring or leering;
- Sexually suggestive comments or jokes;
- Sexually explicit pictures, screen savers or posters;
- Unwanted invitations to go out on dates;
- Requests for sex;
- Sexually explicit emails or SMS messages.

Not only is sexual harassment a violation of our policy it is illegal under both federal and state anti-discrimination laws. Any employee who is subjected to sexual harassment or intimidation by a fellow employee/Manager, should contact the Management. All complaints of sexual harassment will be treated seriously and investigated promptly, confidentially and impartially. Complaints can be lodged verbally and followed up in writing. Disciplinary action will be taken against anyone who sexually harasses a co-worker, customer, supplier or any other person in the workplace. Discipline may involve a warning, formal counselling, demotion or dismissal, depending on the circumstances.

#### **8.1.9 Equal Employment Opportunities**

The Association is an equal employment opportunity employer. All employees are treated on their merit, without regard to race, age, sex, marital status, sexual orientation or any other factor not applicable to the position. Employees are valued according to how well they perform their duties, and their ability and enthusiasm to maintain our standards of service.

**Under Qld State Anti-Discrimination laws, discrimination in employment on the basis of the following attributes is prohibited:**

- Sex
- Relationship status
- Pregnancy
- Parental status

- Breast feeding
- Age
- Race
- Impairment
- Religious belief or religious activity
- Political belief or activity
- Trade union activity
- Lawful sexual activity
- Gender identity
- Sexuality
- Family responsibilities
- Association with, or relation to, a person identified on the basis of any of the above attributes

If you have any questions or concerns about discrimination or inequity in the workplace you should bring them to the attention of Management immediately.

If you believe there have been a breach of this policy, you must address the situation. Do not assume the issue will resolve itself. You should contact your Manager and outline the complaint in writing. Your Manager will take appropriate steps to handle the complaint. If you are unable to discuss the matter with your Manager, you should raise your complaint with the next level of Management.

The Association is committed to workplace equity. Disciplinary action will be taken against anyone who breaches these principles. Discipline may involve a warning, formal counselling, demotion or dismissal, depending on the circumstances.

In accordance with federal and state laws, we recruit, hire, promote and evaluate all personnel without regard to race, religion, colour, sex, marital status and handicap and any other discriminatory characteristic, except where such characteristic is an appropriate bona fide occupational qualification which would prevent the potential employee from performing the job for which they are being considered. Job applicants and present employees are evaluated solely on ability, experience, qualification and the requirements of the job.

### **8.1.10 Workplace Harassment & Discrimination**

Workplace harassment and discrimination occurs when a person is discriminated against or harassed because of their race, colour, descent or national or ethnic origin etc, as defined under the Racial Discrimination Act 1975 or because of their sex, marital status, pregnancy as defined under the Sex Discrimination Act 1984, and other grounds under the Human Rights and Equal Opportunity Act 1986.

#### **Workplace harassment is defined as;**

- any form of behaviour (including comments, jokes, and innuendo) which is

unwelcome

- unwanted or uninvited and/or repeated behaviour that makes a person feel humiliated, intimidated or offended
- harassment can take many forms and may include physical contact, verbal comments
- inappropriate communication (including but not limited to email and text messages)

It is the responsibility of all employees to not participate in discriminatory or harassing behaviour within the workplace. Management/Managers are accountable for ensuring professional standards of conduct are observed at all times and to take immediate preventative action in any situation that has the potential to be construed as harassment. This means acting as a role model for staff to demonstrate appropriate behaviour. Incidents of harassment are to be treated seriously and immediate action must be taken to deal with complaints.

### **What an Employee should do if they are harassed**

If an employee believes they are being harassed in any way, they should not ignore it. Take action in the following manner:

- Tell the other person in a direct and firm manner that their behaviour is offensive and unacceptable... tell them to stop. However, telling the person may not be enough to stop the unwelcome behaviour so be prepared to take further action
- Keep diary notes of all incidents with details of the harassment, dates and times, name(s) of offending party and any response you made
- Discuss the situation with your immediate Manager or Human Resources Manager

### **Complaints Procedure**

The Association has a complaints procedure which employees can use if they wish to take further action after speaking to their immediate Manager/Human Resources Manager. The procedure is flexible. It provides an opportunity for action to be taken that is appropriate in each individual case. This could include mediation and conciliation and disciplinary action where appropriate.

In the first instance you are requested to formalise, in writing, your complaint with your immediate Manager/ Human Resources Manager. It will be of assistance to your immediate Manager/ Human Resources Manager in investigating the complaint if you are able to outline specific instances, dates, what was said or done, and witnesses in the written complaint.

If your complaint is about your immediate Manager, again you are required to formalise, in writing, your complaint and send it to the Human Resource Manager.

Again it will be of assistance to your immediate Manager/ Human Resources Manager in investigating the complaint if you are able to outline specific instances, dates, what was said or done, and witnesses in the written complaint.

**The aims of the procedure are to ensure that:**

- the harassment stops
- there are no reprisals for making the complaint
- where disadvantage has occurred that it is redressed; and
- awareness of the nature and consequences of harassment are increased

**The guiding principles are:**

- the right of individuals to be treated with respect;
- observance of natural justice (i.e. the right to be heard and respond to any allegation)
- observance of confidentiality
- acceptance of the legitimacy of the complainant's feelings
- support and protection for all parties
- empowerment of complainants; and
- preservation of a non-judgemental and non-adversarial approach by mediators.

The Association will make every endeavour to resolve complaints; employees can approach the Anti-Discrimination Commission of Queensland (ADCQ) for advice.

**When the employer receives a complaint:**

- Prompt action will be taken and the strictest confidentiality ensured.
- The complainant will be interviewed and the nature of the complaint clarified.
- The complainant may wish to seek independent advice and or representation
- The complainant will be notified of alternatives available in resolving the complaint.
- A full explanation of the conciliation process and possible outcomes of such action will be given to the complainant.
- The complaint will only be proceeded, if so requested by the complainant.
- A meeting between the employer and the alleged harasser will be arranged.
- The alleged harasser will be fully informed of the complaint, the name of the complainant and the complaint procedures.
- The alleged harasser may wish to seek independent advice and or representation.
- The alleged harasser will be given the opportunity to fully respond to the allegations and to assist in the complaint resolution.
- The complainant will be informed of the discussion and outcomes of the meeting between the employer and the alleged harasser. Any proposal for resolution will be discussed.
- Written records will be kept to establish the facts and all documents will be kept secure. Information on the allegation will only be accessible to those whose job it is to deal with complaints. These records may be accessed where it is appropriate and does not breach either Privacy provisions or individual confidentiality.

In the event of the complainant being dissatisfied with the result of the process, or where the complaint involves the Manager; the complainant shall have redress to Senior Management.

## **8.2 Disciplinary Procedures**

### **8.2.1**

Staff are expected to follow the Association's procedures, policies and position description at all times.

### **8.2.2**

If instigated, disciplinary procedures will follow a prescribed order, unless otherwise determined by the relevant award.

### **8.2.3**

When the Manager has concerns about the work performance or conduct of an employee, the Manager shall initiate counselling of the employee concerned to make them aware of the deficiencies in their performance and the standard of performance that Community Care Staff requires to meet with the employee.

### **8.2.4**

At the commencement of counselling the Manager shall make the employee aware of the nature of the counselling and the specific areas of concern. Such counselling may or may not be concluded by the Manager giving the employee a verbal warning to improve performance or cease the conduct complained of.

### **8.2.5**

Where the Manager believes that an employee's work performance and/or work conduct has not improved, the employer may counsel or further counsel as the case may be and shall give a written warning outlining the Manager's concerns and reasons for coming to that conclusion.

### **8.2.6**

A copy of the written warning and a record of the counselling session will be placed in the employee's personnel file. This form is to be countersigned by the employee. The employee will be able to document agreement or disagreement with the matters raised. The employee has the right to union representation or support person during this interview.

### **8.2.7**

Nothing in this procedure restricts the facility's right to summarily dismiss an employee in circumstances that warrant summary dismissal.

In relation to this procedure the employer shall ensure that:

- Where the employee has been counselled or warned to improve work performance or conduct, a reasonable time shall be given to enable the employee to comply;
- The employee is given an opportunity to respond to any concern or allegation made; and
- In a process where the employee is likely to be given a verbal or written warning, the employee is to be informed of their right to be accompanied by their Union or support representative.
- In the event of the matter recurring, the employee may be terminated. Dismissals are to take place only with the authority of the Respite Facility's Community Services Manager or Regional Home Care Manager and Human Resources Manager.

### **8.3 Instant Dismissal**

Instant dismissal of an employee may occur for acts of gross misconduct.

### **8.4 Resignation**

An employee desiring to terminate their employment must submit their resignation in writing addressed to the Association. This should be submitted through the Respite Facility Community Services Manager or the Regional Home Care Manager.

The actual period of notice required is specified in your letter of employment and the relevant award for your job classification.

If an employee terminates their employment with the Association and at a later date wishes to be rehired they will be treated as a new employee.

An exit interview may be conducted for anyone who leaves the employment of the Association.

Your final pay will be credited to your bank account within 48 hours of your last day of work.

### **8.5 Grievance Prevention and Settlement Procedure**

It is hoped employee grievances will be resolved by negotiation and discussion with his/her Manager.

If the grievance is still unresolved, the matter will be referred to management and the local industrial organisation representative or as otherwise determined by the relevant award.



If the grievance is still unresolved, then management and the appropriate union representative shall be advised and a meeting of parties arranged.

These above steps should take place within seven (7) days. Work shall continue until the dispute has been resolved. If the matter remains unresolved, the parties shall consider a mediation conference prior to referring the dispute to the State Industrial Commission.

No party shall be prejudiced as to the final settlement by the continuance of work.

## **9. FIRE & EMERGENCY**

Every staff member must read the Emergency Procedures Manual and **complete the Fire Safety/Emergency Procedure Questionnaire**. All staff must be aware of their responsibilities in the event of an emergency and know the location and the use of the fire extinguisher. All staff must attend mandatory fire and evacuation training annually.

It is essential for all staff working in-home:

- Be aware of where the smoke alarms are in the house
- Be aware of the exits in house or building in the event of a fire
- Follow procedures in the event of a fire
- The location and method of operation of firefighting equipment
- Ensure the safety of the consumer and yourself
- Call 000, then contact your Case Manager immediately following
- Case Manager to escalate

## **10. STAFF TRAINING DAYS AND ORIENTATION PROGRAM**

Staff Training days are conducted throughout the year and staff are expected to attend. They will be provided with training and will have input into consumer care needs and participate in staff meetings. The expectation is that staff actively participate in the consumer/carer reviews and staff meeting.

An orientation checklist will be completed at the commencement of your employment, and it is your responsibility to make sure you have the appropriate information and material to carry out your work both safely and within the guidelines of the "Standards". Orientation programs appropriate to your position will be conducted prior to commencement of your duties by the Manager or delegated representative.

## **11. MANDATORY EDUCATION DAY**

The Association conducts a "Mandatory Education Day" which is held at the Resource Centre. All new staff are expected to attend this day as soon as practicably possible and then on an annual basis. Mandatory training such as Infection Control, Manual Handling, Compulsory

Reporting, Social Role Valorisation, Occupational Health and Safety and Incident Reporting are covered on this day.

Located in the main office is the Emergency Procedure Manual. This manual is to be used as a reference and a checklist. You are expected to familiarise yourself with its contents.

AAQ Quality Procedures can be located on the AAQ website. A shortcut appears on all computer desktops in the facility, and the password will be advised on your commencement.

## **Home Care Team**

### **Team Meetings:**

Staff meetings are held on a monthly basis. Education for the Home Care Team, will be actioned during these meetings. These meetings provide the opportunity for staff working alone to come together as a team and build relationships with colleagues, debrief, participate in professional development and education and exchange information.

Education including the annual mandatory training will be scheduled throughout the year to meet our requirements. There will be some training sessions where the Home Care Team and the Respite Teams will come together e.g. Fire Safety.

It is a requirement of your employment that you attend these meetings to ensure you maintain your mandatory training, be provided with organisational updates, exchanges ideas and problem-solve. All staff members will be rostered to and are expected to attend. You will receive payment for attendance. This forms part of your employment with Alzheimer's Queensland as if you do not maintain your mandatory skills or are aware of organisational changes you will not meet the standards of funding and will therefore not be able to be scheduled to work.

## **12. PROPERTY**

Staff must take responsibility for their own valuables if brought to work. Handbags, backpacks, mobile phones and any other personal property is to be secured in the designated area in each centre.

## **13. CAR PARKING**

Limited car parking is available at the Multi Service centres; these parks are generally used for the Association vehicles. Street parking is available and staff should ensure that they follow parking restrictions in the local area.

It is preferable for staff not to park directly in front of the Multi Service Centres, this area should be available for consumer pick up and drop off.

## **14. TELEPHONE PROCEDURES – ANSWERING THE PHONE**

Please answer the telephone promptly, answering as follows – “Good morning, “location” Multi Service Centre, this is (your name) speaking”. Please write down the message clearly, giving the date and time it was received and the name of the caller.

Private calls are not encouraged. Calls may be taken in an emergency. If you must make an outgoing call, obtain permission from the Community Services Manager.

Mobile phones must be switched off when on duty and can be accessed during breaks only.

## **15. COMMUNICATION – MOBILE PHONES ON OUTINGS**

Each respite assistant is to sign out an Association mobile phone when leaving the centre for transport, in-home care and outings. The mobile phone is to be switched on and with the staff member at all times. The Association phone is provided for work use only.

Staff are to ensure that they adhere to Road Safety laws in relation to mobile phone usage while driving.

### **15.1 HOME CARE TEAM – MOBILE PHONE**

Home Care workers are to have access to a smart phone to enhance communication and for services to be efficient. Staff are to have their mobile turned on when at a consumer’s home and accessible at all times. Staff are not to take personal calls when they are with a consumer.

Staff are to ensure consumer privacy and confidentiality when using a mobile phone in public areas. Wherever possible, phone calls must be made away from the consumer or other persons. Staff are required to check their mobile phone message banks at the end and beginning of each consumer service.

Home Care Staff are able to claim their mobile phone usage for work purposes on their Tax annually.

Staff are to ensure that they adhere to Road Safety laws in relation to mobile phone usage while driving

## **16. SECURITY**

Staff are to be conscious that the Multi Service Centre’s are a secure environment and to ensure that all gates are fastened at all times. Particular note should be taken of entries/exits of the centre.

## **Home Care Team**

If working in the community, the consumer's residence may have security devices to support a person with Dementia with a tendency to wander. It essential as it is with any facility, ensure that the gates are fastened at all times and take particular notes of entries/exits of the home. Ensure your read the Care Plan and follow the information provided by the Case Manager to be aware of any technologies in place to support the individual e.g. GPS tracking.

## **Disaster Response**

Each region and service will have their own Disaster Response Plan a precautionary measure Staff should ensure their mobile phone is charged at all times and ensure their car is fuelled.

## **17. MAINTENANCE**

A maintenance log is kept at each centre and any identified maintenance needs to be recorded on the maintenance request sheet immediately. Any Workplace Health & Safety concerns should be reported to the Health & Safety Representative, Community Services Manager or in community the Regional Home Care Manager.

Any hazards that are noted at a consumer's home that would impact on the safety of the consumer or staff member needs to be brought to the attention of the case manager.

## **18. SMOKE FREE WORKPLACE**

The Association has an obligation to provide a safe working environment and protect the health of staff and others and to maintain the highest possible health and safety conditions; it is against the law to smoke on the Association's premises at any time while at work.

Smoking is expressly forbidden in all buildings, vehicles and on Association property.

Staff are to be aware that no smoking is allowed on outings with consumers, in consumers' homes or in their own vehicles when consumers are present. Employees who disregard this may be subjected to disciplinary action.

This procedure applies to all workers, contractors and visitors and within all areas of the workplace. We encourage all staff to seek advice to assist in quitting smoking.

Staff are required to be free of any smoking odours while working i.e. odours on clothes, hands, hair or breath.

## **19. GRATUITOUS GIFTS**

Small tokens of appreciation are acceptable as long as they are not solicited. However, should a consumer or family insist on showing their appreciation by way of gift or donation, the staff member concerned should request that they speak to their Manager. Under no circumstances is money or cheques to be accepted from consumers or their relatives. The “How are we doing?” form is available for consumers or families to give a compliment for service received.

## **20. CONFIDENTIALITY**

All staff are required to sign a Confidentiality Agreement form (contained within the Terms and Conditions) upon commencement of employment at Multi Service Centre or in the Home Care Team supporting CDC Home Care Packages. Accordingly, there must be no discussion of a consumer’s personal or sensitive information outside in the community, in earshot of the carer, other consumers or relatives. Consumer’s privacy and dignity must be respected at all times and staff are required to adhere to the privacy procedure (AAQ-P-12.0 Privacy and Confidentiality). Disciplinary action will follow if this procedure is not complied with.

## **21. WORKPLACE HEALTH AND SAFETY**

Safe work procedures are available on the AAQ website. It is every staff members’ responsibility to read these procedures and agree to undertake safe work practices at the workplace.

### **Community Care Worker – Lone Worker**

If you are working alone in a consumer’s home providing home care services. You must ensure you text the Case Manager to advise they you have arrived at your first visit for the day. You must then text in the afternoon to advise when you are leaving your last visit. If the Case Manager has not heard from you at the end of the day they will attempt to call you twice. If you do not answer your NOK will be contacted. If there are further concerns the Case Manager will action the escalation process to Management to determine whether the police need to be called.

As the worker you must ensure you have relevant contacts in your phone for the Case Managers in your region, the Regional Home Care Manager and the local multi service centre.

### **Prevention is Best**

#### **Manual Handling**

Community Services has a no-lift policy to prevent injury, ensure safe practices and avoid exposing staff and consumers to unnecessary risk. It is, therefore, everyone’s responsibility to adhere to recommended practices and procedures.

All incidents/accidents are to be reported on the appropriate forms by staff, consumers and visitors.

Manual handling is a mandatory training competency for all staff. Staff will be required to complete training at orientation and annually.

### **Lifting and Transfers**

**Any staff member, who attempts to transfer a non-weight bearing consumer, or manually lift a consumer without the assistance of another staff member, will be subject to disciplinary action which may result in dismissal.**

To reduce manual handling risks:

- Staff should never attempt manual handling if they are hesitant or unsure of their own abilities and limitations;
- Staff should refer to their manager for further support or training
- Manual handling warnings and instructions will be displayed at risk areas or highlighted in the consumer care/service plans
- Where there are loads weighing 16 to 55 kg mechanical aides are to be utilised

Hoists:

If the use of a hoist is required to support consumer, staff will be provided with the appropriate training prior to service based on their individual hoist.

### **Infection Control**

Staff receive training at time of orientation and annually to be in line with quality guidelines. Staff are required under the WHS obligations to co-operate with management to ensure the workplace is healthy and safe.

Hand Washing remains the most important aspect of reducing and eliminating infection re. Hand washing should be prior to putting gloves on and then repeated upon removing gloves.

- All liquid spillages on the floor must be wiped up immediately as they occur. Spill kits should be used when required
- Any food spilt must be wiped up immediately
- Notices must be displayed when cleaning is in progress

Infection control principles apply at all times, refer to RES-P-02 Infection Control procedure. From time to time during the course of your employment in-services will be held on infection control and knowledge surveys conducted.

Personal Protective Equipment (PPE) refers to equipment worn by worker to reduce exposure to hazardous materials in the workplace. PPE is used to reduce risks and exposure to hazards in the workplace and services to reduce the risk to of the employee.

### **Sharps injury or exposure to body fluids**

Exposure to body fluids can occur through sharps injuries or the transmission of fluids:

- via open wounds on the skin or transmission through mucous membranes.

Sharps include needles, pins, broken glass, lancets, razors. An injury by sharps is a result of:

- when the skin is accidentally punctured, increasing the risk of transmission of body fluid and exposure for blood borne disease such as Hepatitis

In community, respite facility, residential and hospitals this is the nature of the work undertaken by most workers. In most cases this is kept too minimum due to the use of PPE.

All staff are encouraged to have vaccinations for added protection

**In the event of an injury:**

- Wash the wound with soap and water
- If soap and water are not available, use alcohol-based hand rub or solution
- Notify your manager immediately
- Make arrangement to attend a medical practitioner or hospital immediately
- Complete a Feedback/Incident Form – document the time of injury, how deep you believe the penetration was, whether or not the needle was visibly contaminated with blood. Any equipment malfunctions are to be reported to the manager. \*You may be recommended to have a blood test within 72 hours.

**Food Safety**

In Home staff may support in the disposal, storage and preparation of food for a consumer as per their Home Care Service Plan. As per training at Orientation we require our staff to be mindful of food safety and ensure they take the approach to identify the process to identify and remove food that is not safe for consumption and remove with the preventive approach.

**Hygiene in food handling - critical control points**

**Personal Hygiene and Equipment in-Home**

- Nails are to be kept short and clean
- Jewellery should be limited
- Clothes should be clean
- Hands must be washed
- Kitchen utensils such as tongs should be used as much as possible to prevent physical contact and reduce risk of possible contamination
- Kitchen equipment must be cleaned thoroughly
- All work surfaces must be clean and dry
- Foods are to be prepared and cut on designated boards
- Separate utensils are to be used for raw and cooked foods
- Clean utensils must be used for serving meals
- Clean dish clothes and tea towels are to be used

**Storage of Food**

- Raw food is stored in the lower part of fridge
- Cooked food is stored in the upper part of fridge
- Raw and cooked foods should not be stored together
- Frozen foods should not be refrozen after being thawed
- Thawing of food should be actioned by defrosting in microwave, stored in fridge until thawed or cooked from frozen
- Foods that are thawed should be used as soon as possible when thawing has been completed
- Foods must be eaten or disposed of prior to a risk of contamination
- Dry foods opened should be stored in a sealed container, used by date is to be noted

### **Home Care Team and/or Working Alone:**

The Association attempts to eliminate or reduce risks associated with working alone. Processes/Systems have been implemented which require you to check in and out of every home visit. Smart phones are to be taken into all home visits.

Home Care workers predominately work alone as they travel to and from consumers' homes. Therefore, we require you to implement the following strategies:

- Follow your roster run sheet at all times
- Sign off at the end of each shift at all times
- Make sure your mobile phone is charged
- Ensure your car is fuelled and well maintained
- Work outside of your rostered hours can only occur if approved by the Consumer's Case Manager or the Regional Home Care Manager
- The Case Manager is to be notified if there are any significant changes to a consumer's home environment or behaviour that may impact on your safety.

### **Staff Identification**

Consumers, Carers and families have the right to ask for identification before Home Care Workers enter their home.

Alzheimer's Queensland provides identification to Home Care Team in support of their work in the community and for security for consumers. We ask that it is with you at all times but visible.

### **Equipment**

Malfunctioning or broken equipment is to be taken out of circulation, a warning notice attached stating the malfunction and recorded on the maintenance register.

If this is an item of a consumers, Home Care Worker are to action an Incident/Risk Management Form as well as call the consumer's Case Manager immediately. Advise consumer and remove



equipment from area. The Case Manager will speak with the consumer and/or family to discuss replacement or repair and management of.

### **Electrical Safety**

Alzheimer's Queensland recommends that all consumers have safety switches installed and tested annually.

Electrical equipment with frayed, loose cords, scorch marks or evidence of damage are not permitted to be used. If you note an electrical item with damage, advise consumer, take a picture, then provide to the Case Manager for follow up.

### **Chemical Safety**

In the community there a number of chemicals used particularly for cleaning, laundry, and gardening tasks where some of these products may be hazardous. Risks increase where there is poor ventilation (e.g. shower alcoves, ovens or small gardening sheds).

Alzheimer's Queensland workers are not able to use products which contain sodium hypochlorite (bleach).

In the home we do not have SDS (Safety Data Sheets). We review products the consumer has for cleaning during the home safety checks to ensure the safety of home care staff during services.

Each consumer is advised of suitable products required during assessment with a Case Manager and is provided with a list of safe products.

Staff are required to wear personal protective equipment (PPE) appropriate for tasks e.g. gloves.

### **Sun and Weather Protection**

Alzheimer's Queensland recognises the impact of weather conditions and support weather safe practises in all activities. We encourage our staff to demonstrate safe sun practises by adopting safe practices of applying sunscreen, wearing sunglasses, wide brim hats and long sleeve shirts where possible. We further support:

- Encouraging consumers to open windows, turn on fans or air conditioning during periods of extreme heat
- Staff are to be responsible and take note of weather warnings whilst on duty
- During periods of excessive weather conditions such as wet weather and storm warnings staff are required to ensure their safety and remain where they are or seek nearby shelter until the conditions have improved. Staff are required to contact their manager if this is to occur.

## **Workplace Aggression**

All incidents of aggression must be reported immediately to the Manager immediately by phone and documented on the appropriate form. Workplace aggression is defined as an incident, when a consumer or a staff member is abused, threatened or assaulted by any person within a workplace or care/service environment.

Forms of aggression may be beyond the control of the perpetrator due to psychological, social or cultural isolation, inter-personal conflict, reactions to medication and or frustration. Aggressive behaviours within the workplace will not be tolerated.

Difficult and Challenging behaviours with consumers will be handled according to procedures. Staff and consumers will be supported by immediately withdrawing them from aggressive situations regardless of the source of the aggression.

Appropriate security measures will be actioned with the appropriate restraint and/or notification to police will be actioned.

## **22. FIRST AID**

Each Multi Service Centre has a fully stocked first aid kit. First aid kits are also located within each of the Association's vehicle. Please notify the Manager or Administration Officer if you use stock so that it can be replenished.

### **22.1 HOME CARE TEAM – FIRST AID**

The Association strongly recommends that all home care workers carry their own first aid kit. The Association will provide you with gloves and anti-bacterial gel.

All Community staff when working directly with consumers, must hold a current CPR certificate and first aid certificates

#### **Home Care Kits**

Home Care Team staff are provided with Home Care Kits to support service provision to consumers. This kit includes a basic first aid, gloves, mobile phone holder, pouch, pen and additional material required to perform tasks to meet with service requirements.

Staff are required to keep their Home Care Kit with them at all times during a service.

Staff are supplied with materials to top up their Home Care Kits. When items are depleted staff are required to complete a Home Care Kit equipment request form. Supplies will be available in your regional office. Forward request to the Case Manager to be filled 2 weeks prior to your Home Care Team meetings.

## **23. IMMUNISATION**

It is recommended that all workers in a healthcare setting are vaccinated against Hepatitis B. It is also recommended that all staff avail themselves of Fluvax vaccination for the protection of the consumers, themselves and their families. Staff will be reimbursed for the cost of the Fluvax if they visit their own GP.

## **24. COMPLIMENTS AND COMPLAINTS**

It is expected that all staff have an understanding of the Compliments and Complaints process for consumers and their carer's and provided with the '*How are we doing?*' Feedback form

Informal feedback for a complaint or a compliment should be provided by a staff member documented on a Feedback Form. Compliments and Complaints are also documented by staff in RiskMan Incident Management Program.

For Consumers and Carer's that wish to make a formal complaint please refer to the AAQ Corporate Procedure - Non Staff Grievances (AAQ – P-22).

## **25. WHEN YOU LEAVE US**

Notice must be given in accordance with the relevant award. Failure to do so will result in a loss of wages equivalent to the stated notice periods in the relevant awards.

Proof of hours of service, capacity of employment along with your final pay slip and separation certificate will be provided

All property supplied to you by AAQ must be returned to your Manager, at the end of your last shift.

## **28. WHAT WE OFFER OUR CONSUMERS**

### **a. Our Consumers**

The consumer will be acknowledged as a member of the wider community with all attendant rights and responsibilities and as having a unique social, familial, cultural, religious and spiritual experience. There is recognition that each consumer's relationships are based on these experiences that include differences as well as similarities to others.

The Management and staff at the Association's community services will assist and encourage all consumer's to maintain links with the community, through assessment on admission that identifies current and past interests and lifestyle choices and other information that will enhance consumer's independence.

All staff should understand that each consumer has both a past and a future upon which plans, daily choices and decisions may be based.

The needs, wants and expectations of the consumers will be determined and the goals and objectives to achieve these goals developed, documented and understood by all personnel.

The consumer will be involved in the determination of current and future requirements and will be asked to assess the achievements of these requirements and suggest opportunities for improvement.

#### **b. Consumers' Rights & Responsibilities**

Consumers rights and responsibilities are outlined under the Charter of Care Recipients' Rights and Responsibilities – Home Care. Aged Care Act 1997, Schedule 2 User Rights Principles 2014 (amended on 1 July 2015). A copy is available at all centres and is provided to staff on induction and discussed at staff meetings.

#### **c. Choice and Decision Making**

Staff must understand and respect each consumer's right to determine plans, daily choices and decisions about aspects of her/his life e.g. choice of clothes, grooming and hygiene choices, meal times, activities etc.

#### **d. Meals**

Special Diets are provided as required, e.g. vegetarian or diabetic. Culturally specific meals can be prepared as appropriate. Meals may be prepared and provided by brokerage partners to assist in meeting the individual consumers' requirements

### **Advocacy**

Consumers have the right to choose and nominate an advocate to represent their interests at any time.

Alzheimer's Queensland supports the consumer to be protected and to have in place a nominated Existing Power of Attorney (EPOA) representative. This may be a partner/carer, family member or an external person or organisation.

An advocate is a person who, with the authority of the consumer, acts to ensure the consumer's care and support needs are adequately represented and addressed. Advocates are involved in the planning, establishment and reviewing of care plans, agreements, the negotiation of fees, complaints or any other communication.

Advocates are particularly important in support of consumers when they do not have the capacity to express or represent themselves due to physical or cognitive impairment.

## **Allied Health**

Allied Health services may form part of the service plan for consumer's dependent on their individual requirements. Consumers maybe assessed by an Allied Health team member when commencing services with Alzheimer's Queensland for both hygiene, safety and mobility risks in their home. The Allied Health team member to action this is likely to be an Occupational Therapist. The Allied Health team are health professionals and may include services such as podiatry, psychology, therapy, dietetics, orthotics and prosthetics, physiotherapy, speech therapy, social work and audiology etc.

Case managers will review and arrange access to allied health professions and allied health services to meet the needs of the consumer. Where possible the services will be arranged provided in the home, however the consumer may be required to source services outside of the home at a clinic.

## **Complimentary Medicines and/or Therapies**

Consumers may wish to source further natural services such as massage therapy, homeopathy, naturopathy, kinesiology, osteopathy, reiki, kinesiology, flower essence therapy, acupuncture and/or chiropractic etc

Not all allied health or medicines or therapies may be covered under Medicare or funded programs and may require payment by consumers.

## **Aides and Equipment**

Case Managers and an Allied Health will assess a consumer for required equipment necessary to support an individual to have support in place required in line with their individual needs. They may also consult with other allied health team members, medical personnel and clinical staff to ensure that the request of equipment meets with the consumer's needs and process of approval for funds to be utilised from Home Care Packages.

An example of equipment (not limited to), it is recommended to hire over purchase where possible: Shower chairs, commode chairs, over toilet seat, wheelie walkers walking frames, wheelchairs, personal alarms and other telehealth technology, microwave ovens etc.

Staff are responsible for reporting issues or defects to the Case Manager as soon as an issue is noted.

## **Consumer and Service Assessments**

To qualify for services potential consumers will be required to hold an Aged Care Assessment Team (ACAT) Assessment.

Case Managers will initially assess all consumers for services and will monitor and review their individual needs. Initial assessment supports the creation of the Care Services Plan. Reviews

may see the support plans alter frequently taking in to account the consumer's changes and individual requirements to support consistency and continuity of services to meet the requirements of each individual

Consumers, carers/family will participate in the planning and ongoing maintenance of their services, providing an overview of their goals, with a focus on socialisation, enablement and re-enablement. The consumer will also contribute to managing their services to be in line with budget and allocated funds for Home Care Package Level.

Alzheimer's Queensland remains focused on a holistic and flexible approach, ensuring the appropriate services are coordinated and in place to provide support at a high level of quality.

All Home Support Staff are to read the Care/Service Plans at the commencement of each visit. Staff are responsible for advising the Case Manager of changes to services or consumer and provide a Feedback Form to advise. On receipt the Case Manager will follow up with a call to the staff member and/or conduct a review of consumer and services. If this is an urgent concern, staff member is to call the Case Manager in the first instance, and supply feedback form as soon as possible.

### Consumer Feedback

Consumer information following a service in-home is to be actioned on a Feedback Form. This Feedback Form is a Home Care Worker's tool in support of communication on how a consumer is currently progressing. The Feedback Form is not required to be actioned at every service, however is to be completed if you note a concern relating to the consumer or if you note a variation to their wellbeing e.g. reference to a change in service, physical, mental, living standards, if appointment scheduled which may require support or alterations to services, leave for holidays, extra services that the consumer may be requesting. If there is a matter of urgency, all staff are to contact the Case Manager in the first instance and then complete the Feedback Form.

This form is to then have a picture taken of and emailed to the Case Manager following service. The hard copy of the form is to be retained in your compendium, this form is then provided to the Case Manager at the next Home Care Worker Team meeting in your region.

The Case Manager will review the feedback form on receipt and action the required changes, supports or meet with the consumer to address to a suitable outcome. This form will be filed in the consumer file under notes and actioned to iCare.

### Domestic Assistance

Home Care Workers may support one or more of the following services:

- Cleaning, personal laundry, light housework, ironing
- Shopping, Transport, Lawn mowing, gardening, spring clean – pantry, cupboards
- Meal preparation, Social tasks, Pet Care, Exercise and Mobility programs

The specific services for each consumer will be actioned on their Home Care Plan to enable you to provide the support services agreed.

### **Consumer Money Handling – HCW Support**

Alzheimer's Queensland minimises staff handling of consumer money. The aim is for consumers to maintain their independence, including their financial independence.

Alzheimer's Queensland understands there will be occasions that individuals may require support by staff.

The focus is to support the staff with handling Consumer's money, the family will be required to have the prior approval of the Case Manager. Any agreement on money handling will appear on the Consumers' service support plan and staff will be advised prior to service.

Staff are only approved to support money handling/purchases when authorisation has been provided for:

- Purchasing of food, pharmaceutical and personal items
- Bill payment by cash

Staff **are not approved** to:

- Use Consumers credit or EFTPOS cards
- Obtain consumers Personal Identification Number (PIN)
- Use personal funds to purchase items for the Consumer
- Lend or borrow money from Consumer, Carer or family members
- Accept or purchase any item that the Consumer owns
- Provide financial advice to the Consumer/ Carer/ family or representative
- Accommodate Consumer in any form of gambling e.g. TAB or Lotto

All episodes of money handling and transactions undertaken by staff are to be recorded on the Consumer Money Handling Form and retained in Consumer's In-Home File.

Staff are required to take a picture of all receipts prior to attaching to the Consumer Money Handling Form.

When the Consumer Money Handling form is full, the staff member will remove the form and replace with a new form. A copy can be made for the consumer at their request. The Home Care Worker will return completed forms at the next staff meeting along with other documents to be processed. These are to be handed to the meeting supervisor or placed into the appropriate folders at meeting. Original receipts are to remain with the consumer.

If there are any discrepancies or a loss of money relating to a transaction, this must be reported immediately to the Case /Regional Home Care Manager for review.

If you note incidents or concerns related to financial abuse, these are to be reported to your Case Manager/Regional Home Care Manager immediately.

### **Home Safety Risk Assessments**

When working in the community the location where you are providing services to the consumer forms your workplace. Safety for the consumer and yourself should always be paramount being alert to risks and hazards.

Prior to the commencement of services, the Case Manager or an Occupational Therapist will conduct a home safety risk assessment of the prospective consumer's home to ensure the health, safety and welfare of all staff and consumers. The aim to ensure that all the WHS issues are assessed.

Further risk assessments are addressed during annual care plan reviews. Staff are responsible for reporting potential hazards, and further risks noted during the year. This is addressed by completing a Feedback Form where this will be addressed as a hazard relating to the home.

Modifications actioned to ensure a safe workplace will be carried out by the Consumer. If the risk or potential risk is not able to be fully eliminated, or may still be present and in process of being address and the staff members attending consumer services will be advised. The Case Manager will advise of actions to take or reduce/minimise risk when providing services.

### **Consumer -Non Response to a scheduled visit**

As a Home Care Worker in community you may experience an occasional when a consumer is not at home for a scheduled visit, the following processes are options that have been presented to consumers to support this process.

Alzheimer's Queensland confirms the consumer's choice of response if our staff member calls and the consumer does not answer the door:

#### **Option 1:**

- The Support Worker will leave a Card (calling note) at the front door to advise that they have attended your house to provide your service which will show the time they attended.
- You or a family member contacts us on your return to advise of your wellbeing.

#### **Option 2:**

- Knock on my door and ring bell
- Call my name to see if I answer
- Dial my home phone and/or my mobile
- Confirm with my neighbours if they have seen me
- Check through my windows or other access doors
- Check if my car is in my driveway or in the garage



- If no response is received by 4.00pm or within 4 hours following the time of service, I hereby request for Alzheimer's Queensland to telephone my family or emergency contact for follow up to my well-being

Option 3:

- As per option 2 (excluding final point)
- Use keys located in key safe at \_\_\_\_\_ of my home with access code \_\_\_\_\_
- On entering the home call out to confirm non-response
- Please notify my regional office on \_\_\_\_\_ to confirm and contact my next of kin as per my records
- If for any reason Alzheimer's Queensland is unable to confirm my whereabouts with my next of kin. I hereby authorise emergency services to be contacted. I understand any damage to my home due to an investigation will remain my responsibility
- Emergency services will then follow through with Next of Kin until located

### House Key Guidelines

Alzheimer's Queensland do not take possession of a consumer key/s. We seek permission from consumers to assist in instances where they may require support e.g.

- Where mobility or medical conditions impact their physical capacity
- Falls risk
- Emergency situations

During the Home Safety Risk Assessment, the assessor will recommend under the funding the installation of a Key Safe with a PIN access code. Permission to access the Key Safe can only be issued by a Case Manager or the Regional Home Care Manager.

We recommend for safety purposes that consumers leave copies of their house keys with carers, family members and/or neighbours.

Alzheimer's Queensland promotes personal dignity and privacy of consumers at all times. Staff must knock, and call out to identify themselves prior to entering a consumer's home.

### Compliments, Comments, Complaints and Disputes

Consumers, carers and families have the right to provide feedback. Alzheimer's Queensland appreciate all feedback to assist us to improve our services and recognise positive feedback.

All compliments and complaints are discussed at team meetings, or where applicable with the team or individual. We ensure all staff are informed of positive feedback.

All Consumers are provided with a Flyer '*How are we doing?*' to enable the provision of feedback. Further support in providing feedback is direct through the Case Managers or the Helpline on

1800 639 331.

Consumers are also provided with the direct contact numbers for the Aged Care Complaints Commission and Advocacy Services through QADA.

### **Delays in Services**

Consumers are to be notified if there is to be a delay in services.

The reason for a delay in services can be the result of:

- Staff member sick
- Traffic accident/delays
- Previous client issue

Home Care Workers must notify Case Manger as soon as possible, to ensure prompt communication to the Consumer of a delay to their service. This will then be discussed with the consumer and the decision to either delay service, reschedule service to another staff member or to have a replacement service on another day will be the consumer's decision.

### **Physical Attacks**

- Do not continue to maintain communication if the behaviour escalates
- Immediately remove other persons and self from the room or premises
- Gradually withdraw from consumer if believed there is a current threat, then stay away
- Call your Case Manager, discuss supports and option to involve police or ambulance services
- If you suspect or there is any hint of physical aggression, ensure that you communicate your concerns directly to the Case Manager

All occurrences of difficult behaviour, whether new or changed must be documented and reported to your manager. Case Managers will review and action supports to support behavioural management. A review and reassessment will be actioned, where if there is no behaviour plan there will be strategies focused on the reduction of risks.

### **Transport**

Alzheimer's Queensland offers consumers transportation under their funding or they can access and pay privately for further services. Access to transport varies between funded services. The Case Manager will assess each consumer and discuss best options available for the consumer.

Transport is offered to support consumers to access medical appointments, shopping, social outings. Consumers are not to drive a staff or company car. Staff are not to travel in a client's car either as a passenger or as the driver.

All staff providing transport assistance must be registered with the appropriate Registration, Third Party Insurance and Full Comprehensive insurance.

Any traffic infringements incurred whilst transporting consumers will be the responsibility of the authorised driver.

## **Nursing**

Alzheimer's Queensland offers a broad range of nursing services internally and through partnerships:

- Clinical Care / Service Delivery Plan
- Medication Administration
- Wound Care
- Diabetes Management
- Health Assessments
- Pain Management and Control
- Complex Clinical Assessments
- Oxygen Therapy
- Catheters

Nursing services are provided by professionally trained, accredited and experienced Registered Nurses.

## **Wound Management**

Wound Management encompasses the use of dressings, bandages, slings and splints and other products to assist with the healing of tissue

A Registered Nurse will conduct an assessment of a consumer's wound and support the development of the plan to address wound management which will be kept in the consumers In-Home File and a copy in the Consumer Notes – iCare.

Home Care Workers should not remove dressings unless directed by a Registered Nurse. If there is a noted change in appearance of a wound, staff must contact the Case Manager immediately and report on the Feedback Form.

Staff must report any changes or new wounds on the consumer to be assessed. Wounds are regularly scheduled to be assessed by a Registered Nurse to ensure the effectiveness of treatment to ensure healing.

## **Pain Management**

Consumers receiving pain management, should be reassessed regularly, Consumers should be consulting a medical practitioner and referred to an allied health service. Staff are to support all medication plans and ensure notes are recorded.

## **Restraint**

Alzheimer's Queensland does not support the use of restraint which forms the intentional restriction of a person's movement or behaviour through the use of medication, physical force device for medical or behavioural purposes.

Consumers living with Dementia may have been prescribed with medication to inhibit or restrict movement or behaviour at home. The Case Manager will be responsible for assessing what is required to support the consumer and action ongoing assessments, reassessments and monitoring behaviour with consumers. This will take place in consultation with consumer, carer and/or representative, staff and outcomes must be authorised by a Medical Practitioner.

## **Visiting Consumers**

Alzheimer's Queensland is aware during the provision of services there is ability to establish a close professional friendship with a consumer and their carers.

Staff are to discuss with their managers if they would like to visit a consumer in hospital.

Staff are not permitted to become involved in any decisions relating to the care and support of the consumer with Alzheimer's Queensland or another organisation. Staff are required not to comment on consumers' care past, present or future care.

## **Wellness and Enablement**

Alzheimer's Queensland has continued to support and provider services to promote and engage consumers in wellness, goal setting, enablement and lifestyle choices.

Our focus, '*is to do with*' and '*not to do for*', promoting engagement within the community and with others.

## **Social Support and Arrangements**

Consumers are encouraged to maintain their established links within their communities. The Case Manager of the consumer will discuss further opportunities to align with the consumer's interests, individual choice and ability. Excursions may also form part of shopping and errands. Social participation and outings are assessed on a regular basis to ensure the consumers requirements are being met.

Appropriate transport and support by staff are scheduled. The Care Plan will contain the details.

## **Discovery of a Suspected Death**

In the event of a Consumer's death expected or unexpected the staff member who makes the discovery is responsible for the appropriate management and preservation of the deceased person as per legislation of Commonwealth and State Government.

On the discovery of a suspected death/death you:

- Call 000 for an ambulance and report that you have arrived to provide Consumer service, and the consumer is unresponsive.
- Follow the instructions of the operator
- Report immediately to your direct supervisor, who will then escalate to the Regional Home Care Manger, who will then notify relevant Senior Management
- Do not move anything
- Do not leave the home – until the family take over, advised by the emergency support, or management
- Staff will be supported following, via Case Manager and Regional Home Care Manager
- EPA program is available to further support staff

### **Pet Care**

Pets can provide companionship to consumers but sometimes the responsibilities of keeping a pet can be difficult due to the mobility, dementia or other issues

During assessments Case Managers will determine whether or not a consumer could benefit from pet care as a service. Pet care may include:

- Washing and grooming, feeding and watering, walking, pickup or disposing of droppings, cleaning cage, litter cleaning, or support at a veterinary clinic.

Staff with known pet allergies will not be required to provide pet care.

Any incidents that occur whilst supporting or interacting with pets must be reported to your supervisor with an incident form to be completed.

### **Personal Support/Care**

Services can include:

- Showering,
- Dressing, Shaving
- Toileting
- Personal hygiene
- Continence Management,
- Medication Assistance,
- Dietary Planning,
- Mobility assistance and equipment,
- Medical Appointments

Individual consumer service support will be included in the Care Plan. Care plans will be updated regularly to address the changes required to support the consumer needs. It is essential the care plan

is read at each visit. Personal care needs provided with the respect and dignity for the consumer and their privacy.

- Ask, rather than assume the consumer would like support to the bathroom
- Prior to commencing task explain the personal care procedure to the consumer
- Ensure the consumer's privacy, close doors, curtains and/or blinds during showering, toileting and dressing
- Enable consumer to undertake activities of a personal nature in privacy or with discreet support
- When consumer is unassisted during a personal hygiene task - at conclusion knock and wait for an invitation to enter

All Home Care Workers providing personal care must hold a qualification in Aged and Community Care Certificate III /IV.

### **Continence Management**

Incontinence is any accidental or involuntary loss of urine from the bladder (urinary incontinence) or bowel motion, faeces or wind from the bowel (faecal or bowel incontinence).

The Case Manager will assess consumer for continence issues and support required which will be recorded in the care plan tailored for the individual. The Case Manager will provide you with an overview to support the plan implemented. When you as the support note changes – improvement or decline report on a Feedback Form to the Case Manager.

### **Medication Assistance**

Medications include all prescribed and non-prescribed pharmaceutical products to improve the quality of life for the consumer. These may include though are not limited to, tablets, patches, capsules, suspensions, skin creams and ointments, drops, sprays and nebulisers.

Consumers may require assistance to maintain their medication program. In-Home if consumer is not able to comply with their medication program as an individual, on assessment the Case Manager will determine and plan accordingly. There may already be a request by the consumer's medical practitioner or pharmacist.

The specific medication requirements are documented in the Care Plan.

Medication assistance can include:

- Prompting and reminding to take medications
- Assistance using dosage administration aides e.g. Webster Packs
- Application of creams and ointments
- Assistance with nebulisers
- Attending to medicated eye drops or ear drops

Webster Packs reduce errors in medication assistance. All consumer will be required to have their medications packed in a Webster Pack by a pharmacist. In most instances the consumers medication will also be stored in a locked medication box with a code. The code to unlock the medication box will be recorded at the top right hand corner of the In-Home File front cover page (last 3 to 4 digits). There will be some letters that precede the numbers which will be the consumers iCare code.

All in-home staff will be annually trained in the safe administration of medications to assist consumers.

Home Care Workers are not permitted to provide medication assistance for medication not contained in a Webster Pack e.g. Dosome Box. Staff are not to assist in the provision of any other medication not contained within the Webster pack e.g. vitamins or Paracetamol (not contained in a Webster Pack). Consumers are able to self-administer if they are comfortable and wish to accept the consequences of their actions.

Staff must notify the Case Manager if they note the consumer, self-medicating with non-prescription drugs or medications they believe have not been prescribed by the Consumers medical practitioner.

Medications are to be taken by the consumer with the Home Care Staff present. Medications should not be left on the table or beside the bed for the consumer to take at a later time on their own. The Home Care Worker is to ensure the consumer has completely taken the medication (swallowed or absorbed) prior to recording the action on the medication record form in the in-home file.

If the consumer has refused to take the medication, this must be recorded, the case manager notified and a feedback form completed as per process.

If there are noted changes to a consumer's condition or behaviour, which may be an adverse reaction to an existing or new medication, report immediately to your supervisor by phone with a Feedback form completed. If the situation becomes critical, contact emergency services.

### **Medical Appointments**

Some consumers may find it difficulty in arranging, accessing and attending the medical appointments or find the experience overwhelming. The consumer may seek transportation and support to the scheduled appointment through their package via the Case Manager.

If staff are scheduled to support a consumer to a medical appointment, you must uphold the Alzheimer's Code of conduct and the consumer's rights to personal privacy and dignity at all times.

The Case Manager may contact the medical practitioner to follow up any issues or changes in the consumer's treatment following the appointment.

The Case Manager is responsible for updating the consumers care plan and updating records in iCare, client file and in-home file.

## **Dementia**

Dementia is a broad term which is used to describe a group of symptoms that cause progressive damage to the brain. Dementia is not a specific disease but rather refers to the long term and often gradual decrease in a person's ability to think, remember, and function in regular daily activities. Changes to personality, mood and difficulty using and/or understanding language may also occur.

Dementia symptoms can be classified into (1) irreversible causes and (2) reversible causes.

Irreversible causes of dementia include a number of diseases/conditions which affect the brain and lead to progressive and permanent damage to brain cells. Alzheimer's disease is the most common form of irreversible dementia, and is commonly caused by stroke and heart disease.

Other conditions include Frontotemporal dementia, Lewy Body Disease, Huntington's Disease, Parkinson's Disease and many others.

## **Difficult and Challenging Behaviours**

Alzheimer's Queensland Services are not limited to clients with dementia.

Challenging behaviour is any behaviour that causes significant distress or danger to the person of concern or others. It can include an outburst of aggression, or resistant type behaviour by clients. Challenging behaviours are difficult for everyone involved. Whilst managing these behaviours may be part of the job, it is not acceptable for workers to be hurt.

Report early signs of challenging behaviours. Talk about your concerns with your supervisor or at team meetings. Early reporting enables management to take action.

Preventing challenging behaviours:

Any situation or feeling can act as a trigger for challenging behaviour. This is frequently unpredictable. However, the approach made towards the person is very important.

- Pause – stand back, take a moment to assess the situation, before approaching again.
- Speak slowly and clearly in a calm voice.
- Explain your care actions.
- Try not to rush the person, act calmly.
- Show respect and treat people with dignity at all times.
- Minimise boredom, social isolation and irritating factors in the environment such as noise, uncomfortable clothing.
- Enhance comfort, exercise, participation in activities, decision making and dignity.

Communication is the key:



Avoid harsh aggressive or abrupt statements. Don't say things such as "You must...", "Don't...", "Stop.....". Use alternatives and "I" language like "I would like you to..." "It would help me if.....", "I feel scared when.....".

- When challenging behaviour happens
- Back off where possible.
- Keep calm.
- Call for help.
- Leave the person to calm down, if possible.
- Remove others from the environment, if possible.
- Be aware of body language and tone of voice used to the person.

Alzheimer's Queensland has duty of care to do all things possible to prevent or minimise any harm that may occur as a result of challenging behaviours. This includes providing a means of communication for emergencies, an emergency response system and procedures.

Staff are provided with a contact list where they are required to put in the contact number of the Case Manager for their region and that of the Regional Home Care Manager and advised of the escalation process. The contact list is updated as changes occur. Staff are requested to provide regular feedback forms advising of any changes or continual repeat of issues and/or concerns to enable support and reviews to be actioned outside those scheduled. If any incident occurs or there is the believed to be a risk, staff are requested to complete an incident form and forward to the Case Manager for their region.

Staff are required to carry a smart phone with them at all times.

Workers must follow reasonable instructions in managing challenging behaviours and protect the safety and health of themselves and others.

### **Elder Abuse and Neglect**

Elder is abuse contravenes basic human rights and can include any one of the following:

- Financial,
- Sexual,
- Psychological
- Physical
- Social abuse

During a service if you notice any changes in the condition of your consumer you are to alert your manager e.g. behaviour, environmental, loss of weight, bruising. Details are to be actioned on required documentation and Manager advised.

## **Emergency Situations**

In any situation, it is important to ensure your safety and that of the consumer. It is preferred, that a Home Care Worker contact their manager to report as soon as possible.

Staff are able to contact emergency services in first instance – police, ambulance and fire brigade on 000 during a critical incident, serious injury to themselves or a consumer, there is a fire or there has been a break and enter.

If consumer is conscious, you are required to advise consumer of reason you have chosen to call emergency services and why. The consumer may become distressed and concerned with your decision. You will be required to calmly reassure the consumer as this is your Duty of Care. If the consumer continues to be distressed and resisting your decision, you must contact your manager immediately for support and direction.

***The Manager and staff have pleasure in welcoming you as a member of our staff team and wish you a long and happy association with us.***

## **MISSION STATEMENT**

The Alzheimer's Association of Queensland Inc.  
aims to be an effective advocate  
on behalf of people with dementia and their carers to  
achieve an enriched quality of life.

## **PHILOSOPHY**

The AAQ's philosophy is to care for its consumers with respect, kindness and compassion, to uphold their dignity, privacy and comfort, to respect and endeavour to maintain their valued social role while conducting the administration and provision of quality care services in the highest professional manner

## **AIMS AND OBJECTIVES**

Consumers are acknowledged as members of the wider community with all attendant rights and responsibilities and as having a unique social, familial, cultural, religious and spiritual experience

Consultation and choice in all aspects of care and lifestyle while not infringing on anyone else's rights

Enhancement of consumer's dignity, privacy and self-esteem

Opportunities to achieve and maintain independence

Freedom of speech without fear of reprisal

Encouragement for relatives' involvement in consumer care and socialisation

Consideration for the consumers by caring, compassionate, motivated and professional caring staff who work as a team

Conducting the centre's affairs with integrity and honesty, rendering service on a high ethical level

Continual improvement of the knowledge base of staff by ongoing training

The physical surroundings will continue to improve so the consumers will be cared for in a home-like environment

All government changes to regulations will be implemented as applicable

## **Acknowledgement of Receipt of Staff Handbook**

The Staff Handbook is designed to answer some of the questions which may arise in connection with your employment. It also provides you with information outlining processes and procedures affecting your employment.

Provisions of this handbook may be modified, revoked or changed by the Association at any time. Any changes will be communicated to employees.

Your signature below indicates that you have received, read and understood the contents of the Staff Handbook, and agree to abide by the policies.

### **Acknowledgement**

I hereby acknowledge that I have read, understood and will abide by the contents of the Staff Handbook.

Print Name:

Signature:

Date: