



**02. ASSESSMENT AND PLANNING : POLICY AND PROCEDURE**

## SECTION 2: ASSESSMENT AND PLANNING

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## 2.1 OVERVIEW

### 2.1.1 CONSUMER OUTCOME<sup>1</sup>

*"I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and wellbeing."*

### 2.1.2 ORGANISATION STATEMENT<sup>2</sup>

Victoria Daly Regional Council Home Care:

- Undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer
- Ensures assessment and planning has a focus on optimising health and wellbeing in accordance with the consumer's needs, goals and preferences
- Ensures infection prevention and control strategies are in place in the planning and delivery of care and services.

### 2.1.3 OUR POLICY<sup>3</sup>

- Assessment and planning, including consideration of risks to the consumer's wellbeing, informs the delivery of safe and effective care and services
- Assessment and planning identify and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes
- The assessment and planning process:
  - Is based on an ongoing partnership with the consumer and others that they wish to involve in assessment, planning and review of their care and services
  - Includes other providers, organisations and individuals involved in the care of the consumer
  - Considers the infection prevention and control strategies necessary to ensure the safety and wellbeing of consumers and staff
- The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided
- Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### 2.1.4 RESPONSIBILITIES

- Management ensures processes and practices achieve an ongoing partnership with consumers in the assessment, planning and review, and safe delivery of their care and services including the employment of staff both qualified and experienced in assessment and support planning.

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<sup>1</sup> Australian Government Department of Health Standard 2: Assessment and Planning Aged Care Quality Standards June 2018

<sup>2</sup> Ibid

<sup>3</sup> Based on the requirements for Standard 2: Assessment and Planning Aged Care Quality Standards June 2018

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- Staff follow policies and procedures, participate in development opportunities, work to establish partnerships and deliver safe care and services that address the consumer's current needs, goals and preferences.
- Consumers and/or their representatives support a partnership approach and provide input on their needs and preferences for care and services.

## 2.1.5 MONITORING ASSESSMENT AND PLANNING

Assessment and planning processes and systems are regularly audited as part of our audit program and staff, consumers and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see 8.3.5 Corporate Calendar and 8.9 Continuous Improvement).

## 2.1.6 REFERENCES

- Advance Care Planning Australia website
- Australian Government Australian Aged Care Quality Agency *Aged Care Quality Standards Draft Guidance - Full suite* 2018
- Australian Government Department of Health *Aged Care Quality Standards* June 2018
- Australian Government Department of Health *Changing Home Care Providers* July 2017
- Australian Government Department of Health *Charter of Rights and Responsibilities for Home Care (Effective 27 February 2017)*
- Australian Government Department of Health *Commonwealth Home Support Programme - Program Manual* 2018
- Australian Government Department of Health *Home Care Packages Program Operational Manual* December 2015
- Australian Government Department of Health *Provider Fact Sheet Manage an Upgrade to your Consumer's Home Care Package* January 2018
- Australian Government Department of Health *Questions and Answers Aged Care Legislation Amendment May 2016*
- Australian Government Department of Social Services *Living Well at Home: CHSP Good Practice Guide Commonwealth Home Support Programme* July 2015
- Government of Western Australia Department of Health WA *Consent to Treatment Policy* 2016

## 2.1.7 DEFINITIONS

1. Consumer refers to the consumer and their guardian and/or their representatives nominated by them
2. Infection prevention and control: Strategies to support the goal to create safe care environments through the implementation of practices that minimise the risk of transmission of infectious agents.
3. Support Worker refers to unregulated healthcare workers.
4. Support Staff refers to all staff involved in delivering services and care to consumers.

## 2.2 CONSUMER REFERRALS

### 2.2.1 MY AGED CARE<sup>4</sup>

Entry and assessment for the Commonwealth Home Support Programme (CHSP) and Home Care Packages Programme (HCPs) is through My Aged Care. People coming directly to Victoria Daly Regional Council Home Care for CHSP support or HCPs are referred to, and assisted to contact, My Aged Care for screening and assessment.

Assessments for CHSP are conducted by the Regional Assessment Service (RAS) and assessments for HCPs are conducted by an Aged Care Assessment Team (ACAT) with all assessments utilising the National Screening and Assessment Form (NSAF).

The My Aged Care Contact Centre registers the consumer, conducts a screening process over the phone (where possible) and then may:

- Refer the consumer directly to CHSP service(s)
- Refer the consumer for a face-to-face home support assessment conducted by the My Aged Care RAS
- Refer the consumer to an ACAT if needs indicate a higher level of care is required
- Provide information about non-Commonwealth funded services, as appropriate.

All new consumers should be registered, screened and/or assessed by My Aged Care to determine eligibility prior to accessing CHSP services. If a consumer contacts Victoria Daly Regional Council Home Care directly in the first instance we refer them to the My Aged Care Contact Centre using the referral form available on the My Aged Care website ([www.myagedcare.gov.au](http://www.myagedcare.gov.au)) or assist them to make contact by telephone.

### 2.2.2 REFERRALS FROM MY AGED CARE

#### i) CHSP and HCP referrals

All referrals from My Aged Care are based on the consumer's selection of a service provider and can be:

- Directly to a service provider electronically and including a link to the consumer record (National Screening and Assessment Form – NSAF). The service provider accesses the consumer record and decides whether or not to accept the referral
- The consumer can be provided with the contact details of service providers along with a referral code to give to the provider. The provider can then access the consumer record to aid in discussion and acceptance of the referral.

#### ii) CHSP referral before assessment

CHSP service delivery can also commence prior to completion of a face to face assessment:

- Where a person is eligible for CHSP and screening at the contact centre identifies there is no further assessment necessary
- Where a consumer has an urgent need for services but also requires face-to-face assessment. In these cases, a consumer may begin to receive services before they are assessed as eligible (e.g. meals or transport), while they wait for a face-to-face assessment

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<sup>4</sup> Most of the information around assessments and referrals is taken from: Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 pp 72-75 and Australian Government Department of Health Home Care Packages Program Operational Manual\_December 2015

- Where it is clear that urgent care is required, for example the delivery of meals due to the unplanned absence of a carer, service delivery may be provided before a consumer has contacted My Aged Care.

Referrals prior to assessment are for:

- A one-off intervention (such as transport to a GP appointment); or
- A short period of time only (not ongoing service provision).

### 2.2.3 RECEIVING REFERRALS

The Consumer Care Coordinator receives the referrals and decides to accept the consumer or not, based on the information in the consumer record and our capacity to deliver the services required. When a referral is accepted the Consumer Care Coordinator contacts the consumer and arranges a Service Commencement Meeting (see 2.3.5 Service Commencement).

#### i) HCP consumers transferring from another provider<sup>5</sup>

When HCP consumers transfer from another service provider to Victoria Daly Regional Council Home Care the following process applies:

- Accept the consumer referral from My Aged Care and develop a Home Care Agreement
  - Accept the referral code in the provider portal in My Aged Care to access the consumer's record
  - Work in partnership with the new consumer to develop a Home Care Agreement and support plan based on their needs
- Before providing home care services, confirm the cessation day with both the consumer and the previous provider to ensure there are no overlapping claims for home care subsidy. Where two or more service providers claim subsidy for the same consumer on the same day, payment is made to the provider that first entered into a Home Care Agreement with the consumer
- Provide consumer entry information to DHS
  - Notify DHS within 28 days of the consumer starting care, by submitting an Aged Care Entry Record (ACER)
  - The start date for the new provider must be on or after the agreed cessation day.

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<sup>5</sup> Australian Government Department of Health [Changing Home Care Providers](#) July 2017

## 2.3 ASSESSMENT AND PLANNING

### 2.3.1 OVERVIEW

The assessment and planning process in Victoria Daly Regional Council Home Care focuses on the person as a whole, recognises each individual's strengths and abilities and aims to empower the individual to identify their own support goals. We apply the CHSP Good Practice Guide<sup>6</sup> to our work with all consumers and encourage actions that promote a level of independence in daily living tasks, as well as reducing risks to living safely at home.

To ensure our care and services are effective and reflect the needs, goals and preferences of consumers, we:

- Establish an ongoing partnership with consumers
- Utilise information from My Aged Care
- Foster choice and independence
- Conduct a service commencement process that focuses on the consumer with consideration to infection prevention and control strategies to promote health and wellbeing
- Develop comprehensive assessments and support plans that include advanced care planning and end of life planning, and
- Conduct regular reviews of consumer's needs.

### 2.3.2 PARTNERING WITH CONSUMERS

Consumers and other people they wish to involve in their care, are engaged as partners in all aspects of the care and services consumers receive from Victoria Daly Regional Council Home Care, including assessment, support planning and service delivery. The partnership is based on ongoing consultation with the consumer that includes the following principles:

- Effective communication and partnership with consumers during intake, assessment, care, support, escalation, monitoring, review and referral processes as part of our service delivery processes that emphasise consumer choice and control in all aspects
- The provision of information, and support in understanding and utilising the information
- Ensuring the cultural safety of consumers
- Working together with other providers, organisations and individuals involved in the care of the consumer
- Encouraging all feedback and working with consumers to identify ways to address any issues
- Fostering consumer input to the Board of Management through morning tea meetings with consumers, where different Board of Management members attend along with selected staff.

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<sup>6</sup> Australian Government Department of Social Services Living Well at Home: CHSP Good Practice Guide Commonwealth Home Support Programme July 2015



### 2.3.3 CONSIDERATION OF MY AGED CARE ASSESSMENTS

#### i) Commonwealth home support programme<sup>7</sup>

CHSP assessments (the NSAF) are reviewed to understand:

- The services required and the underlying issues
- The person's goals and how we can work with them to achieve their goals
- How we can support the person to maintain and improve their independence including the role of care coordination.

#### ii) Home care packages

HCP assessments (the NSAF) and support plans are reviewed to understand:

- The relevant HCP recommended by the ACAT
- The identification of the consumer's complex care needs, medical issues and medications and whether medication support or administration is required
- If additional comprehensive assessment/s to identify support needs are required
- Required consultations with or referrals to other health professionals
- The supports required by the consumer and the consumer's preferences and other requirements including the role of care coordination to support the consumer's complex needs
- The provision of equipment or other appropriate supports.

### 2.3.4 FOSTER CHOICE AND INDEPENDENCE

(See 1.4.3 Fostering Choice and Independence.)

### 2.3.5 SERVICE COMMENCEMENT AND ASSESSMENT

#### i) Service commencement meeting

Once a consumer agrees to accept services from Victoria Daly Regional Council Home Care a service commencement meeting is arranged and conducted by the Consumer Care Coordinator. The commencement meeting is guided by a checklist (see Table 2.3.1: Service Commencement Checklist<sup>8</sup>) to ensure all necessary information is provided to and explained to the consumer and/or their representative. The Consumer Care Coordinator or other person conducting the Commencement Meeting/Assessment ticks off each item as they are covered.

**Table 2.3.1: Service Commencement Checklist**

Items Common to CHSP and HCPs	
Items Specific to CHSP	Items Specific to HCPs
<b>On receipt of referral</b>	
Identify from the referral any cultural or physical considerations that may apply to the	

<sup>7</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 30 2.6 Service Provider Responsibilities

<sup>8</sup> A copy of the Service Commencement Checklist is also provided as a form.

Items Common to CHSP and HCPs	
Items Specific to CHSP	Items Specific to HCPs
consumer and confirm these with the referrer, consumer or family/representative	
Validate any care alerts prior to the first visit (safety of in-home visit by staff, pets, smoking etc)	
Arrange a Service Commencement Meeting with the consumer at their home (or centre if only receiving social support) at a time convenient to them	
Ensure cultural safety and physical requirements are in place for the Service Commencement Meeting	
<b>In commencement meeting explain and validate, referring to the Consumer Handbook and providing a copy to the consumer:</b>	
The identity of the consumer and representative using a three-point identification check (e.g. name, address, date of birth validated by documentation such as drivers' licence, pension card, Medicare card etc)	
The purpose of the meeting (admission or review including the role of assessment and support planning)	
The relevant funded program (CHSP or HCP) and how home care fits in with other parts of the aged care system	
The supports offered by Victoria Daly Regional Council Home Care under the relevant program including the provision of short term support for CHSP consumers if and when appropriate	
Security of tenure	
The fees relevant to the program and the fees policy	
The partnership approach and the importance of Victoria Daly Regional Council Home Care working with the consumer in assessing the consumer's goals, needs and preferences and of the consumer providing information	
The wellness and reablement approach and what it means for the consumer including staying well (eating healthy, falls and pressure injury prevention, exercise and mobility etc as applicable to the consumer)	
Consumers right to <ul style="list-style-type: none"> <li>• Exercise choice and independence including the right to have a say in the care and services they access</li> <li>• Have input into how care and services are delivered and who delivers them including services that may need to be purchased through other providers</li> <li>• Determine the involvement of family, friends and other people, connections and relationships with other people</li> </ul>	
Consumers right to make choices that include risk to themselves and our role to inform them of the risks, the consequences and how the risks can be managed	
The role of care coordination including review timeframes relevant to complexity of care, follow up of needs, escalation of care, partnering and consultation with other providers	

<b>Items Common to CHSP and HCPs</b>	
<b>Items Specific to CHSP</b>	<b>Items Specific to HCPs</b>
including family and others, referrals etc.	
Support plan and goals including consideration to the Advance Care Directive provided by the consumer and End of Life Plan if the consumer wishes	
Policy on Advance Health Directives and End of Life Plan, and the requirement of four copies (one for the consumer to keep, two to be placed with the support plan, [one available to take to hospital (if necessary)] and one to be stored in our main office	
How the consumer can communicate their decisions, choices and feedback (ie encourage complaints and other feedback)	
	<p>Consumer Directed Care and what it means for the consumer including:</p> <ul style="list-style-type: none"> <li>• Individualised budget including income and expenditure</li> <li>• The Monthly Statement and options for receiving it</li> <li>• Right to leave the service</li> <li>• Exit Fee</li> <li>• Return of unspent monies</li> <li>• Consumer options and preferences in HCP management and involvement of others</li> </ul>
<b>Complete the following</b>	
Consumer information forms	
Determine if the consumer has an Enduring Power of Attorney and/or Enduring Power of Guardianship, request a copy and file it in the main office	
Obtain or refer as appropriate, Advance Health Directive and End of Life Plan (require four copies: one for the consumer to keep, two to be placed with the support plan, [one available to take to hospital (if necessary)] and one to be stored in our main office	
Identification of any care alerts (safety, care, infection) for inclusion on the support plan	
	HCP Assessment including, cultural, sexual and spiritual preferences
Support Plan including goals based on the consumers requirements and preferences including physical, social, spiritual and emotional needs including consideration to Advance Care Directive and End of Life Plan if applicable	Individualised Budget/Support Plan including goals based on consumers' requirements and preferences - physical, social, spiritual and emotional needs including consideration to the including consideration to Advance Care Directive and End of Life Plan if applicable (within 14 days after signing the Home Care Agreement) and Specific Support Plans as applicable

Items Common to CHSP and HCPs	
Items Specific to CHSP	Items Specific to HCPs
	Home Care Agreement
Action in the event of a consumer not responding to a scheduled visit	
Consent and signing of the Consent Form including: <ul style="list-style-type: none"> <li>• Other people involved in care and services</li> <li>• Release of information and medical information, if applicable</li> </ul>	
Consumer Details and Transfer Form	
Letter to Medical Practitioner	
Direct Debit Request Form	
Home Safety Checklist	
<b>Explain (referring to the Consumer Handbook and provide a copy as appropriate)</b>	
The home file	
Ongoing consumer monitoring and reviews including escalation of care	
Referral to other services and involvement of other people	
Charter of Rights and Responsibilities for Home Care (provide copy)	
The Tell Us What You Think Form (provide copy)	
The Complaints Procedure and feedback processes	
The right to, role of and process to access an advocate and advocacy services	
<b>Complete post-meeting</b>	
CHSP Commencement of Service Letter	Finalise the Home Care Agreement
Finalise the support plan	Finalise the support plan and provide to consumer within 14 days after signing the Home Care Agreement
Set up Home File including copies of the signed CHSP Commencement of Service Letter, Support Plan, Consumer Handbook, Rights and Responsibilities and other information and forward copies to consumer with support worker on first support visit	Set up Home File including copies of the signed Home Care Agreement, Individualised Budget/Support Plan, Consumer Handbook, Rights and Responsibilities and other information and forward copies to consumer with support worker on first support visit
Follow up on Advance Care Directive and End of Life Plan and Enduring Power of Attorney and/or Enduring Power of Guardianship if applicable	
Set up consumer in Service/CDC Management System	
Arrange out-sourcing of services not directly provided and clarify roles with other people	

Items Common to CHSP and HCPs	
Items Specific to CHSP	Items Specific to HCPs
involved in the delivery of care and services	
Enter commencement date of services in My Aged Care	
Enter Review Date in Consumer Management System	
	Complete the Aged Care Entry Record (ACER) and forward to My Aged Care

### ii) CHSP short term support

CHSP services can be delivered short-term or episodic as well as on an ongoing basis. Victoria Daly Regional Council Home Care accepts referrals for short-term or episodic support.<sup>9</sup>

Consumers receiving ongoing services can also receive a higher intensity of episodic or short-term services where improvements in function or capacity can be made, or further deterioration avoided. These services should be delivered with the aim of getting a consumer 'back on their feet' and able to resume previous activities without the need for ongoing service delivery or with a reduced level of service delivery. Higher intensity services are only provided on a short-term basis.<sup>10</sup>

### iii) Cultural safety of consumers

To ensure the cultural safety of consumers the person conducting the commencement meeting or reassessment:

- Identifies from the referral any cultural considerations that may apply to the consumer and confirms these with the referrer, consumer or family/representative
- Explores for any other key issues that may be relevant to the consumer's cultural background
- Arranges for any requirements to ensure cultural safety during assessment, planning and service delivery such as interpreter, support person, information in consumers language, staff of similar background
- Identifies sensitivities for service delivery such as religious, privacy, diet, gender of support workers
- Provides information to support staff
- Monitors service delivery during reviews and/or contact with the consumer to ensure cultural safety.

(See also 1.3.2 Cultural Safety of Consumers.)

<sup>9</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 11 1.2.1 The Commonwealth Home Support Program

<sup>10</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 2 1.2.2 Entry Level Support

#### iv) Delivering safe and effective services

We ensure our CHSP and HCP services are safe and effective, culturally safe, meet the consumer's needs, goals and preferences and optimise their independence, health, wellbeing and quality of life, through:

- Maintaining a partnership approach with consumers (see 2.3.2 Partnering with Consumers)
- Active encouraging consumers to exercise choice and independence including having their say in the care and services they access (see 1.4 Consumer Choice and Independence)
- Developing a support plan based on a wholistic assessment that identifies a person's needs, preferences and goals through their direct involvement in the process (see 1.4.2 Consumer Preferences and 2.3 Assessment and Planning)
- Regular monitoring and review of support plans (see 2.3.6 Support Plans)
- Recognising special needs of consumers including cultural, spiritual, emotional, psychological and physical needs (see 1.3.7 Consumers with Special Needs, 1.3.3 Spiritual Support and 1.3.4 Emotional and Psychological Support)
- Providing support through a wellness and reablement framework that builds on consumers strengths to promote and maintain independence (see 1.4.3 Fostering Choice and Independence/i) Wellness and reablement)
- Providing a wide range of options appropriate to the CHSP<sup>11</sup> and HCP services we are funded to provide, to ensure greater choice and variety for consumers and access to the services and supports they need and want (see 1.2.1 CHSP Services/iii) Range of services provided by CHSP and 1.2.2 Home Care Packages/iii) Range of Services provided by home care packages)
- Supporting consumers to maintain their links in the community (see 1.4.4 Inclusion in Community/i) Consumer participation in community)
- Referring consumers to other agencies when necessary to access services and supports that we cannot provide (see 1.4.4 Inclusion in Community/iii) Referrals to other agencies)
- Ensuring the cultural safety of consumers (see 1.3.2 Cultural Safety of Consumers, 1.3.7 Consumers with Special Needs and 2.3.5 Service Commencement/iii) Cultural safety of consumers)
- Respecting the consumer's rights and informing them of their responsibilities (see 1.3.6 Consumer Rights and Responsibilities)
- Ensuring the safety and comfort of consumers in our facilities (see 5.3 A Safe Environment) and in their homes and other venues (see 5.4 Safety in the Home and Other Venues)
- Managing risks from equipment (see 5.5.6 Monitoring and Maintaining Equipment and Facilities), infections (see 2.6 Infection Control) and food (see 4.5 meals).

Assessment and planning procedures and practices identified in Table 2.3.1 Service Commencement Checklist also support this outcome for consumers.

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<sup>11</sup> Services under CHSP are entry level and comprise small amounts of assistance and support to enable consumers to maintain their independence, continue living safely in their homes and participate in their communities. Australian Government Department of Health Commonwealth Home Support Programme - Program Manual July 2018 p2

Section 5: Service Environment describes the procedures and practices Victoria Daly Regional Council Home Care has in place to ensure a safe and comfortable service environment that promotes the consumer's independence, comfort and enjoyment.

v) Action in the event of a consumer not responding to a scheduled visit<sup>12</sup>

Each consumer is consulted regarding what they want Victoria Daly Regional Council Home Care to do in the event that they do not respond to a scheduled visit. This is documented in their Support Plan and in their Meal Service Plan. Generally, if consumers do not respond to a scheduled visit, staff and volunteers:

- Knock and shout at the door
- Check the boundaries of the property and/or check with neighbours (if applicable and appropriate)
- Notify the Administration Officer who will ring the consumer and/or representative or next of kin and make a note in the Progress Notes of the outcome
- If a meal delivery, the meal is not to be left (due to food safety requirements and the need to understand why the consumer is not responding).

If necessary, the Administration Officer will ring the Police and ask them to check the house.

vi) Enduring guardian and enduring power of attorney

An enduring guardian is the person a consumer appoints to act on their behalf by completing an Enduring Power of Guardianship form. The consumer determines the extent of the Enduring guardian's powers to make personal, lifestyle and treatment decisions on the consumer's behalf.

An enduring power of attorney is a legal document where a consumer nominates a person to manage property and financial decisions.

At service commencement, the consumer is asked if these documents are available, and if so, we take a copy for our office (with permission). We consider these documents in our interactions with the consumer and consult as necessary.

Consumers are directed to the Office of the Public Advocate if they wish further information on these issues.

vii) Consent

**Principles of consent**

We support consumers to be fully informed regarding the consumer-centric care and services we provide. We are guided by the following principles:

- Consumers have the right of self-determination regarding care and services
- We are committed to engaging in sensitive, two-way communication to support the consumer to make decisions regarding care and services, including the right to refuse services

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<sup>12</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 85 Guide for Community Care Service Providers on How to Respond when a Community Care Consumer does not Respond to a Scheduled Visit

- Provision of information in language/format the consumer can understand with consideration to language, culture and sensory/literacy impairments
- The decision-making hierarchy is used to assist us to determine the most appropriate decision maker (see Figure 2.3.1: Hierarchy of Decision Makers for Treatment)
- Verbal informed consent must be given for the provision of care and services
- Health professionals must warn consumers/decision makers of the material risks of the proposed treatments so they can make decisions about associated risks and whether they wish to proceed.

Consent and privacy of information are closely aligned; we ensure that consent has been gained to manage the privacy of consumer information by ensuring:

- Information relating to a consumer is only shared with the consent of the consumer or their representative or guardian (with consideration to capacity).
- We have a Consumer Consent Form that details approved consent and our privacy statement
- We seek consent from consumers to disclose personal information to other health service providers in an emergency as appropriate to provide emergency care or services
- We seek consent from consumers to provide access to consumer records to government officials (or their delegates) in the conduct of quality reviews or the investigation of complaints. We advise consumers that these individuals are required to keep all information accessed through this process confidential
- We advise consumers that information is required to be provided to government bodies as a requirement of service delivery
- Consent to share personal information can be withdrawn at any time by the consumer.

### **Valid consent**

Consent is valid if it is:

- Voluntary: the consent is made by the consumer/decision maker without undue influence from others
- Informed: made after receiving sufficient information about the care or treatment to enable an informed decision
- Capacity: the person giving consent must understand the information presented to them in order to decide
- Current: consent must be reviewed if, after consent is obtained, the consumer's circumstances (including treatment options and risks) have changed or the scope of consent becomes otherwise inadequate
- Scope: the care or treatment provided must fall within the consent that has been given.

Consent is valid until the consumer/decision maker withdraws it or the proposed treatment or care is no longer appropriate due to a change in circumstances.

### **Types of consent**

Consent can be implied or explicit. Implied consent is where the consumer indicates through their actions that they are willing to proceed with the care or treatment offered (e.g. the consumer prepares for assistance with personal care). If it is unclear if the consumer has



provided consent for care or treatment, the care provider should validate with the consumer that they consent for care or treatment.

Explicit consent is required where more complex care or treatment is being provided (such as insertion of a catheter). The health professional is required to note consent in the consumer's record after explaining the risks and benefits to the consumer.

Written consent should be obtained for vaccinations. Other health care procedures may require written consent, at the discretion of the medical practitioner.

### **Seeking consent**

The following steps should be taken in gaining consent:

- Determine who is responsible for giving consent (decision making hierarchy)
- Verify the consumer has capacity to consent (if it is suspected they do not, we consult with representatives and/or the consumers medical practitioner)
- Provide sufficient information to the consumer: if the consumer has limited comprehension of the English language, seek support from a professional interpreter
- Verify the consumer's understanding including answering any questions the consumer has
- Seek a decision from the consumer regarding consent (ask the consumer to sign the consent form for overarching service provision consent, or in the case of health care professional invasive treatments, document the consumer's consent to treatment in the consumer's record).

### **Consent procedure**

Consent is explained to consumers/representatives at their commencement visit/assessment and they are assisted to complete the Victoria Daly Regional Council Home Care Consent form which identifies where we can obtain information about the consumer and who information can be provided to. This includes the provision of information to representatives. All occasions of sharing information are recorded in the consumers Progress Notes with details of the information and consent.

The Consent Form is reviewed at reassessments and before any information is shared with agencies not specifically covered by the consents in place. Details of access to consumer information are provided in Table 2.3.2: Access to Consumer Information (with Consent).

Health professionals explain health care interventions and gain verbal/implied consent before proceeding with care procedures. If these procedures are invasive (ie catheter insertion), consent is documented in the progress notes (e.g. 'consent gained for catheter insertion after discussion with consumer regarding risks and benefits'). Support workers discuss support interventions and gain verbal/implied consent (e.g. when supporting a consumer with personal care). At no time is care or support provided without implied consent; consumers can withdraw consent for care and services.

**Table 2.3.2: Access to Consumer Information (with Consent)**

Records	Consumer/ Guardian	Representative s	Clinical Staff	Supervisory Staff	Support Workers	Other Home Care Agencies	Medical Agencies	Emergency Agencies
Assessment	●	●	●	●			●	
Support Plan	●	●	●	●	●	●	●	
Clinical Assessments	●		●	●			●	
Clinical Support Plans	●	●	●	●	●	●	●	
Progress Notes	●	SPR <sup>13</sup>	●	●	●		●	
Transfer Form	●	SPR	●	●	●		●	●
Advance Health Directives	●	SPR	●	●	●		●	
Agreements/Financial Information	●	SPR		●				
Paper Files	●	SPR	●	●	●			
Electronic Files	●	SPR	●	●	●			

(See also 2.5 Consumer Documentation and Information Sharing.)

#### viii) Advance health directives (AHD)

Staff are required to follow the advance health directives provided by consumers (see 2.3.8 Advance Care Planning). We advise the consumer on service commencement that they need to have four copies of their AHD: one for the consumer to keep, two to be placed with the support plan, [one of these to be available to take to hospital (if necessary)] and one to be stored in our main office. If the consumer is referred to a health service (e.g. hospital) we advise the consumer has an Advance Health Directive (see Consumer Details and Transfer Form) and send a copy with the consumer if we are present when they transfer. Should the consumer not yet have an Advance Health Directive, we refer them to their medical practitioner to discuss the option of completing one.

#### **Consent and advance health directives<sup>14</sup>**

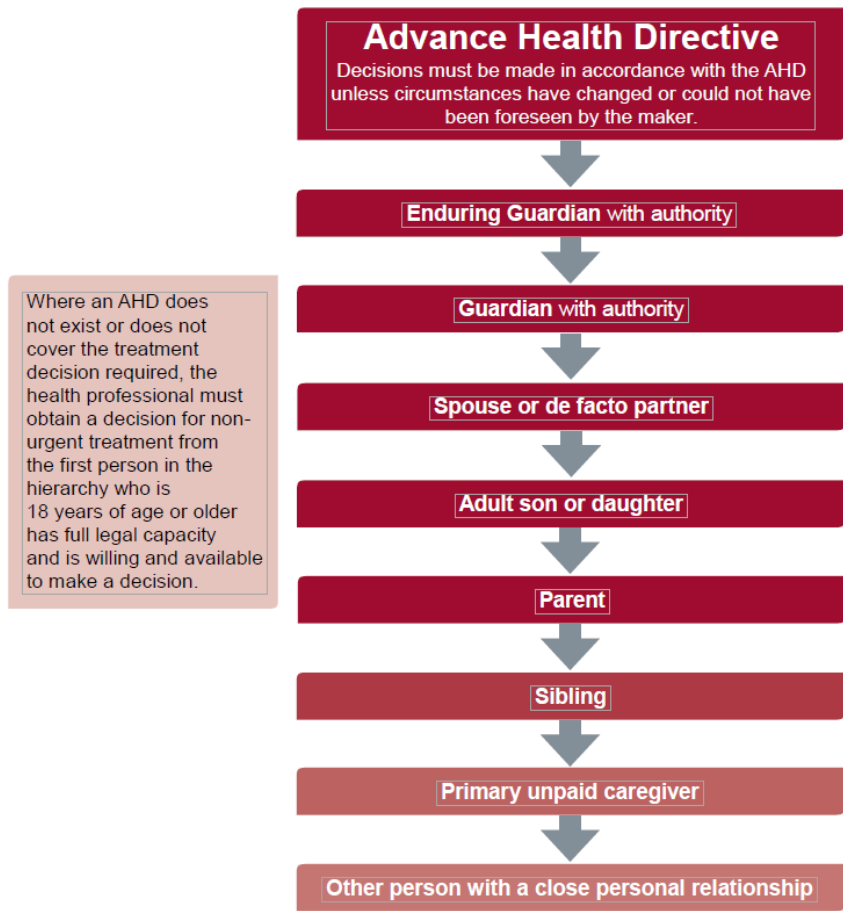
When a consumer 18 years or over is not able to make reasonable judgments about proposed treatment and they have an Advance Health Directive, health professionals are obliged to follow their directives.

Where there is no Advance Health Directive the health professional must follow Figure 2.2.1: Hierarchy of Decision Makers for Treatment.

<sup>13</sup> SPR: Specific Consumer Permission Required

<sup>14</sup> Government of Western Australia Guardianship and Administration Act 1990 (GA Act) cited in Government of Western Australia Department of Health WA Consent to Treatment Policy 2016 p 14

Figure 2.3.1: Hierarchy of Decision Makers for Treatment<sup>15</sup>



<sup>15</sup> Government of Western Australia Department of Health WA Consent to Treatment Policy 2016 p 14

### 2.3.6 SUPPORT PLANS<sup>16</sup>

#### i) General

Victoria Daly Regional Council Home Care utilises our own support plan format, which is readily understood and easily followed by staff, for all HCP and CHSP consumers. In developing the support plan, Victoria Daly Regional Council Home Care ensures that:

- The support plan developed by the ACAT or RAS is followed
- Where stipulated CHSP services are provided in accordance with specified timelines
- The [ACAT Guidance Framework that is applied to HCPs<sup>17</sup>](#) is reviewed to inform consumer's current needs
- The support plan is based on a wellness and reablement approach
- We work directly with the consumer to break down the broader goals in their support plan into achievable steps and strategies that will assist the consumer to reach their goals
- The support plan is detailed enough to ensure the strengths of consumers are recognised and built on and not undermined through the delivery of support in areas where the consumer can self-manage
- Consumers and their representative/s, to the extent expressed by the consumer, are involved in deciding the support the consumer receives and their goals
- Individual needs and preferences are considered and may include:
  - Physical needs
  - Spiritual needs (see 1.3.3 Spiritual Support)
  - Emotional needs (see 1.3.4 Emotional and Psychological Support)
  - Cultural safety needs (see 1.3.2 Cultural Safety of Consumers)
  - Socio-economic needs
  - Preferred days and times (balanced against our ability to provide support at specified times)
  - Advance care planning and end of life planning if the consumer wishes (see 2.3.8 Advance Care Planning)
  - Care alerts (including home safety, risks to staff, infection etc).
- The consumer is made aware of and able to choose from available support in the community.

We coordinate care to ensure timely reviews, follow up of consumer identified issues and challenges, consultation with other providers, including family, and appropriate referrals.

For Level 3 and 4 HCP consumers the support plan is developed by the Registered Nurse. For all other consumers, the Consumer Care Coordinator develops the support plan.

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<sup>16</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 Sections 2.5.2 Service Delivery and 2.6 Service Provider Responsibilities. These sections describe the requirements in applying a wellness approach to service delivery

<sup>17</sup> The ACAT Guidance Framework cited in: Australian Government Department of Health Questions and Answers Aged Care Legislation Amendment May 2016 p 9.

For CHSP consumers the Consumer Care Coordinator discusses with them the recommended support plan provided by My Aged Care and further develops it in consultation with the consumer with consideration to the consumer's expressed goals and wishes.

When the support plan is finalised it is again explained to the consumer and the consumer agrees to it by signing it. The supports delivered are those specified in the support plan. If a consumer requests additional or different support then their support plan is reviewed before additional or different support is provided, and if appropriate a referral for re-assessment is made to My Aged Care. The support plan also details any special needs such as special diets, particular domestic assistance requirements, particular personal care requirements keeping in mind wellness and reablement.

ii) Consumer access to support plans

(See 2.5.2 Consumer Access to Support Plans and Other Documentation.)

iii) Consumers requiring clinical support

(See 3.2 Delivering Support.)

### 2.3.7 PROGRESS NOTES

(See 2.5.3 Progress Notes.)

(See also Figure 3.2.1: Assessment and Care Planning Process Flow Chart.)

### 2.3.8 ADVANCE CARE PLANNING

Consumers are assisted to access support to complete an advance care and end of life plan if they wish to. In the first instance the Care Coordinator asks the consumer whether they have an advance care plan, and if not, whether they would like to discuss it with their doctor. If they prefer assistance from Victoria Daly Regional Council Home Care the Care Coordinator:

- Downloads the forms required by WA law from the web site of Advance Care Planning Australia<sup>18</sup>
- Checks with the consumer if they want other people involved
- Arranges a time to complete the forms and support to discuss the plan with their medical practitioner should they wish to complete an Advance Health Directive. Advance Health Directives can be witnessed by people of specified professions; in the first instance we refer our consumers to consult their medical practitioner to witness the document.

Staff involved in advance care planning have the training and experience to explore with consumers their values, goals and wishes regarding advance care planning and end of life care. The focus is on:

- Affirming life, worth and uniqueness by enabling consumers to reflect on their life contribution, and
- Confirming dying as a normal process and positioning palliative care planning, advance care planning and death preferences within that context<sup>19</sup>

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<sup>18</sup> Advance Care Planning Australia website provides a broad range of forms and supporting information for each State and Territory including [Western Australia](#)

<sup>19</sup> Australian Government Australian Aged Care Quality Agency Aged Care Quality Standards Draft Guidance - Full suite 2018 p 34

(See also 2.3.5 Service Commencement and Assessment/viii Advance health directives (AHD)/Consent and advance health directives.)

## 2.4 CONSUMER REVIEWS

### 2.4.1 CONSUMER REVIEWS – CHSP CONSUMERS<sup>20</sup>

Victoria Daly Regional Council Home Care has an on-going responsibility to monitor and review the services they provide to their consumers to ensure that the consumer's needs are being met. Where there is no recommended review date included in the RAS support plan, at a minimum all consumers have their support services reviewed annually and if there are any significant changes to a consumer's needs identified, this is referred to My Aged Care to undertake a formal support plan review.

The need for a review may be triggered by a request from the consumer, a request for additional supports; a report of hospitalisation, illness or accident or staff observation of the consumer's condition. The outcome may include:

- No change
- An increase or decrease in services
- A referral for further assessment.

Reviews are conducted by the Consumer Care Coordinator or a Team Leader using the consumer's support plan as a basis for determining if significant changes may have occurred (Notes are made on the support plan). The type of review may vary depending on the services provided; however, if significant changes appear to have occurred a face to face review is completed. The range of reviews may include:

- Consumers only receiving meals/transport may be reviewed by telephone annually
- Consumers receiving in-home support may be reviewed annually
- Consumers only accessing social support - group may be reviewed annually in the centre
- For in-home support consumers, if additional reviews are scheduled within the year, they may be conducted by telephone, depending on the consumer's requirements. However, if a review occurs a year after the last review, it is conducted face to face

As noted above, if there is a significant change in the consumer's needs, My Aged Care is advised. A new assessment may be undertaken by the RAS. This may be initiated by an assessor's review following a request for review by us or by a consumer. Consumers are referred to the RAS that last undertook the face-to-face assessment.

(See 2.4.3 Review/Reassessment Process, for information on what is covered in the review.)

### 2.4.2 CONSUMER REASSESSMENTS – HCP CONSUMERS

HCP consumers are reassessed face-to-face at least annually and as frequently as 3 to 6 months depending on their level of care and requirements. (Consumers receiving Home Care Levels 3 and 4 are reassessed more often due to their higher care and support needs).

The need for a more frequent reassessment is triggered by<sup>21</sup>:

- A request by the consumer

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<sup>20</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 75 Review of Client Needs

<sup>21</sup> Australian Government Department of Health Home Care Packages Program Operational Manual December 2015

- A change in condition or health/wellness episode
- A change in care need that cannot be met within the budget available for the package
- A change in living or carer arrangements
- Ongoing or increasing use of clinical services by a consumer
- A change in the costs of providing the care and services or
- A report of a decline in physical or mental health from:
  - The consumer
  - The carer, family or other representatives
  - The support worker/s
  - A medical practitioner/health professional or
  - Another agency.

The Consumer Care Coordinator reassesses level 1 and 2 consumers. The Registered Nurse and/or Allied Health Professional reassesses Level 3 and 4 consumers routinely (and Level 1 and 2 consumers' clinical care needs if necessary). The Registered Nurse or health professional may conduct additional assessments if deemed appropriate (e.g. continence assessment, behaviour assessments etc).

The reassessment process involves a review of the consumer's current circumstances, condition and expressed needs with reference to:

- Their last assessment
- Current support plan and individualised budget (including goals)
- Feedback from the consumer and/or representative
- Input from other health care professionals/agencies and
- Consumer records including observations from the support workers and other staff.

(See 2.4.3 Review/Reassessment Process, for information on what is covered in the review.)

If a reassessment identifies that a consumer may require a higher-level package My Aged Care is advised. If the consumer is already in receipt of a Level 4 package, they may need to consider other options including:<sup>22</sup>

- Reviewing their care plan to identify alternatives and priorities (for example, reducing higher cost services, such as support on weekends, and replacing it with informal supports)
- Purchasing additional services
- The benefits of residential care, either as short-term respite to complement their package or as a long-term option.

The consumer still has security of tenure of their package, and must continue to receive care and services as agreed, until they notify the provider in writing that they wish to terminate their Home Care Agreement, if they wish to do so.

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<sup>22</sup> Australian Government Department of Health Home Care Packages Program Operational Manual December 2015 p37



### 2.4.3 REVIEW/REASSESSMENT PROCESS

The review of CHSP consumers is based on reviewing their current support plan and noting changes on the plan and is guided by the Review/Reassessment Checklist. If changes are significant a new support plan is developed.

The reassessment of HCP consumers is based on their last assessment and support plan and is guided by the Review/Reassessment Checklist. If significant changes are indicated a new Assessment/Reassessment Form for HCP Consumers is completed.

Reviews and reassessments, for CHSP and HCP, include the following<sup>23</sup>:

- Consultation with the consumer throughout the review process highlighting the partnership approach
- Explanation of the purpose of the review/reassessment including wellness and reablement principles
- A check on the consumer's living situation – who lives with them, do they have anyone to support or assist them, the living environment and safety concerns
- Identification of carer supports and any needs in this area
- A review/reassessment of the consumer's medical issues and medications (as appropriate) and whether medication support is required
- A review of the support plan, including goals, in consultation with the consumer
- An evaluation of the quality and success of the services and supports that have been provided
- An assessment of physical resources required for adequate care and support
- Identification of required changes to the support plan based on promoting consumer control, wellness and reablement in consultation with the consumer, and agreed to by the consumer
- Review of the individualised budget and/or fees for HCP consumers in consultation with the consumer and agreed to by the consumer or an explanation and review of fees for CHSP consumers
- Discussion of the option of 'topping up' service delivery with services paid for directly by HCP consumers if requested or required
- Referrals to other services using the Referral to Another Agency form if required and agreed to by the consumer
- An explanation of information in the Consumer Handbook to the consumer to the extent necessary to ensure understanding
- Completion of the Assessment/Reassessment form for HCP consumers if significant changes to the consumer's support are indicated. If no changes are indicated this is noted on the current Assessment/Reassessment form and the update date is entered
- Support for HCP consumers to continue to make informed decisions, including discussion of whether they wish to change their level of involvement and decision-making in the management of the package
- A review of the Home Safety Checklist, which is updated at least annually, may be conducted.

Following the review/reassessment:

- A summary of the review/reassessment, the Assessment/Reassessment form for HCP consumers, the Review Checklist for CHSP consumers and updates to the support plan, are included in the consumer records
- The updated support plan is provided to the relevant Team Leader or support worker to explain any changes and to place a copy in the home notes file
- The result of the review is recorded in the consumer record on My Aged Care.
- The next review date is recorded in the consumer record. At the end of each month the Clerical Assistant runs a Consumer Management System report to advise the Consumer Care Coordinator of pending reviews to ensure all scheduled reviews are completed in the month in which they are scheduled. Any missed reviews are given a priority in the coming month.

#### 2.4.4 UPGRADES TO HOME CARE PACKAGES<sup>24</sup>

When a consumer, who has accepted an interim HCP at a lower level, receives an upgrade the following process applies:

1. My Aged Care advises both the consumer and Victoria Daly Regional Council Home Care of the approval of the higher-level package.
2. We discuss the upgrade with the consumer. If they are happy with their current level package they are advised they must opt out of the national queue and we will assist them as necessary, to contact My Aged Care.
3. If the consumer wishes to upgrade to the higher-level package we discuss with them any additional services they would like to receive with the additional funding.
4. Their Support Plan and Home Care Agreement is updated and signed copies provided to the consumer.
5. Services are delivered in accordance with the new support plan and agreement.
6. The My Aged Care Record is updated to reflect the new service information. **Do not** submit entry or exit information to My Aged Care as it may lead to the package being withdrawn.

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<sup>24</sup> Australian Government Department of Health Provider Fact Sheet Manage an Upgrade to your Client's Home Care Package January 2018

## 2.5 CONSUMER DOCUMENTATION AND INFORMATION SHARING

### 2.5.1 CONSUMER DOCUMENTATION

All consumers accessing services and supports for daily living have:

- A comprehensive assessment or reassessment (see 2.3.5 Service Commencement and Assessment)
- A detailed support plan based on their assessment (see 2.3.6 Support Plans)
- Clinical assessments and support plans including complex care support plans, and specific care plans (see 3.2.4 Clinical Support)
- Other consumer information forms
- Copies of correspondence
- Progress notes
- Paper and electronic files.

### 2.5.2 CONSUMER ACCESS TO SUPPORT PLANS AND OTHER DOCUMENTATION

#### i) In-home support plans

For consumers receiving in-home services a copy of the support plan (including the CDC Plan for HCP consumers) is held in the office and a copy kept in the consumer's home to ensure:

- The consumer/representatives understand the supports provided
- Areas where a service/support is not provided are clear to the consumer
- The consumer's role in the support process and in ensuring their independence is clear, and
- All support workers deliver consistent support in accordance with the support plan.

A support worker takes two copies of the support plan to the consumer's home on the first support visit for signing and leaves a copy in the consumer's home file and returns the other copy to the office. The in-home support workers read the support plan to identify the relevant supports provided. The support plan is also recorded in the consumer's electronic record.

Where the consumer (and/or representative) does not want the support plan to detail all of the strategies used to deliver support (for example, the support plan may detail responsive behaviours displayed by the consumer and strategies staff use to support the consumer when displaying these behaviours), the support plan will contain the basic support and services delivered and specific supports will be detailed in a separate Specific Care Plan in the consumer's electronic record. Staff are advised of these additional supports verbally and can ring the office for further clarification if unsure on arrival or in the consumer's home.

If the consumer does not wish the support plan to be stored in the home arrangements are made for the staff delivering care to take the support plan into and out of the home each visit.

### ii) In-home file contents

Consumers who have in-home services also have a home file that includes information required by the consumer and the Support Workers. The in-home file may contain:

- A Consumer Details and Transfer Form that includes the consumer's details, contacts and transfer information
- The relevant support plan/s including the Specific Care Plan (for nursing care or short-term care such as wound care)
- Progress notes (see 2.5.3 Progress Notes)
- Medication documents (as applicable) including Medication Error Report forms
- Hazard Report form
- Tell Us What You Think form
- Consumer Handbook
- Other documents as required.

The home files are kept in a secure place in the consumer's home

### iii) Out-of-home services

Support plans are kept in the centre and a copy of the Consumer Details and Transfer Form is kept in the file that is taken on the bus to transport consumers so that staff have information to hand should they require it (the 2nd page of the Consumer Details Form is not completed unless required). Support plans are reviewed annually or as required.

If a social support - group consumer also receives in-home support, they will have a copy of their Support Plan and Consumer Details and Transfer Form both in the day centre and at home. It is essential for staff visiting the consumer's home, or providing other support outside of the consumer's home, to have access to the file and relevant support plans.

### 2.5.3 PROGRESS NOTES

Progress Notes for in-home consumers are maintained in the in-home file. Progress notes are based on exception reporting which requires support staff to record events such as:

- Comments on changes in health made by the consumer
- Change in condition noted by support staff and actions taken to inform supervisor
- Falls
- Medication changes
- Visits by health professionals and
- Any other events out of the ordinary
- Notes on escalation including to whom and response.

Ad-hoc reports from consumers regarding satisfaction with services or activities and their participation in programs is documented at least monthly in the Progress Notes and on a Tell Us What You Think form, to assist in evaluating the program (see 8.9 Continuous Improvement).

Adverse Event Reports, Hazard Reports and Medication Error Reports are completed as required and noted in the progress notes.

If the consumer does not wish the progress notes to be stored in the home (or if the notes are at risk of being lost or destroyed) arrangements are made for the staff delivering care to take the home notes into and out of the home each visit.

#### 2.5.4 CONSUMER ACCESS TO INFORMATION

(See 1.6.3 Consumers Right to Access Information.)

#### 2.5.5 INFORMATION SHARING

Subject to consumer consent (see 2.3.5 Service Commencement and Assessment/iv) Consent) information relating to consumers is shared with staff, other people and other agencies involved with the consumer's care in order to achieve the best outcomes for consumers. All staff involved in the care of consumers have appropriate qualifications and experience and have received orientation and training in delivering services and care to consumers utilising available resources and information. (See Section 7: Human Resources.)

Staff can access information relevant to their role from the Consumer Management System, from consumer files and from information kept in the consumer's house. In addition, information is shared in the following meetings:

- Service Management Meeting
- CHSP In-Home Team Meeting
- Home Care Package Team Meeting
- Social Support – Group Team Meeting
- Meals and Transport Team Meeting.

(See Table 8.3.1: Management Meetings.)

In addition, clinical and personal care staff have a handover at the end of each shift to ensure the new staff person is fully acquainted with any issues in respect to consumers.

Information necessary to other agencies in their role with consumers is made available on the request of the consumer or following a request from another person or agency for which consent is included in the signed Consent Form or consent is obtained from the consumer. (See Table 2.3.2: Access to Consumer Information (with Consent)).

Information is generally shared via email or telephone. Paper copies of the Consumer Transfer Form, which includes information relevant to emergency situations, are available in the centre and carried by staff on outings or transport and are provided to emergency personnel as required.

## 2.6 INFECTION CONTROL<sup>25</sup>

Policies and procedures outlined in this section are based on the information contained in the NHMRC Guidelines. Infection control processes are implemented to ensure the safety and wellbeing of consumers, our staff and the community as a whole. Our organisation seeks input and advice from an Infection Control Consultant and/or the local government environmental officer if required (e.g. if there is an outbreak at day centre or a food-borne infection risk identified).

Other safety information such as manual handling, household safety precautions and first aid are included in Section 5 Service Environment.

### 2.6.1 INFECTION PREVENTION AND CONTROL OVERVIEW

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

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

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

The responsibility for limiting development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship sits with the medical practitioner; however, the registered nurse can support practices to limiting antimicrobial resistance through communication with medical practitioners when it is identified consumers are receiving ongoing antibiotic therapy (see also 8.3.2 Clinical Governance/i) Anti-microbial stewardship). In the community setting, often we are unaware of consumers receiving antibiotics as they are usually self-administering; however, antibiotics are often used to treat wound, upper respiratory tract and urinary infections. The registered nurse will liaise with the medical practitioners as necessary in these cases.

### 2.6.2 STANDARD PRECAUTIONS

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

Standard precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Waste management including the appropriate handling and disposal of sharps and linen
- Environmental controls such as cleaning and management of spills

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<sup>25</sup> NHMRC 2010 Australian Guidelines for the Prevention and Control of Infection in Healthcare Commonwealth of Australia

- Appropriate cleaning of reusable equipment and the use of single-use only instruments
- Practicing respiratory hygiene and cough etiquette
- The use of aseptic non-touch techniques when appropriate (such as the insertion of catheters by a Registered Nurse)

These are further discussed below.

### 2.6.3 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions are used in addition to standard precautions where the use of standard precautions may not prevent transmission of an infection. These precautions are tailored to the specific infectious agent and we seek the input of the Infection Control Consultant to develop a management plan if they are advised that transmission-based precautions are necessary (such as in the event of an outbreak of gastroenteritis in the day centre).

Some transmission-based precautions can include:

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

### 2.6.4 ROUTINE HAND HYGIENE

Hand hygiene must be completed:

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

#### i) Hand hygiene solutions

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

- Alcohol based products kill organisms on the surface of the skin.

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

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

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

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

iv) Hand and nail care

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

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

### 2.6.5 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

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



### i) Use of gloves

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

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

### ii) Other personal protective equipment

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

## 2.6.6 WASTE MANAGEMENT INCLUDING SHARPS AND LINEN

### i) General waste

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

This can be discarded into the normal household waste. We recycle as much of our office waste (paper, aluminium cans, glass and plastics) as possible by using the recycling bins provided by the local council. Staff also encourage recycling of waste in consumer's homes.

### ii) Clinical waste

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

The Registered Nurse has a sharps container in her office which she takes with her should it be required. It is stored in the boot of the car during transport and sealed with a lid. Once full, the Registered Nurse disposes of the container at the local hospital and orders a replacement.

## iii) Pharmaceutical waste

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

## iv) Linen

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

## 2.6.7 ENVIRONMENTAL CONTROLS

## i) General cleaning principles

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

## ii) Cleaning practices

- Standard Precautions are implemented when cleaning surfaces and facilities. Staff are required to wear suitable gloves and other protective clothing appropriate to the task.
- Hand hygiene is completed prior to cleaning tasks.
- Gloves are worn when handling solutions of detergent and disinfectant products and when cleaning wet areas.
- Other protective clothing (e.g. aprons) are worn wherever soiling is anticipated.
- Protective eyewear is worn where splashing is likely to occur.
- Surfaces are cleaned on a regular basis using only cleaning procedures which minimise dispersal of dust, soil (micro-organisms) and aerosols into the air.
- Safety Data Sheets (SDS's) for all cleaning agents are readily available together with instructions for product storage and use (in Day Centre and the office).
- Standard cleaning equipment, including a designated colour coded mop and bucket (with separate equipment used in kitchen and food preparation areas), plus cleaning agent, is readily available for blood and body fluids spill management and stored in an area known to all staff (Day Centre only).

- Consumer care equipment is cleaned in warm, soapy water (if appropriate e.g. for plastic chairs), dried and wiped down with an alcohol wipe to maintain cleanliness. Other medical equipment items are wiped down with an alcohol wipe.

### iii) Cleaning agents

- Chemicals used for routine cleaning may be hazardous if used incorrectly.
- A neutral, low irritant detergent and warm water is used for all routine cleaning. No bleach or corrosives are used in the home; consumers are advised that staff are unable to use these products.
- Where surface disinfection is required, the manufacturer's instructions are followed.
- All chemicals are stored and used according to the manufacturer's directions which are contained in the SDS
- Cleaning agents are purchased in small volume disposable containers wherever possible and discarded when empty. Where specified, containers may need to be re-used, they shall be washed and dried before refilling. Decanted solutions must never be returned to original containers or "topped up".
- All storage and in-use containers must be clearly and correctly labeled with labels prepared only by the manufacturer.
- Incidents or errors associated with chemical handling or use must be reported immediately to the Team Leader. A Staff Incident/Accident Form must be completed by the end of the shift
- A register of hazardous chemicals used in the workplace is kept and maintained.

### iv) Horizontal surface – work surfaces, ledges and floors

- Clean work surfaces, ledges and floors thoroughly as often as needed depending on the frequency of use. A general-purpose neutral detergent is used, following manufacturers' instructions.
- Separate cleaning of clean and dirty areas (e.g. hand basins and toilets).
- Work from clean to dirty, high to low.
- Damp mopping or damp dusting is the preferred method for cleaning surfaces.
- Change cleaning solution and cleaning cloth on a regular basis when cleaning work surfaces (e.g. when moving from one area to another). Change cleaning solution when cleaning floors on a regular basis and launder mop head when soiled (if removable mop head). If mop head is fixed, clean mop with detergent and warm water and allow to air dry, standing head end up.
- In the day centre, toilets, sinks, hand wash basins, shower cubicles, all fittings attached to ablution facilities and surrounding floor and wall areas are cleaned at least daily and more frequently as required.
- Carpets/floors are vacuumed according to use. Carpets are steam cleaned on a regular basis depending on use and soiling.

### v) Vertical surfaces – walls, blinds and curtains (day centre only)

- Clean vertical surfaces when visibly soiled (spot cleaning) or when dust is noticeable. Periodic cleaning is good practice and annual cleaning is reasonable.

- Launder or dry clean curtains according to manufacturer's recommendation and as required.

vi) Cleaning equipment

- Cleaning equipment (including solutions, water, buckets, cleaning cloths and mop heads) are changed periodically.
- Equipment is changed immediately following the cleaning of blood and body substance spills.
- Equipment is washed/cleaned in detergent and warm water and stored dry between use.
- Mops with detachable heads and reusable cleaning cloths are laundered between use.

vii) Pest control (centre and offices)

The Manager is responsible for ensuring the premises are free from pests with the implementation of a pest control programme. Regular inspections for pests are carried out and any infestations treated.

viii) Procedure for decontamination of blood and body fluid substance spills (centre)

Prompt removal and cleaning of the contaminated area following spots or spills of blood and body fluids is sound infection control practice using the following method:

**Spill kit equipment**

- Gloves non-sterile examination gloves or household rubber gloves
- Protective eyewear if the risk of splashing exists
- Plastic apron
- Disposable paper towels
- Disposable cleaning cloth/sponge
- Neutral detergent
- Container for rubbish
- Sharps container (if sharps are involved).

**Procedure**

- Apply personal protective clothing
- Pick up any broken glass or other sharps using forceps or scoop onto strong cardboard material and dispose of into a sharps container.
- Absorb spillage into paper towels and place in leak proof plastic bag for disposal.
- Clean area thoroughly with detergent, warm water to remove all visible contamination.
- Dispose of cleaning cloth.
- Remove and dispose of personal protective equipment.
- Perform hand hygiene using soap and water or an alcohol based gel.

### 2.6.8 CLEANING OF REUSABLE EQUIPMENT/SINGLE USE EQUIPMENT

Equipment (such as hoists, shower chairs etc) that is loaned to consumers is cleaned on return to the equipment store with a neutral detergent and warm water and dried. Hoist slings are used for one consumer only and laundered in hot water once returned.

All medical equipment is wiped down with alcohol wipes following use and between consumers. All other medical equipment (such as wound dressings and needles) are single use only.

### 2.6.9 HYGIENE AND COUGH ETIQUETTE

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

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

### 2.6.10 ASEPTIC TECHNIQUE

The Registered Nurse will use aseptic technique when required using sterile gloves and non-touch techniques where relevant.

### 2.6.11 COMMUNICABLE DISEASES

#### i) Managing communicable diseases

Staff use standard precautions and use hygiene and cough etiquette to reduce the risk of contracting or passing on a communicable disease. Staff who have a communicable disease (such as a cold, flu or gastroenteritis) are not permitted to work as our consumer group are vulnerable to such infections. Staff must stay off work until the symptoms have passed.

#### ii) Outbreak management

We seek the support of the Infection Control Consultant to assist us in the management of an outbreak (eg in the day centre) or to provide support in managing infectious diseases in the community. Reference documents (albeit designed for residential aged care facilities we use if required) include:

- Australian Government Department of Health and Ageing 2010 Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia
- Communicable Diseases Network Australia 2017 Guidelines for the prevention, control and public health management of influenza outbreaks in residential care facilities in Australia.