

Policy 11	SUPPORT PLANNING AND DELIVERY
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Record of policy development		
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3.3	December 2020	December 2022
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3.1	October 2017	October 2020

Policy purpose: Coastlink ensures that client and/or their representative, participates in the development of a support plan that is based on assessed needs and is provided with the care and/or support described in their plan.

Policy: COASTLINK will provide each client an opportunity to be included the development, implementation and monitoring of their services through planning, feedback and review of client plans.

Principles:

- **Support client participation:** It is important to complete an individual service plan with the client's full participation. Make every effort to ensure the client is supported to actively participate in the individual service planning process. This may involve arranging for interpreters, providing personal care assistants or other communication assistance, organising for client advocates, arranging for representatives from the Aboriginal and Torres Strait Islander community for support, or simply ensuring the client has adequate transport to attend the service planning meeting. If a client's support person lives in a rural and remote location, organise a telephone link so they can be included.
- **Inform the client about individual service planning:** Clients need to know what to expect when they go to a planning session. An information sheet on planning should be provided to the client before the session. In some cases, the support worker may also verbally explain the planning process. Clients should also confirm that they agree to participate via a specific consent form.
- **Individual service planning is not for everyone:** Clients can choose not to participate in planning processes and/or not to have a plan. If a client does not wish to participate,

it may be advisable to offer these clients an opportunity to undertake an informal and less-structured process to identify their needs and goals. Even though clients may opt not to engage in planning, the service still has an obligation to ensure the client's individual needs are identified and met.

- **Build rapport with the client first:** A key step in individual service planning is getting to know the person as an individual. This means making time to explore and understand their life experiences, their reflections on their life and where they see themselves in the future.

- **Do not delay individual service planning:** Even though it is necessary to take time to get to know a client, the planning process should not be unduly delayed. It is important that initial screening and assessment data and information collected is still relevant and can be used in the individual service planning process. A comprehensive assessment of a client's needs is vital to the development of a new individual service plan. The individual service planning process should ideally commence soon after a client enters a service. However, this may vary for different service types.

- **Respect client choices:** In the service planning process, clients may make choices or prioritise their goals differently to how their support or case worker would. The support or case worker's role is to support clients and to respect their preferences and choices within the context of the service they are able to offer, while providing information, expertise and advice on strategies that may best assist them, and ensuring any risks to the client are minimised.

- **Keep a record of each individual service planning meeting:** It is good practice to note the input of participants. This provides a way of reviewing what the client or their representative said and what goal suggestions might have been made. Some identified goals may be of lower priority and not immediately worked on, however, it can be useful to address these goals at a later stage. Participants should sign and date the record and be given a final copy for their records.

- **Outcome-focused individual service plans:** Plans need to contain measurable goals and achievements. There should be separation between immediate or short-term goals and long-term goals. Goals should carry a review date and be accompanied by specific strategies which outline how the goal is going to be achieved. These strategies may be further defined as a set of steps which outline specific tasks, who is responsible for

particular tasks and a time frame for completing each task.	
Relevant Standards	
NSW Disability Service Standards:	
1. Rights	4. Feedback & Complaints
2. Participation & inclusion	5. Service Access
3. Individual outcomes	6. Service Management
NDIS Practice Standards:	
1. Rights and Responsibilities 2. Provider Governance and Operational Management 3. Provision of Supports 4. Support Provision Environment 5. High Intensity Daily Personal Activities 6. Specialist Behaviour Support 7. Implementing Behaviour Support Plans 8. Early Childhood Supports 9. Specialised Support Coordination 10. Specialist Disability Accommodation	
Aged Care Quality Standards	
1. Consumer dignity and choice	5. Organisation's service environment
2. Ongoing assessment and planning with consumers	6. Feedback and complaints
3. Personal care and clinical care	7. Human resources
4. Services and supports for daily living	8. Organisational governance

Related Legislation & References

[Aged Care Act 1997 \(Cth\), Schedule 2 User Rights Principles 2014. Charter of Rights and Responsibilities – Home Care](#)

[Aged Care Quality & Safety Commission](#)

AS/NZS 3816: Management of clinical and related waste

AS/NZS 4123: Mobile waste containers

[Better Practice Guide to Complaints Handling in Aged Care Services \(2013\)](#)

[Children and Young Persons \(Care and Protection\) Act 1998](#)

[Commonwealth Home Support Programme Guidelines](#)

[Commonwealth Privacy Act 1988](#)

[National Disability Insurance Scheme \(Provider Registration and Practice Standards\) Rules 2018](#)

[National Disability Insurance Scheme Act 2013](#)

[National Disability Insurance Scheme Code of Conduct](#)

[NDIS Quality and Safeguards Commission](#)

[United Nations Convention on the Rights of Persons with Disabilities](#)

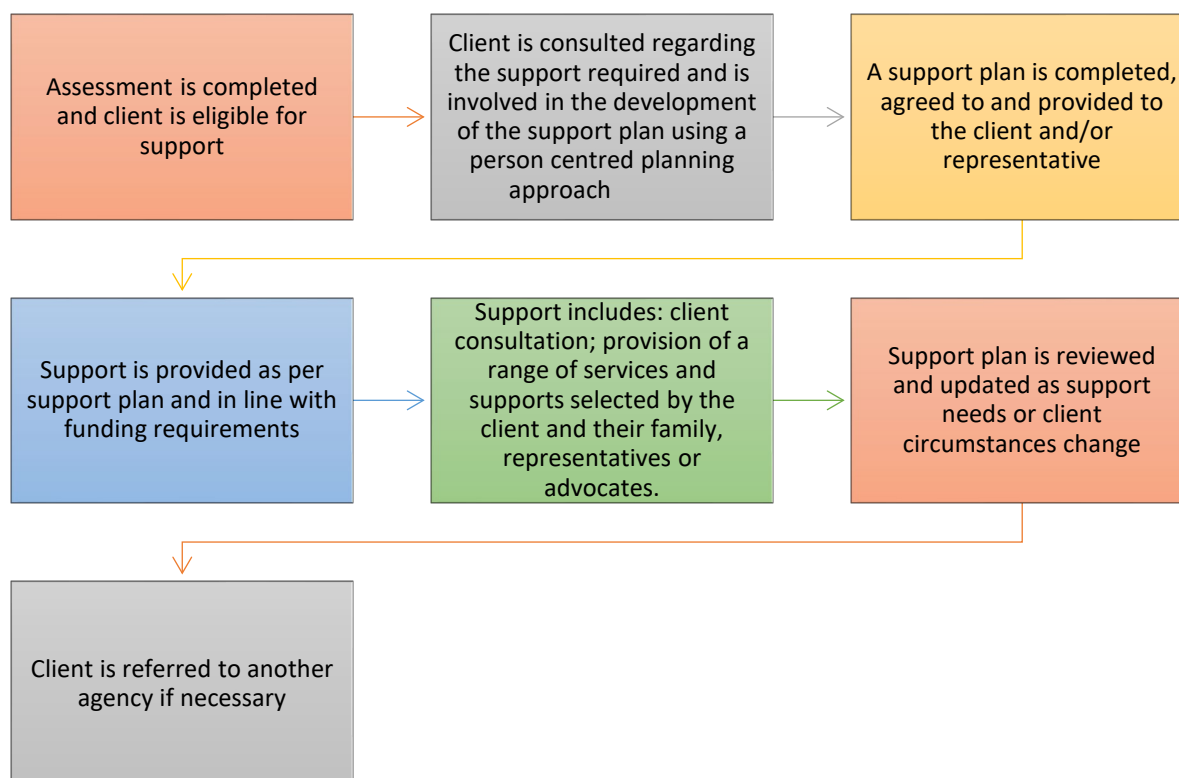
Related Procedures	
Documents/Forms	
Client Consent (profile or form)	Client records (electronic and hard)
Client Management System	Client Management System
Care and Support Plan	Client records
Complex Care Support Plans and Individual Risk Assessment Plans	Program Coordinator/Client records
Specific Care Plan	Program Coordinator/Client records
Case Notes	Program Coordinator/Client Management System

Hazard Report	Operations Manager, WHS Committee, Coordinator, Hazard Report file , Client Management System
Tell Us What You Think form	Operations Manager and CEO, shared files, Web site
Incident Report	Coordinators / Operations manager / CEO WHS Committee
Client Handbook	Shared Drive
Daily Care Sheet	Coordinator and administration for data entry – filed in client files
Group activities/Centre Based Attendance Sheet	Program Coordinator/Shared files
Client Details and Transfer Form	Coordinator – Age Care
Kitchen Record Sheet / Kitchen Audit	Coordinator
Medication – Doctor’s Letter	Coordinator, Supervisor, Support staff and shared files, Client Management System
Medication Record Sheet	Coordinator, Supervisor, Support staff and shared files, Client Management System
Medication Error Report	Operations Manager and CEO, Client Management System
Medication Competency Documents	HR/Rostering/Training schedule
Medication Consent Form	Client profile – shared files and client files

Responsibilities and delegations	
This policy applies to: Clients Employees/volunteers	It will be distributed through: Client handbook, Coastlink website, Coastlink brochures Employee/volunteer handbook, shared drive
Policy approval	Board

Definitions
Refer to Definitions list at front of Coastlink Policy and Procedure Manual

SUPPORT PLANNING AND DELIVERY PROCEDURE OVERVIEW



SUPPORT PLANNING AND DELIVERY PROCEDURE

11.1 Service Delivery Principles

11.1.1 Commonwealth Home Support Program (CHSP) AND DISABILITY PROGRAMS

The service delivery principles identified by CHSP and NDIS Practice Standards are followed. These apply when developing, delivering or evaluating services directed to clients. Each client accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

Promote each client's opportunity to maximise their capacity and quality of life through:

- Being client-centred and providing opportunities for each client to be actively involved in addressing their goals
- Focusing on retaining or regaining each client's functional and psychosocial independence
- Using the least intrusive options, in accordance with contemporary evidence-informed practices that meet client needs and help achieve desired outcomes.
- Building on the strengths, capacity and goals of individuals
- Provide services tailored to the unique circumstances and cultural preference of each client, their family and carers
- Ensure choice, control and flexibility is optimised for each client, their carers and families
- Emphasise responsive service provision for an agreed time period and with agreed review points
- Support community and civic participation that provide valued roles, a sense of purpose and personal confidence
- Develop and promote strong partnerships and collaborative working relationships between the person, their carers and family, support workers and other service providers.
- Clients are provided an opportunity to be involved in their choice of workers, providing feedback on the performance of those working with them, and their right to request a change of workers. This includes identification of preferred worker gender and attributes. Where it is not possible to meet the requirements for workers needs requested by the client, the Coordinator will discuss this with the client and consider alternative arrangements if necessary.

These principles are incorporated into our policies and procedures as appropriate and are covered in staff training.

11.1.2 Wellness and Reablement

The wellness and re-enablement framework for CHSP is applied to all our clients and is based on:

- Interpreting the support plan with a wellness approach in mind and in consulting with the client
- Working with individuals and their carers, as they seek to maximise their independence and autonomy
- Building on the strengths, capacity and wishes of individuals, and encouraging actions that promote self-sufficiency
- Embedding a cultural shift from 'doing for' to 'doing with' across service delivery
- Being alert to changing circumstances and goals of the client and consulting with the My Aged Care Regional Assessment Services where appropriate to review the client's support plan; and
- Consult the Living well at home: CHSP Good Practice Guide to assist in the development of good practices within a wellness approach.

All staff must complete wellness training and the importance of the approach and what it means for the client is discussed with the client at the service commencement visit.

11.1.3 SKILLS OF DAILY LIVING –PEOPLE WITH DISABILITIES

For people with disabilities, skill-based learning will be the focus of our care and support based on:

- Working with each individual to achieve greater confidence, resilience and independence
- Learning and enhancing skills of daily living to enable individuals to support themselves
- Working with each individual to prepare a person centred plan based around hobbies and interests;
- Working with others to achieve the goals of the individual plan
- Providing opportunities for clients to exercise choice and control in their learning and their choice of activities and supports
- Embedding individuals into the community to enable full engagement in his/her chosen field
- Ensuring social activities form a part of the learning experience i.e. teaching respect, non-abusive behaviour and non-judgemental acceptance of others
- Each outing is a learning experience as well as an enjoyable social experience.

11.1.4 Client Consultation and Choice and control

Clients are always consulted about the services they are to receive and are supported to maintain control of their services.

Clients are encouraged to express their preferences in how services are delivered and we endeavour to meet their preferences as much as possible subject to organisational and staffing constraints and the requirements of the funding guidelines. Areas where client's preferences can be met include:

- Agreement on the support plan and services to be provided
- Preferred quantities of service
- Preferred days and times for services

- Choice of support worker
- Individual preferences in how services are provided such as personal care and domestic assistance
- Cultural preferences
- Participation in programs – e.g. centre based respite or social support
- A choice of activities that most suit the client's needs and preferences when possible
- Consideration of the clients' independence in service provision.

As appropriate to each client, we ensure choice and flexibility is optimised for the client, their carers and family. This is initially achieved through discussing and clarifying client choices and preferences at the service commencement visit.

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

We consult with the representative or carer (if appropriate) of the client to endeavour to understand their needs and support them through the provision of support and care for the client.

11.1.5 Decision Making and Consent

Consent is sought from the clients (and/or carer) for receiving and providing information to other parties. The Coordinator explains the extent of the consent and completes the consent form (located on the client profile for people with disabilities) which is signed by the client/carers at the service commencement visit. If an individual is unable to sign, verbal consent is received and noted.

The following principles apply:

- In the first instance the client is presumed to have the capacity to make their own decisions.
- A presumption of capacity applies each time a client is required to make a decision about a new issue or in a new situation.
- Client can expect to be supported to make decisions that affect them if support is required.
- Decisions about day to day issues are made by clients and if support is required, families, close friends and staff provide it informally.
- When a client is unable to make a critical decision without assistance, the carer/family, with regard to the best interests of the client, may provide informal support to make the decision.
- In the cases of any disagreement about what constitutes the best interest of the client or particularly critical decisions, a legally appointed guardian with the specific decision making function may be required to give or withhold consent.
- Parents and guardians of clients under 16 years have the right to make decisions for them.
- Where lifestyle and other decisions are identified as goals in a client's Support Plan, the client is supported to the fullest extent possible to make or participate in the decisions.
- Clients who require support to make decisions, are assisted to make those that arise on a day to day basis, including critical decisions or less important decisions such as what to wear.

- Clients who require support to make decisions may be allocated funding to engage a Coordinator of Supports to ensure that all relevant information is provided to client to make an informed decision around their services.

Procedures:

- Clients are encouraged to develop their decision making skills and assisted to access support from an external service, such as a self-advocacy group if it is required.
- Aboriginal and Torres Strait Islander people are encouraged and supported to make decisions in the context of their culture and heritage.
- Aboriginal and Torres Strait Islander people who require assistance to make decisions receive it from support services that espouse their cultural identity.
- People from a culturally and linguistically diverse (CALD) background are encouraged and supported to make decisions that are relevant to their culture and heritage.
- People from a CALD background who require support to make decisions receive it from services that reflect their culture and beliefs.
- Clients' views are taken into account whether they are the ones making decisions or are having decisions made by a legally appointed guardian.
- When a dispute cannot be resolved informally, an application is made to the Guardianship Tribunal (where appropriate) to appoint a guardian or financial manager for the client.
- Client who are unable to make decisions with or without support and who have a legally appointed guardian with a specific function, or a financial manager, are to be represented by that person whenever this is required.
- When a client has a legally appointed guardian, decisions are to be made only about the issue or issues on which the client is unable to decide.
- A legally appointed guardian with a specific function may only decide for a client on the function defined by the Guardianship Order.
- When a decision has been made by a client or legally appointed guardian about a specific matter, e.g., to receive a service or intervention, the decision is specific to that matter.
- Within available resources, services provide information about all reasonable options to assist a client and legally appointed guardian to make decisions that are in the best interests of a client.
- Information is provided in a language or communication format that the client and legally appointed guardian understand.

11.1.6 Provision of planned services

- The provision of services is planned with full consultation with the client;
- Clients are able to change their planned services with consultation with COASTLINK after providing sufficient notice of any change where possible in line with individual service agreements
- Once an agreement or care plan has been signed by both parties the services will commence unless there are reasons why this should not be the case which will be managed on a case by case basis and in accordance with the specified agreement;
- Clients will receive regular updated information pertaining to their supports in accordance with their individual service agreement, and the National Disability Insurance Scheme Terms of Business principles and requirements.
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11.1.7 Options for Service Delivery

- Where possible, staffs provide the client with a range of options, taking account of their preferences regarding support and their rights as clients.
- Support is tailored to meet the client's needs and preferences and is always delivered in line with funding guidelines and legislative requirements (i.e. NDIS Act and NDIS Terms of Business).

Options for clients may include:

- The day or time of support
- A choice of support worker if necessary and if possible
- A choice of activities.

11.1.8 Cultural Preferences

COASTLINK respects each client's cultural preferences by ensuring staff have an understanding of the culture of the client and that, where possible, support is tailored to meet cultural needs and is included in the person's support plan and for people with a disability, their Person Centred Plan (aged care) (see 11.2.1 below) or the Service Agreement and NDIS Plan (NDIS participants). COASTLINK attempts to recruit staff from a range of cultural backgrounds to assist in understanding and meeting cultural and linguistic needs relevant to our local demographics.

11.2 Delivering Support

The Coordinators manage staffing for the services delivered. Staffs are rostered to meet the planned support needs for clients specified in their agreed service agreement. Support is provided by suitably skilled Community Workers who follow the Service Agreement and client profile.

Because so much of our support takes place outside the home (especially for younger people with disabilities) in the community, communication is important in ensuring staff have the very latest information on each client.

- For individual shifts and shifts without a supervisor, support workers can access all relevant information through their TimeOnLine (ProSIMS) including client profile and support plan and all of the other documented information required to carry out a shift safely including the client's name, address and type of service/time
- Individual clients/carers sign for the time spent delivering the service on the case note/daily care sheet. For groups bus runs provide details of service times and attendance.
- Aged Care daily care sheets can be folded over so that only the client who is signing can see any client details. This ensures that privacy is not breached.
- Support workers return the completed sheets to the roster team who update ProSims and the roster with any changes.
- Support workers deliver the support described in the support plan/s and complete care sheets and Incident/Accident reports only if an exceptional event has occurred.
- For example, if the support worker notices a change in condition, a change in behaviours or other exceptional event. Where applicable for our aged care clients, support workers make a note in the progress notes in the client's home and notify their Coordinator.

- The Coordinator follows up as required; any notes of the follow up are recorded in the client's record in ProSIMS.
- Staff use the relevant reporting forms to record hazards, medication errors or incident/accidents in addition to making a notation in the progress notes and may use their Incident/Accident report form to assist in remembering issues that need to be raised with their Coordinator.
- Support workers are updated on any changes to support plans or client needs through a verbal/telephonic handover or by email if necessary and are provided with an updated support plan to take to the client's home if there are significant changes. New plans are also scanned into ProSIMS for access through Time On Line.
- There are meeting forums for community workers to discuss any issues arising in the support they provide and the Coordinator is available by telephone, at any time, if necessary.
- In-home medication support for clients is described in 11.11 Medication Management.
- Any absence of a support worker, planned or unplanned, will be managed in an efficient and effective way to avoid disruption and ensure continuity of supports

11.2.1 Person Centred Planning

The delivery of services to clients is guided by a Person Centred Plan (aged care) and the Service Agreement (for people with disability) which is aligned to the client's NDIS Plan to enhance their choice and control over the services delivered:

- Respect for each person's choices.
- Emphasis on wellness and reablement in aged persons and skill based learning in people with disabilities
- Long and short term goals.
- Support for people to make decisions about how they connect with their chosen community (should they chose to) including work, learning, leisure and social connections.
- Working together with the client to develop and implement a plan that identifies and builds on the person's strengths, aspirations and goals and draws on broader family, cultural and religious networks and community organisations.
- Acting in the best interests of clients in relation to nutritional and behaviour management practices in line with relevant legislation, convention, policies and practices.¹
- Work with a person's family, carer or other representative to promote the person's connection, inclusion and participation in the way they choose.
- Where a client lives alone and has little or no informal supports, Coastlink will ensure that the clients supports are closely monitored especially where only one support worker is allocated to provide supports. A register of these client will be kept and this will be noted on their ProSIMS file.
- Work with health professionals to empower individuals to make decisions concerning their health which might include choices in medical, dental, sensory and other issues.
- Work with the person and their community to promote opportunities and support participation.
- Model respectful and inclusive behaviour when supporting people in their community as a way of promoting the uniqueness of each individual.
- Support for people exiting the criminal justice system to develop their interests and activities in ways that consider the rights and welfare of the broader community.

As Person Centred Planning requires flexible and responsive supports and services to meet individual needs and expectations, we regularly review our approaches to make sure that we have the capacity and capability to deliver these services (see 11.12 Monitoring Support Planning and Delivery Processes).

11.2.2 Temporary Staff Shortages

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

- The client is advised by telephone and provided with an explanation as to why there is a need to cancel a support visit **or allocate an alternate worker**. Every effort is made to reschedule the support, but this is not always possible
- A case note is made in the Client Management System
- Changes to support workers jobs and allocation to clients are amended in the Client Management System (i.e. In rosters, client and support worker portals in ProSIMS).

11.2.3 Agency Staff

COASTLINK has not had to engage agency staff as yet to replace support workers and other staff as necessary to ensure ongoing service delivery.

If this needs to happen in the future the CFO and/or the Operations Manager will ensure that:

- In relation to CHSP services: For all primary sub-contractors notify the Commonwealth Department of Health within 20 business day of entering into an agreement with the sub-contractor.
- In relation to people with a disability: obtain written proof that the agency is a registered and accredited NDIS provider. Enter into a contract with the agency.
- For CHSP clients: If the sub-contractor wants to further sub-contract the work out to a second contractor then we need to seek the Department's written permission prior to utilizing any secondary sub-contractors in this way.
- If permission is granted:
 - A coordinator will orientate the agency staff person prior to allocating them clients' to visit.
 - A coordinator will ensure that the agency staff person is familiar with our organisation's processes relevant to the support they are required to deliver.
 - Agency staff will be provided with the contact number of the Coordinators phone number and/or the emergency line to ensure that they have someone to contact should they require it.

11.2.4 Staff Access to Support

All support workers have access to support, information and advice via telephone to our office. The Operations Manager, senior coordinators and coordinators and other office staff can provide support as necessary.

Telephone support is available to staff/volunteers whenever a program is operating, weekends and outside normal office hours.

There is a 24 hour emergency line available for all staff to use in case of emergency.

There is an allocated number available to take requests for shift changes such as sick leave from 6:00am to 6:00pm each day.

11.2.5 Employees' Assistance Program (E.A.P)

The EAP is available to all staff offering up to 2 sessions with a counsellor at COASTLINK's cost.

11.2.6 Action in the Event of a Client Not Responding to a Scheduled Visit

Each client is consulted regarding what they want us to do in the event that they do not respond to a scheduled visit. This is documented on their Support Plan or Service Agreement so that staff are aware of what action to take. Actions usually include:

- Telephoning the client
- Telephoning the next of kin
- Notifying the Police who will then initiate the appropriate action.

If staff become aware that a client does not respond to a scheduled visit they:

- Knock and shout at the doors and/or windows
- Check the boundaries of the property and/or check with neighbours (if applicable and appropriate)
- Notify the Coordinator who will advise staff of what to do as discussed with the client.

11.2.7 Action in the Event of a Client's Death while IN COASTLINK's care

- Where a death has occurred it must be reported immediately to the clients family, the Operations Manager and the Police. The staff member must contact the Operations Manager immediately using the emergency after hours number if required.
- Support personnel will be on hand to go to the employee immediately and to assist with police investigations, coroner's visits and so on.
- The CEO will be notified immediately of the death regardless of the time. The employee/employees will be offered counselling through the EAPs program. The CEO will notify the Board chairperson as soon as is practicable.
- COASTLINK staff will usually have no part to play in funeral arrangements but will offer to assist the family to get through the grieving process and formal arrangements where appropriate.
- The death and the circumstances surrounding it will be reported to FACS (for YPWD under 18) NDIS Quality and Safeguarding Commission for all NDIS Participants or the Dept of Health (for CHSP people aged 65 and over).
- The OM and the CEO will review the circumstances of the death and will prepare a report for the Board. This report will also be available to the funding bodies.

- Any suspicious deaths and those occurring to people under the age of 18 years will be reported to the Department of Communities and Justice Children's Guardian, FACS and the police.

11.2.8 NOTIFICATION OF INCIDENTS AND ISSUES TO THE COMMONWEALTH DEPARTMENT OF SOCIAL SERVICES AND NSW FAMILY AND COMMUNITY SERVICES.

Any serious incident must be reported within 24 hours of the incident occurring or within 24 hours of becoming aware of the incident.

A serious incident is defined as:

- The unexpected death of a client, staff member, subcontractor or volunteer.
- A serious injury resulting in the hospitalisation of a client, staff member, subcontractor or volunteer while at work at COASTLINK.
- Allegations of misconduct which may result in death, harm or injury made in relation to COASTLINK or staff or volunteers.
- Allegations of unlawful conduct by COASTLINK staff.
- Serious fire, natural disaster, accident or other incident which will, or is likely to, prevent service provision or which results in closure or significant damage to premises or property, or which poses a significant risk to health and safety of clients, staff, sub-contractors or volunteers.

11.2.9 Staff Skills and attitude

Staff who provide support have the necessary skills and qualifications to carry out their roles. Management and coordinating staff work together to identify any additional skills or training needs if the client's needs change. Staff are provided with relevant training and support to provide the appropriate services, according to the clients needs and preferences.

COASTLINK employs a small number of Registered Nurses who are suitably qualified to provide nursing care and support to our clients and are used to support clients of all ages when necessary.

Recruitment processes and support and supervision will place emphasis on ensuring staff maintain and enhance their commitment to supporting vulnerable people to the best of their ability so as to maintain quality services at all times.

11.2.10 RELATIONSHIPS WITH CLIENTS

All staff and Volunteers will take all reasonable precautions to ensure both they and clients are not put in a vulnerable or compromising situation. Special consideration must be undertaken when individual care is provided to clients of the opposite gender to the employee.

11.2.11 CLIENT CONTRIBUTIONS

See Section 14

11.2.12 TEAM MEETINGS

Coordinators and staff hold regular meetings to discuss client needs as required. Meetings are minuted and provide staff with an opportunity to discuss new clients, care delivery, clients changing needs and provide staff development, particularly around wellness and re-ablement. Due to the more flexible needs of clients, meetings are held regularly on an as needs basis to discuss client needs and program changes. In many instances only those workers affected by the changes are required to attend. Coastlink has introduced an on-line client management system that provides instant access to changes to client's needs. Coastlink has also introduced an internal email system for relay of instant information regarding clients.

11.3 Range of Services Provided

Government Funding

COASTLINK has two main sources of Government funding. We receive the bulk of our funding from The Department of NSW Human Services - Aged, Disability and Homecare (ADHC), from the Commonwealth (aged care funding only) and NDIS Scheme.

We also have a small brokerage arm where we support clients of other services who may not have trained and experienced workers required to do so.

Table 11.1: CHSP Program Framework

	Community and Home Support	Care Relationships and Carer Support
Objective	To provide entry-level support services to assist frail, older people to live independently at home and in the community	To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so that regular carers can take a break
Target Group	Frail, older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander peoples) who need assistance with daily living to remain living independently at home and in the community	Frail, older clients aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander peoples) will be the recipients of planned respite services
Service types we are funded to provide	<ul style="list-style-type: none"> Social Support-Group (formerly Centre-Based Day Care) 	<ul style="list-style-type: none"> Centre based day respite In-home day respite

Table 11.2: Recording Services Delivered

Service Type	Data Recording
Personal Care	Hours excluding staff travel time
Social Support-Group (formerly Centre-Based Day Care)	Recorded on the <u>Day Centre Attendance Sheet</u> . The trips, hours attending day centre and meals are recorded
Respite	Hours excluding staff travel time

Youth Disability Services

Coastlink provides a range of services targeting the needs of young people to support their individual wants and needs. The programs provide families with range of after school, holiday and weekend options that young people just love. With loads of choice and fun activities at every turn, Coastlink's young people programs have something for everyone. Staff will work with the client and their family to develop programs that meet the goals set out in their NDIS plan and give the client choice and control around the activities or services they attend.

Our Fun Club meet once a month for afternoon and overnight activities to give young students aged 7 – 18 the chance to make friends and socialise with their peers in the community.

Our Teen Time – after school care is for secondary students with a disability (aged 7 to 18 years) who have moderate to high support needs. .

Coastlink's Holiday Options Program operates each week day during school holidays from 8:00am to 6:00pm (except public holidays). The program gives clients the opportunity to enjoy their school holidays with their friends and participate in a wide range of fun activities.

Adult Disability Services

At Coastlink we offer a wide range of flexible and innovative supports to people at all stages of life who have physical, intellectual, sensory and social related abilities.

We know that everybody is an individual, so we focus on providing you with choice and control over the services you receive.

Coastlink partners with you to assist you achieve your goals and aspirations. We provide a vibrant, supportive and fun environment to assist you to develop and live your life story.

We can help you maintain your independence and connect with your local community. Our professional support workers are trained in providing support to help you develop your skills and live your life your way.

Adult Social Support

Coastlink offers a number of social support opportunities to people with disability to help them access the community to enjoy recreational, social and sporting activities across the Central Coast, Newcastle and Sydney.

Our social support programs allow you the opportunity to meet new friends or hang out with your mates. Whether it is going to the movies or theatre, playing sports, dancing or just enjoying your

time with friends, our range of activities gives you the opportunity to choose the things you like to do.

Day Programs

Our day programs focus on providing participants the supports they want and need to achieve their goals and aspirations.

We offer a huge range of centre and community based activities, running up to ten different activities every day of the week.

We will help you develop your skills in the things that matter to you, whether it be life skill such as learning to cook or something just for fun like sailing or going to the gym.

Adult Respite

We know that as a primary carer for someone with disability, sometimes you need a break to do the things you like to do, or just to take some time out. We also know you want the best for your loved one.

At Coastlink we offer a range of Short Term Accommodation to give you the break you deserve, all the while knowing your loved one is being fully supported by dedicated, caring and highly trained staff.

Short Term Accommodation can be provided at your home, in a host family or in the community.

Respite is also a fantastic experience for people with a disability, giving them a chance to meet new people and experience new activities.

Accommodation and Supported Independent Living

Coastlink provides respite and emergency accommodation for people with disability and the frail aged on the Central Coast. Our purpose built, accessible cottages are located at Watanobbi just north of Wyong. Accommodation is subject to availability.

Coastlink is registered to provide Supported Independent Living for people accessing NDIS funding. This includes both short term and permanent group home supports. Opportunities for clients to access our long term accommodation options commenced in early 2018 and continues with the addition of another group home at Watanobbi.

Coastlink works with Specialist Disability Accommodation (SDA) providers to provide the support to clients living in their properties. These options are currently offered through individual apartments

within two apartment blocks. These supports are provided under the concierge model. Future options offered to clients may be through supported independent living (SIL) houses.

Coastlink will support any clients wishing to apply for SDA accommodation by providing them with information, contacts and referrals as requested.

Policy 20 is dedicated to Coastlink accommodation and Supported living accommodation

REGISTERED NURSES

The majority of our clients do not require RN care however, we employ an RN to advise coordinators and support staff when required.

Some of our support workers are trained by Coastlinks RN Nurse Educator and assessed as competent to perform catheterisation and tube feeding services along with administer Midazolam and Clonazepam to some of our service users. Daily monitoring support for clients with diabetes is also provided by trained staff.

11.3.1 Support Planning – In home services

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

- Domestic Assistance
- Personal Care
- Respite
- Meals support
- Social Support
- Overnight and longer support in home or away from the family home (for younger people with disabilities).
- Limited transport services where required

For CHSP clients the Coordinator discusses the recommended support plan provided by My Aged Care and further develops it in consultation with the client.

11.3.2 Risk Management

Many of the clients we support have extremely challenging behaviours and others have very high physical and intellectual support needs. We find some domestic environments can present a risk to our staff and to the occupants.

Because of these and other issues, a component of our support plans can be dedicated to how such risks are to be managed or eliminated.

Each client has a Care and Support Plan developed in consultation with them and/or their representative and reflects the services and support provided. A range of support plans are used:

- A Care and Support Plan for clients/carers including any medical/health issues, behavioural support plans, dementia support plans, mobility support plans, travelling plans, swimming plans as well as any risks which might be present and need to be dealt with through risk management plan/s.
- A Specific Care Plan is used for temporary or specific issues which may need to be addressed including for a request from client's doctor or medical professional and is used for a short period of time such as wound care requirements or when a younger person with a disability is hospitalised.
- Risk management plans for how to manage a variety of issues including travel, swimming, community access, behaviours, physical requirements and so on.

11.3.3 Developing a Support Plan

In developing the support plan, COASTLINK ensures that:

- Clients/carers are involved in deciding the support they receive and their goals;
- Individual needs and preferences are taken into account and may include:
 - Ensuring client choice is paramount.
 - Devoting resources to enable each client to reach their goals.
 - Listening to each client to ensure we understand what they want from our service.
 - Not forcing our views on them – genuinely consulting with them and working with each person to achieve their goals.

We also need to consider issues such as:

- Physical needs.
- Health needs.
- Emotional needs.
- Recreational and leisure needs.
- The need to learn, maintain and enhance the skills of daily living.
- Cultural and religious needs.
- Socio-economic needs.
- Behavioural issues.
- Preferred days and times (balanced against our ability to provide support at specified times).
- Risks to client, staff and the general community.
- The client is made aware of and is able to choose from available support in the community from our list of community activities and opportunities;
- The Support Plan is based on a wellness and re-enablement approach.
- Weekend, after hours care and support as well as care of public holidays is available for all clients and this is included in the Plan.
- The Coordinator prepares the Plan and the client or their carer agrees to the support plan by signing it
 - A copy is then forwarded to the client for their records.
 - Support plans can be changed on request without issue.

11.3.4 Support Plans/HEALTH CARE PLANS (aged care)

The majority of our people with disability clients live with their families or in supported accommodation therefore COASTLINK is not the primary carer. However, the health of all clients is important to us and we will monitor clients if they appear to be unwell and will contact carers where and when required.

Support Plans and Health Care Plans (full plan for aged care/individualised health support needs plans for disability clients)), developed and implemented to meet each client's individual needs, are necessary to ensure each client is supported to be as healthy as possible. Health care plans and support plans should be regularly reviewed.

All frail aged people will require a full healthcare plan reviewed by their health care professional every 6 months.

People with disabilities and their carers are required to complete an annual profile, including information on health matters such as menstruation, bowel care, diabetes management, asthma management and other serious illnesses and syndromes.

People with disability and with significant health issues will be required to provide an updated review of their health issues from their medical professional.

A client profile (people with disability) and care plan (for people aged 65years and over) is completed for each client which is reviewed regularly.

Risk management plans are also prepared for individual areas of risk such as transport, swimming, meal management, swallowing, behaviours and so on and these plans are located in the client's file and are accessed by support staff before each shift.

Support Plans/Health Plans will include all health care aspects of each client including issues such as medication, epilepsy, diabetes, asthma, eating and swallowing issues, high blood pressure, muscle-skeletal issues, mental health concerns, obesity and so on.

To assist clients with serious health issues to attend our services our staff are trained in:

- Catheterisation;
- Administration of Midazolam and Clonazepam (for seizures);
- Medication management;
- Managing epilepsy;
- Ventilationmanagement.
- Diabetic blood sugar level monitoring
- Enteral feeding
- Complex Bowel Care
- Subcutaneous injections (such as insulin)

For people with disability the annual client profile will request health information. The profile is distributed for information to all support staff (with permission) who will be supporting the client.

COASTLINK will work with clients and their carers and families to ensure that health issues are regularly checked by the GP (if required) and will advise clients and carers on where to seek advice if requested.

There are separate policies on medication management and epilepsy management at 11.6 and 11.7 below. All COASTLINK support workers must have a current senior first aid certificate when working with our clients. Support plans, client profile and care plans and risk management plans are kept on each client's hard file, in their e-files on the shared drive, on ProSims and in each centre which the client attended. Supervisors in the community are able to access these plans using their laptops.

Support staff, working without a supervisor, or on a 1:1 shift, are provided with information, including all plans, when allocated a shift with the client.

Support plans are reviewed annually or as required.

11.3.5 Support Plan Location

For people with disability, the complete set of unique documents required for their care are referred to in this policy as their Support Plan. The support plan includes service agreements, client's profiles and any risk plans associated with client care.

All support plans, including risk assessment plans, are kept on the locked, shared files. A hard copy is placed on the individual's hard file kept in the locked compactus.

For people receiving in-home care who are frail aged, generally copies of the support plan is kept in the client's home and a copy kept in our office and in the client's electronic record.

For people with disability, copies of the support plan are provided to the client, a copy is kept in the office and is emailed or posted to staff rostered to support the client. Staff also have access to these plans through TimeOnLine.

It is our experience that the carers of younger people with disabilities prefer not to have home based files because of the sensitivity of the person for whom they care.

In these cases the Coordinator/Assessor posts the support plan to the client once it is completed (with a prompt for them to sign it prior to putting it in their home notes file) or a support worker takes the support plan to the client's home on the first support visit.

Sometimes the client (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 behaviours displayed by the client and strategies staff use to support the client when displaying these behaviours). In these cases, the support plan will contain the basic support and services to be delivered and specific supports will be detailed in a separate Specific Care Plan in the client's electronic record. Staff are advised of these additional supports verbally and can ring the office for further clarification if unsure when in the client's home. The in-home support workers read the support plan to identify the support that they provide.

Amendments to the support plan identified after client reassessment and review are provided to the support worker who places them in the home notes file in the client's home. The discarded support plan is taken to our office for shredding.

Note: All client plans and documents needed by the support workers for appropriate client supports are provided on-line via ProSIMS. Support workers can access these documents via TimeOnLine.

11 3.6 In-Home File Contents

The in-home file may contain:

- A Mini Profile Form (1 page) that includes the client's details, contacts and transfer information (YPWD)
- A Client Details and Transfer Form (for aged care clients)
- The relevant support plan/s.
- Patient Health Summary.
- Care Recipient Agreement (agreed to and signed).
- Medication documents (as applicable).
- Progress Notes.
- Attendance Sheet.
- Medication Sheet.
- Medication Error Form
- Hazard report.
- Incident/Accident form.
- Tell Us What You Think form.
- Client Handbook.
- Other documents as required.

The assessment process and staff ensures that there are adequate supplies to deliver services and support, such as household supplies and assistive equipment (if needed).

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

Support Plans for Younger People with Disabilities – Profile Documentation

When a person has been approved as eligible for our service they will be asked to complete a comprehensive profile on the client and his/her family.

From this each younger person with a disability will be assisted to prepare a support plan outlining the best way to support each person to achieve their goals.

Support plans need not be long documents and can be as short as half a page but must include the goals, strategies to meet those goals and review dates. All of these plans will be provided in a person centred manner.

Advocates are always welcome to attend any and all support planning sessions.

Equipment and materials

Medical supplies (eg wound care products) and any equipment or materials to support the client are provided within funding guidelines.

11.3.7 Delivery Support

Community Workers have constant access to their roster through our client management system that contains the client's name, address and type of service/time. In-home clients sign for the time spent delivering the service. The client who is signing is shown the details of the service provided and the names of other service providers and their details are not shown/given to others. Community workers return the completed sheets to the Coordinator who enters them into the client management system.

Centre based, social support and other program clients are listed on bus lists which are distributed to staff. Staff enter time on client's lists when a client is collected and notifies the office when a person on the list is not home.

The bus lists are returned to the office where the Coordinators enter the attendees on to the client management system so accurate records are maintained of people attending and times. Each client on the social support activity sign the group attendance sheet to agree the service has taken place. Rosters are amended for NDIS client invoices purposes where necessary.

Community workers deliver the support described in the support plan/s and complete [Progress Notes](#) only if an exceptional event has occurred. For example, if the support worker notices a change in condition or other exceptional event they make a note in the progress notes in the client's home/in the community and notify their Coordinator. The Coordinator follows up as required; any notes of the follow up are recorded in the client's record in the Client Management System. Staff use the relevant reporting forms to record hazards, medication errors or adverse events in addition to making a notation in the progress notes and may use their [Care](#) Sheet to assist in remembering issues that need to be raised with their Coordinator.

Community workers are updated on any changes to support plans or client needs through a verbal handover if necessary and are provided with an updated support plan to take to the client's home or to a group activity if there are significant changes. There are meeting forums for community workers to discuss any issues arising in the support they provide and the Coordinator is available by telephone, at any time, if necessary. There is also a 24 hour emergency line for after hours activities.

Money management for clients requiring assistance

One of the areas in which people with disability and elderly clients are particularly vulnerable to exploitation is with respect to the management of their financial affairs. This policy intends to ensure that where [Coastlink](#) is responsible for providing a client with assistance in managing their money or making a purchase, that this is done in an honest and accountable manner, and in the best interests of the client.

Promoting autonomy

Clients should manage their own funds wherever possible. Staff [\[and volunteers\]](#) should not manage or make decisions regarding clients' funds where clients are capable of doing so themselves.

Responsibility for assisting a client with money handling should only be assumed by staff [\[and volunteers\]](#) when the client or their authorised representative has requested and consented to receiving this assistance from [Coastlink](#). [\[An authorised representative may be a legal guardian or an appointed nominee, under the client's NDIS plan\]](#)

Assistance, where required, should promote autonomy and choice, and enhance the client's independence.

Client consent

Where assistance in managing financial affairs is required, a Consent Form must be obtained from the client and retained on their file. Clients' money may only be used for the purposes intended by the client.

[The arrangements for supporting clients to manage their finances must also be clearly set out in their NDIS Service Agreement and Support Plan, which are to be reviewed on at least an annual basis.](#)

Client cash

It is important for clients to have ready access to their own cash to purchase personal items and for day to day expenses which are for the direct benefit of the client.

Clients will usually withdraw cash from their personal savings accounts for this purpose. There may be other arrangements by which clients gain access to personal spending money.

[Some clients do not have access to their own funds as they are managed by a financial guardian. In these cases there will be a preapproved amount the organization will allocate to the client and then claim back from the financial guardian. One off purchases outside the preapproved amounts must have prior approval before client is allocated these funds.](#)

Clients will be permitted choice to decide how much assistance they require with their cash. Some clients will choose to retain control with minimal assistance, while others will rely on staff.

When making purchases for a client, staff members must keep all receipts as proof of purchase and provide these to the client or carer

Clear instructions on what is to be purchased with the cash is to be provided to the staff member. Eg: if the client is not able to leave their home to purchase bread, milk etc..

When a staff member has made any purchases with the clients funds or supported the client with their money in any way this must be noted on the daily care sheet or in a case note which the exact details of each purchase. The client or carer then signs the daily care sheet at the end of the shift.

Where staff have purchased items for clients who have a financial guardian all receipts and details of purchase will be provided to the coordinator for approval and then given to finance officer to provide back to financial guardian.

Client bank accounts

Many clients receiving supports from Coastlink will have a personal savings account. Payments made into this account may include government pensions and payments from families. Withdrawals from this account may include debits or cash withdrawals to meet personal expenses.

Clients will be permitted choice to decide how much assistance they require with their bank accounts. Some clients will choose to retain control with minimal assistance while others will rely on staff. This should be documented in the client's service agreement.

Support workers should not provide any assistance with client deposits or withdrawals from their bank accounts. If this is a requirement then prior approval through the Coordinator from the client or their family/carer must be obtained.

Records of all these transactions must also be recorded on the client's daily care sheet or case note in every instance.

Secure storage

Clients' cash funds and bank books should be held by the client themselves, where possible. Where this is not possible, they will be stored in a secure place by the [Support Worker during the shift and then given back to the client prior to finishing the shift.](#)

The amount of cash funds should be kept as small as is practicable to minimise risk associated with loss or theft of funds.

Operating rules for staff [\[and volunteers\]](#)

Staff [\[and volunteers\]](#) must:

- ensure that clients' funds are used only for the benefit of that client;
- ensure that receipts are obtained for all items purchased when accompanying a client;
- encourage clients to plan for purchases and discourage clients from carrying large amounts of cash;
- maintain a record of expenses sheet to record all cash issued and spent; and
- retain an invoice or receipt for all transactions involving client cash;
- report any discrepancies to their supervisor.

Staff [\[and volunteers\]](#) must not:

- make a personal purchase with money from a client's funds;
- borrow money from any client;
- pay for a client expense with the staff member's own finances;
- give clients investment advice; or
- transfer petty cash between clients.

Responsibilities of managing staff/supervisor

Managing staff/supervisors must:

- regularly check the receipts, cash counts and adequacy of cash holding;
- immediately report any discrepancies to [the Operations Manager or the Manager Accommodation and Clinical](#).

11.3.8 Support Plan Reviews

See Section 12: Client Re-Assessment

11.4 Social Support – Group

Social Support - group (previously called day centres in HACC aged care) services are planned to meet the agreed support plan of the client and can include:

Community based activities are planned to meet the social goals and interests of the client, both aged and younger people with a disability and include:

- Recreation, leisure, sporting and cultural activities.
- Transport to and from home.
- Transport to outings.
- In-centre activities.
- Community integration.
- Skills based learning and development based on the skills of daily living.
- Enhanced confidence, resilience and independence.

All services and activities are planned to meet the assessed needs of clients and each plan is prepared in consultation with the client and their carer or family and reflect the service and support provided..

Each client has a Support Plan/Person Centred Plan prepared by the Coordinator that is developed in consultation with them and/or their representative and reflects the services and support provided

The Plan is based around meeting each person's individual needs through a circle of support established to support each person

Attendance at all activities is recorded and entered into the client management system by reception.

11.4.1 Client Consultation

Social support - group clients are consulted regarding their activity and outing preferences through support plan assessment, 1:1 discussions and group discussions. Consideration is given to the cultural, cognitive and functional abilities and wellness and re-ablement needs of clients in the planning of activities.

Anecdotal feedback is sought after activities and noted by staff to assist in the development of future activity plans. Social support group clients are surveyed annually to determine their satisfaction with the programme.

11.4.2 Social Support - Group Support Plans

Each client has a Support Plan that is developed in consultation with them and/or their representative and reflects the services and support provided in the social support program.

Support plans are kept in the centre and a copy of the Client Details form is kept in the file that is taken on the bus to transport clients so that staff have information to hand should they require it. Support plans are reviewed annually or as required.

If a social support - group client also receives in-home support, they will have a copy of their Support Plan and Client Details form both in the day centre and at home.

11.4.3 Planning and Delivering Centre Activities

The Coordinator and social support-group staff use feedback from clients to assist them to plan activities including outings and in-centre activities. Outings are planned by the day centre staff and a risk assessment of the outing location is conducted that includes ensuring that the environment, facilities and location are suitable for older people or people with disability (see 8.4.3 Safety Audits External Venues). Clients pay for their own meal on outings.

Community Workers go on the bus with clients to assist in collecting clients and takes the file with client details and a mobile phone with them.

Supplies are purchased for in-centre activities such as crafts, games and social interaction. Pre-prepared meals and morning and afternoon tea (prepared biscuits, cakes or fruit) are provided and are served by the centre staff, all of whom have completed food safety training. Consideration is given to food allergies and these are recorded on the client's records and in the kitchen.

Meals are cooked by staff and provided to clients in the centre. Deserts and juice bottles are served cold direct from the refrigerator. The temperatures of meals are recorded on the Kitchen Record Sheet prior to serving.

Medication support for social support group clients is described in 11.9 Medication Management.

Attendance at the centre is recorded on the Centre Attendance Sheet. This is returned to the Administration Team to enter into the Client Management System.

11.4.4 Planning and Delivering Programs and Activities

Management and staff use feedback from clients to assist them to plan program activities across all programs.

- The Social Support program, the Family Respite program and the Teen Time Vacation Care program provide calendars from which to choose for their service.
- Social Support operates some smaller groups in which clients decide where they will go the next week.
- In Day Programs for younger people with the clients are each assisted, through Person Centered Planning, to establish a Plan detailing the goals they want to achieve, how these goals will be achieved and who will form the circle of support gathered to support each client.

- Other programs such as aged day care centres (social support) post a calendar in the day centre after taking feedback/canvassing clients about where they would like to go.

Program coordinators plan calendars and activities including for clients requiring individualised care and support.

- Activities and venues are planned by coordinators and a risk assessment of the outing location is conducted that includes ensuring that the environment, facilities and location are suitable for older people or people with disability (see 8.4.3 Safety Audits External Venues).
- Clients pay for their own meal on outings where possible, or are invoiced for that amount if the meal is included in the activity costs.
- Supplies are purchased for in-centre activities such as crafts, games and social interaction. Healthy meals, including lunch and morning and afternoon tea, are usually provided and are served by the staff, all of whom have completed food safety training. Consideration is given to food allergies and these are recorded on the client's records and in the kitchen.
- Staff shop for and prepare meals for our centres and comply with our policies and procedures on Healthy Food and Nutrition which meet Australian food standards. The temperatures of meals are recorded on the Kitchen Record Sheet prior to serving.
- Medication support for day centre clients is described in 11.11 Medication Management.

11.4.5 Documentation

Progress Notes are documented, if required, in the client file. Critical Incidents, Hazard Reports and Medication Error Reports are completed as required. Client satisfaction with activities and their participation is documented at least monthly in the Progress Notes to assist in evaluating the program.

11.4.6 Support Plan Reviews

See Section 12: Client Reassessment.

- **Where it is determined that a client requires more intensive care and support than CHSP can provide the client will continue to receive service until a package is obtained.**

11.5 CLIENT NUTRITION AND HEALTH

COASTLINK is committed to a healthy lifestyle for all clients and to ensuring nutritious food is consumed on all COASTLINK activities, where possible.

- COASTLINK aims to handle food in its programs to the ANZFA Food Standards.
- Each centre will have instructions on how to purchase and handle food safely on the wall in the kitchen for staff to see and follow.

Procedures

COASTLINK has various programs where food is prepared and eaten in different ways. The purchase and preparation of food will be the consistent across all programs:

Shopping

These are the rules COASTLINK will follow:

- Shop for perishables on the day or the day before cooking,
- Cooked hot food will be purchased last and will be kept away from frozen and chilled food;
- At the checkout raw meats will be packed in separate bags,
- Shopping will be carried out at the nearest supermarket to the centre or picnic area.
- Items such as BBQ chickens and salads will be purchased from supermarkets where the time the chickens came out of the oven can be seen and where salads have been washed before being packed.
- During transport, perishables will be placed in an Esky with ice bricks after purchase for freezing and refrigeration. In these cases, food should be frozen or refrigerated within 30 minutes of purchase.

Storage and refrigeration

Frozen Food

- Frozen food, or food to be frozen, will be placed into the freezer immediately.
- All frozen food will be labelled with the name of the food and date and the date of freezing.

Refrigerator

- Perishable food which is purchased for breaks-away will be purchased the day before or on the day of cooking.
- Perishable food will be placed in the COASTLINK refrigerator prior to transportation to the camp.
- Perishable food will be transported in an Esky with ice bricks.
- Immediately upon arrival at any holiday destination perishables will be transferred to the fridge and freezer.
- In all cases raw meats, fish and poultry will be stored near the bottom of the fridge to prevent juices dripping onto other foods.
- Leftovers or other cooked foods will be covered before being placed into the fridge and freezer and will be labeled and dated.
- Raw and cooked foods will be kept separate in the fridge.

Dry Foods

- Any dry foods removed from the original packaging will be placed in airtight containers with the use by date clearly marked on the container.

- In hot weather, dry goods will be stored in the fridge.

Cooking and Food Preparation

- Foods which need to be defrosted will be stored in the fridge for at least 24 hours to allow for thawing. Where this is not possible food can be defrosted in the microwave.
- Meat will be cooked on the day it is to be served and eaten.
- Meat will be cooked until the juices run clear.
- All leftovers will be discarded.
- All salads, sandwiches and sweets will be prepared on the day of service.
- All vegetables and fruits will be washed before cutting and serving.
- Separate plates and utensils will be used for raw meat, poultry and fish and cooked foods. The plates used for raw meats will not be reused for cooked meats.
- Any food which has been exposed on the table for people to help themselves will not be returned to the fridge but will be discarded.
- Any uneaten, perishable food which is out of the fridge for 2 hours or over will be discarded.

Hygiene

Good personal hygiene is essential to prevent contamination of food. Washing hands is essential. At COASTLINK staff will wash their hands:

- before starting food preparation or handling food.
- immediately before working with ready to eat foods such as salads and sandwiches.
- after handling raw food.
- immediately after using the toilet.
- immediately after smoking, coughing, sneezing, using a handkerchief or tissue. Eating, drinking or touching their face, scalp or body.
- after handling garbage.
- after cleaning activities such as mopping.
- after handling animals.
- where possible separate sinks will be used for handwashing and for food preparation. Where this is not possible the sink will be thoroughly cleaned before food preparation.

Note: that rubber gloves are to be worn at all times when handling food.

Healthy Food

When clients are eating out on COASTLINK activities and buying their food, COASTLINK will encourage clients to purchase and consume healthy food. There will be no sanction for those who do not choose to do so.

At all COASTLINK activities which are catered for by COASTLINK staff or outside agencies, healthy food will be served.

COASTLINK will ensure that any client who has special dietary or cultural requirements will be catered for on any activity.

Any special dietary requirements or allergies to food will be recorded on the client's profile. Staff who are caring for that client will be made aware, by the coordinator, of the allergy or dietary requirements.

Should a client become ill, COASTLINK staff will inform the client's family (with the client's permission) before taking further action, except in case of an emergency when the ambulance will be called.

In order to minimise contamination, clients will not be able to bring food from home to be shared by others at a COASTLINK activity. COASTLINK will provide healthy food for clients and workers in these occasions.

Leftover food from these functions will be discarded. Clients and workers will not be allowed to take leftovers home.

Client Health

COASTLINK does not have a case management function but may be concerned about the health of some clients. In these cases, COASTLINK may believe it to be appropriate to approach the family or carer/s of the client to let them know of our concerns.

If requested, COASTLINK will provide details to the family of health providers who may be able to assist with nutrition, healthy eating and exercise regimes.

11.6 Medication Management

Risk Management

Client safety is a guiding principle at COASTLINK Risk management is also a guiding principle of the organisation and the administration of medication by employees to clients has been identified as a major risk.

The literature suggests that over 25% of deaths in hospitals are due to medication maladministration.

Investigations in these deaths suggest that human beings make mistakes because the systems, tasks and processes they work with are poorly designed and that organisations should have in place a system of openness, reporting and safety consciousness and that employees should be trained in these systems.

This is what the COASTLINK Managing Medication Policy is designed to achieve.

Background:

In 2006, as part of risk management processes, the Board of Directors identified the administration of medication as a risk to clients, employees and the organisation. For this reason, the Board sought legal advice on the risks involved and how these risks might be managed.

This policy and these procedures are based on the legal advice received at that time from a firm of local legal practitioners.

Administering Medication to Clients:

Some COASTLINK clients and their families are only able to access our services, if COASTLINK employees administer medications to clients, or if clients can administer their own medications as determined by a medical practitioner.

Refusing access to programs or continued access to programs because of a need to administer prescribed medication and/or health care procedures, other than in circumstances where there are unresolvable safety issues, would be to unlawfully discriminate against the person on the ground of his or her disability.

The administration of medication forms part of COASTLINK common law duty of care to take reasonable steps to keep clients safe while they attend sessions of care and support with COASTLINK. This duty of care is fulfilled through its staff members.

The common law duty of care does not extend to administering prescribed medication to clients who are reasonably able to self-administer/self-administer.

However, if a client self-administers prescribed medication, COASTLINK has a duty to take reasonable steps to ensure that the self administration is carried out safely.

This policy is designed to ensure that all medication administered, stored and handled, is done in the safest and most appropriate manner. It is also designed to ensure client safety at all times.

11.6.1 Client Medication Assessment

For people aged 65 years and over an assessment is needed to determine a client's capacity to participate in the management of his or her own medication we use the following procedures:

- A General Practitioner, Registered Nurse or Pharmacist, completes an assessment of the client's ability.
- A client consent form is completed.

COASTLINK provides support to individual clients by:

- consulting with clients, parents and carers;
- administering prescribed medication in response to parents'/carers' written requests/consents and in consultation with staff and parents;
- communicating relevant information about the client's medication needs to other members of staff on a 'need to know basis' to ensure the client's safety;
- using and storing information with due regard to issues of privacy and confidentiality;
- By providing and/or attending staff training and support.

PRN Medications

The COASTLINK OH&S (now WH&S) Committee resolved at its July 06 meeting that:

COASTLINK staff be able to administer PRN medication under the following conditions:

- That the PRN medication (tablets) is included in the doctor's letter and contained in the Webster Pak.
- Where the PRN medication is a cream, eye or ear drops, an asthma spray. Etc. each item must be included in the doctor's letter with clear instructions from the doctor on how and when they are to be administered.
- Each PRN medication is to be clearly labelled.
- Clients requiring the administration of buccal (via the cheek) or intranasal Midazolam or Clonazepam will be assessed on a 1:1 basis and only those staff trained in administering this medication via buccal or intranasal administration will be able to care for clients who require such a service. (WH&S Committee October 07 and Board minutes October 2016)

In the event of a client experiencing a reaction, only employees who have been trained in using an Epi-Pen for clients with Anaphylaxis would administer adrenalin via the Epi-Pen as trained.

After school care where young people are coming directly to the program from school, parents have identified a risk of PRN medications being taken from a school bag. Therefore, clients do not need to bring their PRN meds to after school care. The only exception to this will be the need for people who have been prescribed Ventolin as PRN to bring it with them to after school care.

As a precaution, after school care coordinators must ensure that supervisors have purchased Ventolin to use in emergencies for clients who have been prescribed this medication as PRN. Ventolin must be purchased for each centre and kept securely until needed and disposed of when out of date.

If used, the Ventolin should be sent home with the client or disposed of safely and replaced immediately.

All Ventolin sprays kept at the centres for emergency use are to be regularly checked by supervisors to ensure they remain within their use-by-date.

Note: Support workers must be appropriately trained prior to supporting a person requiring Midazolam or Clonazepam.

SUBCUTANEOUS INJECTIONS

No member of staff, other than Registered Nurses, is permitted to give an injection to a client.

Clients requiring insulin or other subcutaneous injections should be trained by qualified health professionals to self-inject where possible. This will occur only with the written permission of the

parent, guardian or carer and the provision of a doctor's letter stating this requirement along with other medications.

If a client is not able to self administer their own injection then a member of staff trained in subcutaneous injections will be allocated to the client to administer the injection as per the client's plan.

TRAINING AND SUPPORT FOR STAFF

The CEO will ensure that support staff understand their duty of care and are provided with training, information and support to gain knowledge to assist clients who are competent to self-administer and those who need assistance with medications.

Before any member of staff is allowed to administer medications to a client, or to supervise medications to a client, each staff member must undertake training in the administration of medication. Following this training, each staff member will be assessed as competent by one of our RNs and the Operations Manager. Thereafter, employees will be assessed every two years in their ability to assist clients with medications.

Those members of staff who have not undertaken this training and have not been assessed as competent, are unable to administer or supervise the administration of medication to clients accessing COASTLINK's services.

Assistant workers are unable to administer medication, even if they have undertaken the training requirements.

Note: the maladministration of medication can have very serious consequences to the health and wellbeing of a client. For this reason, COASTLINK has in place disciplinary procedures for any incidents regarding the maladministration of medication. This includes support staff who maladminister medications, as well as coordinators who roster staff who have not been trained or assessed as required by this policy.

The CEO and the Operations Manager are the only people who have the delegation to breach this policy and all staff should report any medication issues to either person immediately for discussion and decision.

In some cases, clients may be refused services if their medication is not in line with this policy. This is necessary to ensure the safety and wellbeing of the client and the employee.

WEBSTER PAKS

All medication administered by COASTLINK staff must be in a Webster Pak dispensed by a pharmacist.

Any Webster Pak which is damaged or tampered with in any way, or which does not contain the correct medication, will not be accepted at Coastlink.

Support staff have been informed that they must not accept such Webster Paks and service will be refused until the Pak is in an acceptable condition and/or contains the medications in accordance with the doctor's letter.

This means that clients will be turned away from an activity if the Webster Pak does not contain medications in line with the doctor's letter or is damaged in any way. However, the carer should be given the opportunity to return the Webster Pak to the dispensing chemist, so any non-compliance with this policy can be remedied before returning the Pak to the COASTLINK activity.

DOCTOR'S LETTER

No medications will be administered to any client without the written permission of a medical practitioner. This includes herbal or non-prescription medication, including over the counter medications, vitamins etc. The doctor's letter must:

- state whether the client is able to administer the medication without assistance from staff or whether staff assistance is required;
- route and how to be taken, i.e., by mouth crushed in a spoonful of jam;
- name all medications listed in the Webster Pak;
- frequency of dose;
- the amounts which are required to be delivered;
- any side effects which might be expected;
- other information which would assist employees to administer the medication in a safe way;
- be stamped and signed by the doctor;
- Be renewed at least annually or when medication is changed.

It is the responsibility of the program coordinators to obtain a doctor's letter from each client and to check that the doctor's letter contains all of the items outlined above. The coordinators will use the checklist provided to ensure the doctor's letter conforms with this policy.

It is the program coordinator's responsibility to ensure that copies of the latest doctor's letter is attached to the client profile so that support workers are able to access this information.

It is also the coordinators' responsibility to ensure that ProSims is updated with the latest doctor's letter received for each client.

NOTES ON THE DOCTOR'S LETTER

COASTLINK believes that a doctor is a professional and his/her letters will form the basis of the requirements of this policy.

- The doctor's letter must be followed exactly by all staff at all times.
 - Parent/carers are not able to deviate in any way from the medication requirements stated in the doctor's letter.
 - For example, if the doctor has nominated a medication to be taken in the morning, noon and evening, the parent/carers is not able to change this. There have been some cases where

parent/carers have wanted to provide medication only for morning and evening saying that the client can manage with those doses.

- The doctor is the professional who is prescribing the medication and his/her instructions are to be followed at all times.

PHARMACIST'S ROLE – LABELS/WEBSTER PACKS

The pharmacist must prepare the Wester Pak and ensure the following details are included in the Pak label preferably in a typeface which is easy to read.

The label must include the following information:

- The name of all of the medications contained in the Pak.
- The client's name and date of birth.
- The times to be administered.
- Dosage to be administered.
- Route of medication to be administered.

The Webster Pak must contain only the medication listed on the doctor's letter including over the counter medications, antibiotics and herbal remedies.

Staff are not to remove medication from a Webster Pak to store medication in another container or envelope.

LIQUID MEDICATION AND MEDICINAL CREAMS

Only liquid medicines and medicinal creams prescribed by a doctor and clearly labelled by a pharmacist will be accepted. The pharmacist must provide the following details on the pack, tube or bottle:

- The client's name.
- The dosage required.
- The times to be administered.

Clear instructions for use must be provided along with a clean measuring vessel.

CONSENT FORMS

Each client who requires COASTLINK support to take medication, or to be supervised whilst taking medication, must complete a Medication Management Plan contained in each COASTLINK Profile. The Plan includes a request for carer/client to give consent annually for medication to be administered/supervised as per doctor's instructions.

On each instance of care, those people requiring assistance with administration of medication are required to complete a Medication Chart on arrival at COASTLINK services, consenting to staff assisting clients with medications.

The only exception to this is the DP program where people attend up to 5 days each week. On this program Medication Charts will be completed by carers periodically.

CLIENTS

Many clients who are frail aged, are able to manage their own medications without any help or support from staff. Many COASTLINK adult clients with disabilities (ie, aged 18 years or over) attending the Social Support program have moderate disabilities and have been assessed by their doctors' as being competent to take their own medication whilst on COASTLINK activities. These clients know when they need to take their medication and take it on their own without referral to COASTLINK staff.

New clients will be assessed for risk with medication administration and those on community access and centre based activities may be required to have staff store their medication safely and supervise their medication administration.

Those clients in the Social Support program who require assistance with medication administration and all clients in all other programs, will be assessed as to risk on an individual basis and will be either administered their medications or will be supervised in the taking of their medications, in every case depending upon advice received in writing from their doctors.

Some clients choose to take their medication prior to or following a COASTLINK activity. This is acceptable in cases where a person is able to self-administer for example, the doctor's letter states that meds are to be taken breakfast, lunch and dinner. This will provide flexibility for the family and it is their choice. Experience has been that this mainly happens with Social Support clients whose parents regularly administer meds at different times.

CLIENTS OVER 18 IN A PROGRAM WHERE A RISK ASSESSMENT HAS DEEMED IT A RISK TO ALLOW SELF- STORAGE OF MEDICATION BY CLIENTS.

COASTLINK has identified risks to client safety from self-medicating clients receiving service from COASTLINK, who are under the age of 18 years old and in some programs providing service to clients over 18 years old, attended by people with very challenging behaviours, who may access a client's medications in their bag and take them.

In order to avoid any threat to client safety any person who is in these categories attending a COASTLINK program will be subject to the following procedures:

- All clients whom a doctor has determined can self-administer medication must bring all their medications in a Webster Pak.
- The Pak must be handed to a supervisor or other member of COASTLINK staff upon arrival at the activity and sign the COASTLINK Medication Chart.

- The supervisor or staff member in charge of medication administration must lock the medication in a secure place, including when on community access programs using the padlocked backpack provided.
- At the time of each dosage, or when requested in the case of PRN, the staff member will provide the medication and will hand it to the client. The staff member will then supervise the taking of this medication by the young person and will document this on the medication chart including how many tablets have been taken by the client at this time.

PROCEDURE FOR STAFF ASSISTANCE WITH MEDICATION FOR CLIENTS.

For those clients who require assistance with medication, staff members will at all times carry out the following procedures:

- Greet the client &/or his/her family/carer upon their arrival at COASTLINK,
- Check client file for medication required and instructions for administration.
- Staff should ensure the following checks before the family/carer leaves the client:
 - Ensure a COASTLINK–Medication Chart is completed by the client or carer;
 - Check the doctor's letter is attached to the client's file listing the medications prescribed;
 - Check client notes and doctor's letter for authorisation that the client needs assistance with medication;
 - Check the doctor's letter is signed and contains details about frequency, dose, side effects, route and times of medications to be administered;
 - Check the Webster Pack and/or medication is not damaged and refuse service to the client until the Webster Pak and its contents are satisfactory;
 - Check the contents of the Webster Pack match prescribed medications listed in the doctor's letter;
 - Ensure medication is stored safely and securely according to organisational policies and procedures;
 - Wash hands as per infection control procedures before accessing the medications;
 - Organise appropriate equipment and remove the Webster Pak from the locked box or cupboard;
 - Collect and refer to appropriate documentation/charts prior to administration of medication;
 - Prepare client and explain the medication administration process;
 - Ensure necessary checks are implemented and identify the client prior to removing medication from the Webster Pak;
 - Maintain infection control procedures during removal of medication from the Webster Pack into the appropriate administration equipment;
 - Observe and supervise client whilst taking medication and ensure completion &/or ingestion of medication has occurred;
 - Provide a drink to the client for administration of medications; Document medication administration on the Medication Chart;
 - Return and/or clean all medications and equipment to the correct storage area or dispose of correctly;
 - Identify any client reactions to medication given or inconsistencies in medication administration and report/document as per organisational policies and procedures;
 - Follow organisational policies and legislation relating to medication administration at all times;

- Provide privacy and dignity throughout the procedure;
- Wash hands in accordance with infection control procedures on completion of medication administration;
- Leave the client comfortable at the end of the procedure;
- Ensure any changes in clients' conditions or ability to take medication are documented on appropriate records and reported to appropriate personnel.

Clients who refuse to take Medication

Clients have the right to refuse medications and staff will respect these rights at all times. However, staff will advise clients of the risks associated with refusal of medication.

In the event of a client refusing to take medications the following procedures will apply:

- The client will be informed that he/she will not be able to remain at COASTLINK if the medication, as prescribed, is not taken;
- The parent/carer of the client will be contacted and asked to speak to the client;
- The parent/carer will be given the opportunity to attend the activity to give the client his/her medication;
- If the client continues to refuse medication he/she will be sent home;
- The incident will be documented on an incident form and reported to the supervisor, coordinator and manager;
- If necessary the emergency line should be contacted.
- If a client living in Coastlink Accommodation refuses to take prescribed medication the poisons information line will be consulted for any consequences in not taking the medication and an incident report submitted.

The refusal will be noted on the medication chart and if the client continues to refuse medication their doctor will be consulted for advice or changes to medication prescribed.

STORAGE OF MEDICATION

- All medications are to be kept in a locked and secure place away from clients;
- Medications must never be stored in a first aid kit where others may access them;
- Staff cannot purchase headache or other tablets and leave them in any COASTLINK first aid kit;
- On community access activities, medication to be administered by COASTLINK staff and/or where a client is under 18 years old or PRN medications are being stored by staff for security reasons, these medications will be kept in a locked and secure place which clients are unable to access.

RESPONSIBILITIES

Role of Parents and Carers' in Medication Management at Coastlink.

It is the role of parents/carers to:

- cooperate with the COASTLINK in the medication needs of the client;
- support their person's health;
- inform COASTLINK of the medication needs of the client when they commence with COASTLINK or when health conditions develop or change;
- where medication is prescribed, ask the medical practitioner whether the medication is available in a form which minimises or eliminates the need to provide the medication during their time with Coastlink;
- convey all relevant advice and information from the medical practitioner to COASTLINK;
- Acquire a doctor's letter every 12 months or when medications change so that COASTLINK is always informed on which medications have been prescribed;
- collaborate with COASTLINK in planning to support the client's health needs at COASTLINK including updating information and reviewing plans;

Note: Forms completed by parents and carers will be stored securely.

RESPONSIBILITIES:

CEO/ OPERATIONS MANAGER

- a) Ensure all staff are provided with a copy of the current medication policy and understand the policy at induction.
- b) Ensure all staff are provided with training opportunities in medication administration.
- c) That staff are assessed periodically in competency in their ability to assist clients with medications.

COORDINATORS

- a) Must ensure that a medical practitioner has provided the information required by this policy in writing and on a signed and stamped form/letter and that relevant supervisors and support workers receive copies of this letter attached to the profiles.
- b) Ensure that each person's Medication Management Plan has been correctly completed before sending out to staff.
- c) Must ensure that the Support Worker on each activity is aware of the medication requirements of each client and that this is included on the venue induction forms where necessary or where any changes have occurred.

- d) Must ensure that only those support workers who have completed the training and have been assessed as competent are asked to administer medications or supervise the administration of medication.
- e) must ensure that a person is, or persons are, allocated on each shift to administer medications to clients and to supervise those clients who require supervision to administer their own medications.
 - i. This person can be the supervisor or another employee who has undertaken the required training in medication administration and has been assessed as competent.

REGISTERED NURSE RESPONSIBILITIES

Registered Nurses are able to administer medications (prescribed and non-prescribed) as per their scope of practice and in line with the requirements of the *Poisons Act 1964* and *Poisons Regulations 1965*.

- Ensuring their own competency to provide medication support.
- Ensuring the competency of Support Workers to provide medication support by providing medication support training and competency assessment when required.

COMMUNITY WORKERS

- Never being involved in the management and/or administration of client medication, beyond their skills and training.
- Ensuring that they are competent to provide medication support and refresh their competency when required.
- Being adequately trained in administering medication, assessed as competent by the Registered Nurse/Person with Cert IV in Training and Assessment and feeling confident in performing the client medication assistance required of them.
- Being adequately trained to identify potential adverse effects medication may have on the client.
- Liaising with the Coordinator regarding medication support as required.
- Following all medication support policies and procedures.
- Providing medication support as per the medication plan.
- Reporting any medication errors using a Medication Error Report
- NEVER providing medication advice or information to clients/representatives.
- Must ensure that a Medication Chart is completed by carers for every person who requires medications to be administered on each shift and for those clients who require supervision to administer their own medications.
- Ensure that all medication documentation is kept private and confidential and is returned to the office for secure storage at the end of each shift.

Those who have been assessed as competent in the accredited medication administration training, must carry out all medication administration, including supervision of medication administration in line with COASTLINK policies and procedures.

Reporting a Medication Incident

In the event that a medication error has occurred, ie, wrong medication, missed medication, wrong dose, wrong route, wrong time, wrong client, a Medication Error Form must be completed by the staff member who has identified the incident.

Staff should call the Poisons Information Line on 13 11 26 and give details of the incident. The advice given by the Poisons Information Line should be followed exactly in every case.

The client should be observed for adverse reactions or changes in condition and the emergency procedure should be followed if the condition deteriorates.

All such incidents should be reported to the COASTLINK Finance/Operations Manager or the CEO immediately.

In cases of emergency contact the carer/family, the ambulance and Coastlink.

EMERGENCY PROCEDURES FOR MEDICATION ERRORS

If accidental poisoning or severe adverse reaction occurs or changes in client condition are observed staff must call:

Emergency Services/Ambulance	000
Poisons Information	13 11 26
COASTLINK Office (Business Hours)	43 211 022
COASTLINK Emergency No	0418 636 109
The client's carer/family	

11.6.2 Overview of Medication Support Provided

If clients require the Support Workers to support them in taking their medications, COASTLINK ensures that:

- Client oral tablet medication is only dispensed if stored in a Webster Pak or similar as they are considered to minimise potential errors.
Support Workers receive medication management training and are required to demonstrate their competency in administering each medication type twice initially and periodically after that.
- A current client Medication Plan detailing the medication management requirements is accessible to the Support Worker at all times.

11.6.3. Requirements for medication support

If the client is having medication support, that is, the client is being prompted to take their medications or assisted with packaging the following is required:

- An assessment of their ability to self-medicate is completed by a health professional.
- A Medication Consent Form is completed that outlines the type of medication assistance is to be provided (such as prompting for time of day or assistance with medication packaging).
- A Medication Plan that describes the type of medication, assistance to be provided by the Support Workers including type, time, dose, and route of medication for the client is completed by the Coordinator.

11.6.4 Requirements for medication administration

If the client is having their medications administered, that is, the client is being assisted in all aspects of their medication and the Support Worker is responsible for ensuring the client has taken their medication, the following is required:

- An assessment of their ability to self-medicate is completed by a health professional.
- A Doctor's letter is received outlining the following:
 - Client's name
 - Medication to be given
 - Dose to be administered
 - Specific route
 - Time/s to be given
 - Specific instructions regarding the medication, e.g. to be taken with food
 - Commencement date of medication
 - Cessation or review date of the medication.

The Doctor's letter and the contents of the Webster Pak must match or the medication cannot be administered.

The Support Worker is to:

- Conduct all of the necessary checks to ensure that the client and their medication are identified, including the six rights of medication administration ensuring the:
 1. right person
 2. right medication
 3. right dose
 4. right time
 5. right route
 6. right documentation
- Ensure the client is assisted with medication in line with their individual requirements.
- Observe and supervise the client to ensure ingestion or completion is confirmed.
- Record medication completion as appropriate.
- Stay and observe the client until they are sure that the medication has been taken.
- Discard waste products appropriately.
- Notify Coordinator of any difficulty experienced (such as client refusal, incomplete ingestion or missing doses).
- Observe the client for any adverse effects.
- Report any adverse effects to the Coordinator

Support Workers are not placed in a position where they have to make discretionary judgements concerning a client's health status when the client needs assistance from expert health professionals.

Examples of times when discretionary judgement may be required include:

- A client that needs to be monitored because of unstable health (unstable health is when a person's health is inconsistent and requires some intervention and changing of medication on a regular or ongoing basis).
- A client that consistently displays inappropriate behaviour, e.g., takes too much medication, refuses to take medication, takes incorrect doses or misuses medication on a regular basis.
- Professional medication instructions are unclear, out of date, omitted or open to interpretation.

In these situations the Support Worker/Supervisor informs the Coordinator who contacts the client's doctor or other health professional for advice and ensure that the client is appropriately reviewed. Specifically trained Support Staff can provide medication management services to complex clients.

11.6.5 Limits to Medication Management Practices

The following limits to medication management practices are in place. Support Workers will not:

- Receive verbal orders or act on verbal orders from a doctor or other health professional.
- Give any medications that are not authorised by a doctor and included in the Doctor's Letter.

- Give medications outside of the scope of their skill and competence.

11.6.6 Medication Errors

In the event of an error in medication management, including an error in dosage, time, frequency or type of medication administered to or taken by a client, the Support Worker/Registered Nurse is to:

- Remain calm.
- Acknowledge that an error has occurred.
- Identify the nature of the error.
- Inform the Coordinator who informs the General Practitioner or Pharmacist or Poisons Information Line (13 11 26) for instructions.
- Inform the CEO/Operations Manager of the medication error.
- Follow advice provided by the General Practitioner or Pharmacist or Poisons Information Line (get this advice confirmed in writing as soon as possible after the event and include it as part of the Medication Error Report).
- In accordance with the General Practitioner or Pharmacist or Poisons Information Line instructions, observe the client for changes in behaviour or wellbeing as a result of the error and report these to the General Practitioner as advised.
- Call an ambulance if the client is in distress or showing signs as described by the General Practitioner or Pharmacist or Poisons Information Line requiring hospitalisation.
- Record the incident on a Medication Error Report and provide this to the Team Leader/Coordinator.
- The Medication Error Report is processed as per 5.2.6 Medication Error Report.

11.6.7 MEDICATION Policy Review

This policy is reviewed by the CEO at least every twelve months to identify any required improvements and implements any improvements to the process. The staff and relevant health professionals are consulted to assist in policy review as required.

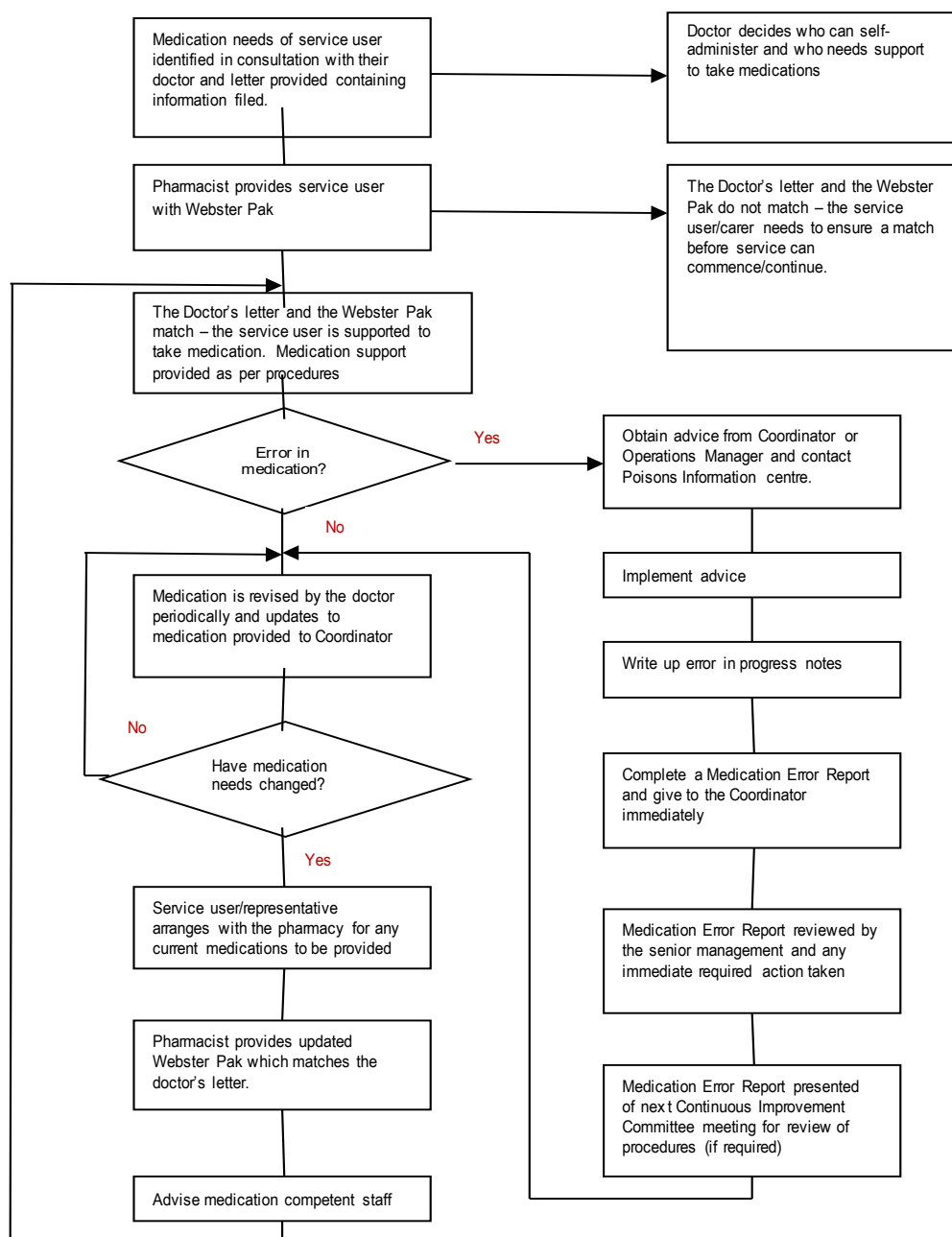
11.6.8 Staff Training for Medication Support

Support Workers are trained in the supervision, prompting and delivery of medications including

Medication awareness training and competency. The Registered Nurse assesses the competence of Support Workers in the management and administration of medications including assessing the competence of each Support Worker in the administration medications. A range of competency forms are completed by the Registered Nurse and filed in the Support Worker's personnel file. Competency is assessed twice for the first assessment and once every two years thereafter.

Medication Management Flow Chart

OUTCOME: Service user's medication is managed safely and correctly



11.7 Epilepsy/Seizures

Epilepsy/Seizures

Many COASTLINK clients have epilepsy or seizures and this policy is designed to explain:

- what causes people to have seizures and/or epilepsy;
- the types of epilepsy:
 - what are the triggers;
 - how to manage a client's epilepsy/seizures correctly;
 - when to call for medical assistance;
 - Is the client classified as having ongoing seizures
 - management plans for people with epilepsy ;
 - definition of a person who has "on-going" epilepsy or seizures.

A PERSON WITH ON-GOING EPILEPSY OR SEIZURES IS DEFINED AS:

- A person who has had a seizure during the previous 2 years, despite taking medication, is classified as having epilepsy with ONGOING SEIZURES.
- A person who has had a seizure in the past 10 years or is on medication for epilepsy.

What is Epilepsy?

Epilepsy is a disruption of the normal electrical activity of the brain that results in seizures.

Under certain circumstances anyone can have a seizure.

It is only when there is a tendency to have recurrent seizures that epilepsy is diagnosed.

What is a Seizure?

A seizure is a disruption in the normal pattern of the electrochemical impulses in the brain.

This can cause changes in sensation, awareness and behaviour, convulsions, muscle spasms or loss of consciousness, depending on where the seizure starts and spreads in the brain.

Seizures can last a few seconds to a few minutes.

What causes Epilepsy?

There are many reasons for seizures and medical advice should always be sought to determine diagnosis.

50% of people with epilepsy have no known cause for their seizure disorder.

Anything resulting in damage to the brain tissue or which causes scarring on the brain can lead to seizures.

In some cases epilepsy is caused by:

- Head injury
- Stroke or brain hemorrhage;
- Lack of oxygen to the brain for a prolonged period (eg birth trauma, cardiac arrest, drug overdose);
- Brain infections;
- Brain malformations;
- Brain tumours;
- Genetic factors;
- Conditions affecting the brain ie dementia
- Chronic alcohol or drug abuse.

Types of Seizures

Tonic-Clonic (Previously Grand Mal)

- They begin with a sudden loss of consciousness and often a cry. If standing, the person will fall to the ground. The body becomes stiff (tonic) shortly followed by jerking of the muscles (clonic).
- Breathing is shallow or temporarily suspended, causing the lips and complexion to look grey/bluish.
- Saliva (sometimes blood if they have bitten their tongues) may come out of the mouth and there may be loss of bladder control.
- The seizure usually last approximately 2 minutes.
- It is followed by a period of confusion, agitation or sleep.
- Headaches and soreness are also common afterwards.
- Many people who experience seizures may experience an “aura” which is a warning that the person is about to have a seizure. There is no loss of awareness or consciousness and they are usually short-lived, less than a minute.

Complex Partial

- These seizures vary widely, depending on where they start and spread within the brain. Consciousness or awareness is altered, producing a vague, confused or dreamlike appearance.
- The person may respond, often inappropriately, and display strange, random and repetitive behaviour.
- This behaviour commonly presents as chewing, fidgeting, taking off clothes, walking around or mumbling.
- After the seizure, there is often a period of confusion and little, if any, memory for the event.

Absence Seizures (Previously "Petit Mal")

These seizures almost always begin in childhood, and there is sometimes a family history. They are commonly mistaken for daydreaming and in-attentiveness.

They are characterised by:

- staring
- loss of facial expression
- unresponsiveness,
- cessation of activity
- and sometimes eye blinking or upward eye movements.

They start and end abruptly lasting approximately 2-20 seconds. There is usually an immediate recovery of mental function and return to previous activity, with no memory of the event.

These people often have normal cognitive function and intelligence, although if not treated, can create gaps in learning due to seizures occurring numerous times a day.

Myoclonic Seizures

These are very brief, significant muscle jerks, usually involving the upper body, but can involve the lower body or whole body.

- The person may drop or spill what they are holding, or fall off a chair.
- There is no impairment of consciousness, but if several seizures occur over a short period of time, the person may feel slightly confused or drowsy.
- With some types of epilepsy, these seizures occur shortly after awakening.

Tonic Seizures (Also known as drop attacks)

These are very brief, with stiffening of the muscles of the whole body, causing it to go rigid.

If a person is standing, they will fall rapidly to the ground. Recovery is swift, but injuries can be sustained. These seizures can also occur in sleep.

Tonic seizures are a very sudden, brief loss of muscle tone of the whole body.

Once again, the person will abruptly collapse to the ground, usually head first, so facial and head injuries are common.

No noticeable loss of consciousness, and usually a swift recovery unless injured.

*Note: Tonic and Atonic seizures are more likely to occur in people with severe epilepsy with multiple seizure types.

What to do when a Client has a Seizure



DO

- Time all seizures
- Make sure the client is safe, ie, remove any hard objects which could hurt the person
- Remain calm
- Stay with person
- Place something soft under head
- Loosen tight neckwear
- Roll onto side after jerking stops or immediately if vomited
- Maintain privacy and dignity
- Observe and reassure until recovered.

DO NOT

- Put anything over the person's mouth
- Restrain the person
- Move unless in danger
- Apply CPR/EAR
- In the unlikely event that resuscitation is necessary commence once jerking stops.

Note: If seizure occurs while seated in a wheelchair, car or stroller, support their head and leave safely strapped in seat until seizure is finished. If there is food, water or vomit in their mouth, remove person from seat and roll onto their side immediately.



Call an ambulance (000 in Australia) if:

- You are in any doubt
- You arrive after the seizure has started
- Injury has occurred
- Food or water is in mouth during seizure
- The seizure has occurs in water
- The seizure lasts longer than normal for that person and/or the time nominated in the plan after which to call an ambulance
- The seizure lasts longer than 5 minutes
- Another seizure follows quickly
A complex partial seizure lasts longer than 15 minutes
- The person has breathing difficulties
- The person has diabetes
- The woman is pregnant and having a seizure
- It is the first known seizure
- If you have administered Midazolam or Clonazepam (administered buccal or intranasal)

MANAGEMENT PLAN:

All clients with epilepsy must have an Epilepsy Management Plan including when to call an ambulance and any environmental triggers. The Plan must assess all risk associated with each client's seizures and epilepsy.

All risks associated with epilepsy are to be assessed as part of the Plan, including risks with bathing, showering and swimming.

Management Plans to be dated and reviewed annually, or more often if the client's medical condition changes.

Staff should be aware of the factors which may make individual clients have seizures as recorded in the Epilepsy Management Plan such as fatigue, some drugs, alcohol, patterns of light (flickering TV screen), high fever, hormonal cycles, illness and food.

Each support staff member is to sign the Management Plan to acknowledge that they have read and understand the Plan and the responses required in case of seizures.

The Plan is to be dated and reviewed annually or more frequently if necessary.

Epilepsy/Seizures and water

Clients with on-going seizures are at particular risk when bathing, showering or swimming as they drown if their faces are submerged. They must be supervised at all times when undertaking water based activities.

Duty of Care will override Dignity of Risk in all circumstances involving clients with epilepsy and ongoing seizures when they bathe, shower or swim.

All COASTLINK owned centres (and Hopetown) have temperature controls to the hot water in the showers and bathrooms (temperatures same as those required for aged care facilities).

Shower chairs should be used for people with **on-going** epilepsy.

USING THE BATH OR SHOWER

When a person with epilepsy is in the bath or shower there must always be a staff member in the bathroom with them at all times.

- The staff member must not leave the bathroom for any reason except in an emergency.
- The staff member should return to the bathroom as soon as possible.
- Posters will be placed on the walls of bathrooms where clients with epilepsy and on-going seizures take showers, reminding staff that they are not to leave the bathroom while a client is showering or bathing.
- Manager or delegate to undertake quarterly random checks to ensure staff are following bathroom procedures.

SWIMMING

Clients with **on-going** seizures must be accompanied by 2 workers when swimming.

One staff member must be in the water and remain within arm's length of, and facing, the client.

- The other staff member must be out of the water and observing the person at all times.
- Both staff members must be capable of rescuing a client who has a seizure while swimming.
- Consider using a buoyant safety swimming vest that holds the client's head out of the water and a brightly coloured top and/or swimming cap.
- Lifeguards should always be notified of the potential risk of seizure.
- At least one staff member must have a current first aid certificate.

IN-HOME CARE

Showering is safer than bathing and clients should be encouraged to shower where possible.

Taking a bath should be discouraged as the client could have a seizure while in the bath and could drown.

Same as above for showering, bathing and swimming.

TRANSPORT

When transporting a client with ongoing seizures the following steps are to be taken:

- If in a group on a Coastlink bus there needs to be a host allocated.

- If you are transporting a client with ongoing seizures there is a risk that they could have a seizure at any time. These clients are not to travel in the front seat of any vehicle including support workers cars. It is a safety risk to the driver.
- If there is •no second worker in the vehicle the client should be placed in a seat that does not pose .a risk to anyone else should they have a seizure and where the driver can see them at all times.

RESPONSIBILITIES

The Operations Manager is responsible for ensuring all staff are trained

in epilepsy management and have practical experience in recognising the triggers and minimising the risk of seizures and responding to convulsive seizures.

11.8 Infection Control

Infection control processes are implemented to ensure the safety and wellbeing of clients, 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 (eg, 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 8: Physical Resources.

11.8.1 Infection Prevention and Control Overview

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

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

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

Standard precautions

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

Standard precautions include:

- Hand hygiene.
 - Use of personal protective equipment (PPE).
 - Waste management including the appropriate handling and disposal of sharps and linen (when necessary).
 - Environmental controls such as cleaning and management of spills.
 - Appropriate cleaning of reusable equipment and the use of single-use only instruments.
 - Practising respiratory hygiene and cough etiquette.
 - The use of aseptic non-touch techniques when appropriate (such as the insertion of catheters).
- These are further discussed below.

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, eg, COVID-19, and we would seek the input of the Infection Control Consultant to assist if they are advised that transmission-based precautions are necessary (such as in the event of an outbreak of gastroenteritis in a day centre).

Some transmission-based precautions can include:

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

For pandemic specific precautions refer to policy 28 Pandemic Infection Control Policy

11.8.2 Routine Hand Hygiene

Hand hygiene must be completed:

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

Hand hygiene solutions

- Soap (liquid or bar soap)
 - Soap does not have to be antibacterial or antiseptic; soap helps to lift soil or organisms from the skin and the water washes them away.
 - If liquid soap is dispensed from reusable containers, they must be cleaned when empty and dried prior to refilling with fresh soap.

- Bar soap can be used if liquid soap is not available; use running water and rinse hands well after use.
- Alcohol based product
 - Only used if hands are not visibly soiled (alcohol based products are inactivated by any soiling).
 - Alcohol based products kill organisms on the surface of the skin.

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

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

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

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

Hand and nail care

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

- **Nails:** Must be kept short (<3mm), clean and well-manicured. Nail polish if worn should be clear and not chipped. Nail brushes should not be used.
- **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 such as dermatitis, exudative lesions, exfoliative skin conditions and glove sensitivity (latex and non-latex) to their supervisor.
- **Moisturising:** the use of aqueous-based hand cream helps to prevent skin dehydration which may lead to breaches to the integrity of the skin.

11.8.3 Use of Personal Protective Equipment (PPE)

Staff collect PPE at orientation and have supplies available to them at the office and centres; gloves, plastic aprons and goggles are available.

Use of gloves

- Disposable gloves are provided to all direct support staff to minimise the risk of transmission of infection between staff and clients and must be removed after each task and hands washed or decontaminated with alcohol rub.
- Disposable gloves must be used when:
 - there is a risk of exposure to blood or body fluids, e.g., whilst assisting in toileting or nappy changing;
 - when handling chemicals, e.g., when cleaning client's home;
 - handling ready to eat foods, such as sandwiches and salads;
 - the client has 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.

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.

11.8.4 Waste Management Including Sharps and Linen

Storage and disposal of waste

Waste generated in the delivery of our services can be generally categorised in to three groups:

- General
- Clinical
- Pharmaceutical

Staff are required to apply safe handling measures when disposing of waste, including the wearing of gloves and other protection necessary to avoid risk to the worker or client. Any concerns with the handling of or disposal of waste should be reported to the Coordinator.

General waste disposal

General waste constitutes the bulk of waste generated by health care organisations and is no more of a public health risk than standard domestic waste. If properly managed, it should present no actual risk to workers or other individuals.

Incontinence pads and disposable nappies can be treated as general waste, unless the material is judged to have come from an infectious patient, is visibly blood stained, or is disposed of in a manner likely to cause offence, such as in unusually large quantities, in which case it must be treated as clinical waste.

General waste should be contained in white or opaque bags which are labelled accordingly. General waste is to be placed in the general waste bin for disposal.

Clinical waste disposal

Clinical waste is waste generated in a clinical or similar setting that has the potential to cause disease, injury or public offence.

Clinical waste must be properly segregated, packaged, labelled, handled and transported to minimise risk to workers and the community, including needle stick injuries and transmission of disease. All sharps and waste containers must meet the Australian and New Zealand Standards AS/NZS 3816: *Management of clinical and related waste* and AS/NZS 4123: *Mobile waste containers*.

Clinical waste is to be placed in biohazard bags as soon as reasonably possible. Biohazard bags will be identifiable to workers by their biohazard symbol and yellow colour. Clinical waste (including sharps) can be disposed as waste for incineration, or for autoclaving and shredding. Autoclave tape and bag indicators must be used to show autoclaving has been completed.

Single-use sharps are to be placed into a sharps container, that is rigid-walled and meets the Australian and New Zealand Standards AS 4031 and AS/NZS 4261.

Reusable sharps containers must be readily emptied and cleaned before reuse, in accordance with AS/NZS 4478.

Pharmaceutical waste disposal

Pharmaceutical waste can include clients' unused medications, pharmaceuticals that are unwanted or out-of-date, packages, containers or equipment contaminated by pharmaceutical substances and their residues, and pharmaceutical substances rejected by the manufacturer due to quality control considerations.

Workers should return unused or out-of-date pharmaceutical waste to the pharmacy for safe disposal.

Most disinfectants are to be disposed through the sewer system by running cold water before pouring the disinfectant in to the sink. Once disinfectants are disposed, the cold water should be left running for a few moments to dilute the disinfectant.

Incident management

Refer to Policy 5 Continuous Improvement – 5.4.3 Incident/Accident Management – for procedure

All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated and reviewed.

Emergency plan

An emergency plan is to be developed to respond to clinical waste or hazardous substance, management issues and/or accidents, as needed. Where the plan is implemented, its effectiveness is to be evaluated, and revisions are made where required.

Linen

Soiled linen and clothes must be handled with gloves. Paper towels are used to remove solid matter and flushed down the toilet.

Incontinence pads will be put into the large nappy bins provided in all of our centres.

Personal protective equipment (gloves and aprons) are provided to staff who are providing support to clients who may require this linen management.

11.8.5 Environmental Controls

General cleaning principles

- Regular cleaning of work areas is important for ensuring infection control precautions. Deposits of dust, soil and microbes on surfaces can transmit infection. Routine cleaning and maintenance is necessary to maintain a safe environment for staff, clients, volunteers and visitors.
- Cleaning equipment used is fit for its purpose, clean and well maintained.
- All staff undertake infection control training.

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 or spitting 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.
- Material Safety Data Sheets (MSDS's) for all cleaning agents are readily available, together with instructions for products' storage and use (in Day Centres and the office).
- Standard cleaning equipment, including a designated colour coded mop and bucket, 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).
- Client 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.

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, Domestos or corrosives are used in the home; clients 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 MSDS.
- 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 will 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 labelled with labels prepared only by the manufacturer.
- Incidents or errors associated with chemical handling or use must be reported immediately to the Coordinator. A Staff Incident/Accident Form must be completed by the end of the shift.

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 our centres, 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 using specifically coloured mops and dish clothes for each task.
- Carpets/floors are vacuumed according to use. Carpets are steam cleaned on a regular basis depending on use and soiling.

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.

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.

Pest control (day centre and offices)

- The owners of each centre are responsible for ensuring the premises are free from pests with the implementation of a pest control program. Regular inspections for pests are carried out and any infestations reported immediately to the building owners.

Procedure for decontamination of blood and body fluid substance spills

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:

11.8.7 Hygiene and Cough Etiquette

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

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses.
- Use tissues to contain respiratory secretions.
- Dispose of tissues in the nearest bin after use.

- If no tissues are available, cough or sneeze into the inner elbow rather than the hand.
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials.
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

11.8.8 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 gastroenteritis) are not permitted to work, as our client group are vulnerable to such infections. Staff must stay off work until the symptoms have passed.

11.9 Client Protection/Elder Abuse

All clients are entitled to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. Abuse can be in the form of:

- Financial or material abuse
- Neglect
- Emotional or psychological abuse
- Social abuse
- Physical abuse
- Sexual abuse.

COASTLINK abuse policy follows these key principles:

- COASTLINK endeavours to prevent abuse in the first instance, through staff recruitment screening, and the employment of staff who respect the rights of clients and who can support clients in reporting abuse and other concerns
- Staff are trained in identifying abuse indicators
- All members of staff are encouraged and supported to report abuse or suspected abuse to their immediate manager or, where the manager is the abuser, to the next in line manager. Abuse is to be reported in writing on an adverse event report. If a person is unsure that they have witnessed abuse they may discuss the incident with the manager prior to making a written report
- Managers receiving a report of abuse must act immediately
- The response to reported abuse should include appropriate reporting to the Police, and the provision of medical care, including transfer to hospital by an ambulance and referral to a Sexual Assault Service if the assault is of a sexual nature
- Where a staff member is involved the victim of abuse is removed from contact with the staff member while the abuse is investigated
- Where a client abuses another client protection strategies are implemented immediately and the event is investigated within a reasonable time. If behaviour strategies are implemented they are safe, respectful of the person and non-abusive. (see 9.4.2 Inappropriate Client Behaviour)

- If it is appropriate and the victim of abuse has given consent, the family or guardian of the victim, or other support person, are informed of the allegation of abuse as soon as possible after the report is made
- When the victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible
- Where the manager is unsure of the best course of action to take in an abuse situation or in a dispute between a client and a carer, one or more of the specialist agencies listed in 17.5 Advocacy and Complaints Investigation Contacts is contacted for advice. If the client has not consented to this contact it must be made without disclosing the client's details
- If there are fears for the well-being of the client due to suspected abuse the Manager will follow the advice of a specialist agency even where it conflicts with the confidentiality of the client. In this case the specialist agency may request direct involvement
- All aspects of abuse incidents are accurately documented and include any follow up actions.

COASTLINK has processes in place to minimise the risk of abuse or harm to clients including:

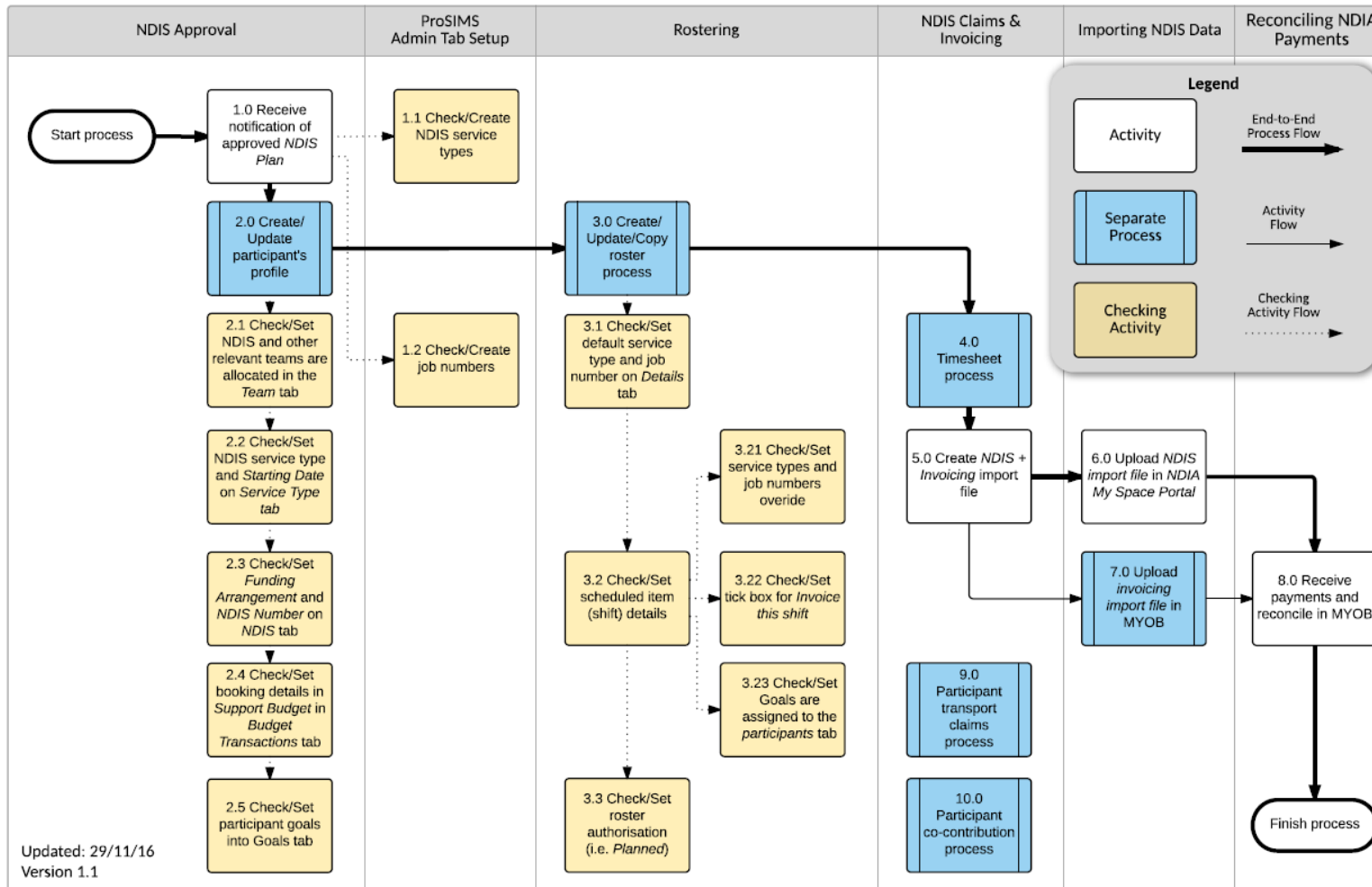
- A code of behaviour for staff and volunteers
- Application of the client rights and responsibilities in the provision of services
- Appropriate selection and screening of staff, contractors and volunteers
- Staff training in safe and respectful interaction with staff and access to policies and procedures outlining responsibilities
- Provision of a safe environment (with consideration to the client's home environment)
- Access to supervision and support from management
- An adverse event reporting system.

11.10 Monitoring Support Planning and Delivery Processes

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

Our organisation carefully monitors and track clients and flag when they are likely to turn 65 (or 50 for Aboriginal and Torres Strait Islander clients) for transition to Commonwealth funding (if applicable) and enable us to take this into account in our overall planning and service delivery. Depending on the clients circumstances there may be a need for a new assessment at the point of movement from the younger to older group.

Coastlink - ProSIMS NDIS Readiness Process Map



Appendix 2

Coastlink - ProSIMS-NDIS Process

NDIS Approval

#	Activity Title	Description	Required tools, templates, decisions
1.0	Receive notification of approved NDIS Plan	Upon receipt of an approved <i>NDIS Plan</i> , proceed to checking activities outlined in steps <i>1.1 Check/Create NDIS service types</i> and <i>1.2 Check/Create job numbers</i> respectively.	
2.0	Create/Update participant's profile	See separate process 2.0 <i>Create/Update participant's profile</i> for further details.	
2.1	Allocate to Team	<p>As a <u>minimum requirement</u> for NDIS readiness, the participant must be allocated to the correct team for management purposes. The primary team should be selected as the default team.</p> <p>The following steps will provide an overview of how to allocate a participant to the correct team:</p> <ul style="list-style-type: none"> • In the participants tab select teams tab • Assign new team at the team level. • Right click and set to default. 	

2.2	Check/Set NDIS service type and <i>Starting Date</i> on <i>Service Type</i> tab	<p>As a <u>minimum requirement</u> for NDIS readiness, a valid service type must be assigned to the NDIS approved participant.</p> <p>The following steps will provide an overview of how to check the participant's profile for the required setup:</p> <ul style="list-style-type: none"> • Navigate to the <i>service type</i> tab in the participant's profile in ProSIMS. • Check the table for the approved NDIS service type: <p>NOTE: As a minimum, each service type requires a valid start date.</p> <ul style="list-style-type: none"> ○ <u>Service type is assigned</u> <ul style="list-style-type: none"> ▪ Check the assigned service type for a valid <i>Start Date</i> (which is the plan start date) and <i>End Date</i>. ▪ Add/update <i>Start Date</i> and <i>End Date</i> (if <i>End Date</i> is required). ○ <u>Service type is not assigned</u> <ul style="list-style-type: none"> ▪ Right-click the table under the column headings and select <i>Add</i>. A blank row will be added to the table. 	

		<ul style="list-style-type: none"> ▪ Select the blank row and select the approved service type from the dropdown box. ▪ Add a valid <i>Start Date</i> and <i>End Date</i> (if <i>End Date</i> is required), ensuring that a valid <i>Start Date</i> is included. Click the <i>save and close</i> icon once the details are complete. <ul style="list-style-type: none"> ○ Add-in Plan details <ul style="list-style-type: none"> ▪ Right click table under NDIS Plan heading ▪ Add – new plan type (plan) ▪ Enter start date of the participant’s plan ▪ Enter expiry date of the participant’s plan ▪ Right click alert symbol and select six (6) weeks ▪ Add relevant notes ▪ Right click ‘attachment’ and attach plan 	
2.3	2.3 Check/Set <i>Funding Arrangement</i> and <i>NDIS Number</i> on <i>NDIS</i> tab	<p>As a <u>minimum requirement</u> for NDIS readiness, a valid <i>NDIS Number</i> and <i>Funding Arrangement</i> must be assigned to the NDIS participant.</p> <p>The following steps will provide an overview of how to check the participant’s profile for the required setup:</p> <ul style="list-style-type: none"> • Navigate to the <i>NDIS</i> tab in the participant’s profile in ProSIMS. • Check/Set the NDIS Number field to ensure the participant’s number has been assigned. 	

		<ul style="list-style-type: none"> • Check/Set the Funding Arrangement field: <ul style="list-style-type: none"> ○ <u>Participant is self-managed</u> <ul style="list-style-type: none"> ▪ Ensure dropdown box is set to Self-Managed. ▪ Left-click the <i>save and close</i> icon once the details are complete. ○ <u>Participant is linked to portal</u> <ul style="list-style-type: none"> ▪ Ensure dropdown box is set to <i>Agency Linked to Portal</i>. ▪ Left-click the <i>save and close</i> icon once the details are complete. <p>IMPORTANT NOTE: In order for NDIS portal data to be generated, the participant must have <i>Agency Linked to Portal</i> selected on their profile.</p> 	
2.4	Enter Booking details into the participant's budget	<p>As a <u>minimum requirement</u> for NDIS readiness, the participant's funding needs to be allocated to their budget tab.</p> <p>The following steps will provide an overview of how allocate the [participant's booking details to their budget:</p> <ul style="list-style-type: none"> • Navigate to the participant's "budget transactions" tab 	

		<ul style="list-style-type: none"> • Right click on “type” bar • Select budget type from “contributions”, “transport” or “supports” <ul style="list-style-type: none"> ○ Contributions includes: all non-service delivery (not usually required with NDIS booking) ○ Transport includes mileage, taxis and other ancillary transport costs ○ Supports includes all services being charged at an hourly rate to the NDIA • Enter relevant job number • Enter notes to include start and finish dates of the booking • Enter booking amount into the <i>starting amount</i> tab 	
2.5	Enter Goal details into participant’s profile	<p>As a <u>minimum requirement</u> for NDIS readiness, the participant’s goals needs to be entered into their goals tab.</p> <p>The following steps will provide an overview of how to add goals into the client’s profile for the required setup:</p> <ul style="list-style-type: none"> • Navigate to the <i>Goal</i> tab in the participant’s profile in ProSIMS. • Right click on table and ‘add’ a goal • Select goal from list <p>Important Note: If the required goal is not available, please contact snr management for it to be added.</p>	

		<p>Important Note: Goals need to be included on the roster for all NDIS clients.</p>	
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ProSIMS Admin Tab Setup

#	Activity Title	Description	Required tools, templates, decisions
1.1	Check/Create NDIS service types	<p>In order for the approved service type to be available for assigning to a participant's profile and rosters, the service type is required to be setup in the <i>admin</i> section of ProSIMS.</p> <p>The following steps will provide the action required for checking if the appropriate NDIS service types are available within ProSIMS:</p> <ul style="list-style-type: none"> • Navigate to the <i>Service Types</i> tab in the <i>admin</i> section of ProSIMS. • Check the list for the approved NDIS service type: <ul style="list-style-type: none"> ○ <u>Service type exists</u> <ul style="list-style-type: none"> ▪ Double-click on the <i>service type</i> and review the details of each field ensuring accuracy and completeness. ▪ Click the <i>save and close</i> icon once the details are complete. ○ <u>Service type does not exist</u> <ul style="list-style-type: none"> ▪ Right-click and select <i>Add</i>. ▪ When the new service type screen is displayed, record service type details in each field provided, ensuring accuracy and completeness. ▪ Left-click the <i>save and close</i> icon once the details are complete. 	

		Repeat the above until all the participant's approved NDIS service types are present within the list.	
1.2	Check/Create job numbers	<p>In order for the appropriate job number to be available for assigning to participant's profile and rosters, the job number is required to be setup in the <i>admin</i> section of ProSIMS.</p> <ul style="list-style-type: none"> • Navigate to the <i>Job Numbers</i> tab in the <i>admin</i> section of ProSIMS • Check the list for the relevant job numbers that pertain to the participant being approved for NDIS services: <ul style="list-style-type: none"> ○ <u>Job number exists</u> <ul style="list-style-type: none"> ▪ Review the details of each field ensuring accuracy and completeness. ▪ Left-click the <i>save and close</i> icon once the details are complete. ○ <u>Job number does not exist</u> <ul style="list-style-type: none"> ▪ Right-click and select <i>Add</i>. A blank row will be added to the list. ▪ Select the blank row and record the job number details in each field provided ensuring accuracy and completeness. ▪ Left-click the <i>save and close</i> icon once the details are complete. <p>Repeat the above until all relevant job numbers are present within the list.</p>	

Rostering

#	Activity Title	Description	Required tools, templates, decisions
3.0	Create/Update/Copy roster process	See separate process 3.0 <i>Create/Update/Copy roster process</i> for further details.	
3.1	Check/Set default service type and job number on <i>Details</i> tab	<p>If there is a <u>default</u> NDIS service type and/or job number associated with the participant's roster, these must be assigned to the roster on the General Details tab. Otherwise, these fields can be left blank and continue to 3.2</p> <p>The following steps will provide an overview of how to check/set a roster for the required setup:</p> <ul style="list-style-type: none"> • Navigate to the <i>General Details</i> tab in the relevant roster. • Check/Set the <i>Service Type</i> field using the dropdown list. • Check/Set the <i>Job Number</i> field using the dropdown list. • Left-click the <i>save</i> icon once the details are complete. <p>NOTE: Every shift on the roster will be allocated the service type and job number from the general details page by default.</p>	

		<p>NOTE: when developing a roster, ensure the date range corresponds to payroll weeks 1 and 2 or weeks 3 and 4.</p>	
3.2	Check/Set scheduled item (shift) details	<p>All NDIS shifts (<i>scheduled items</i>) will require checking to ensure the appropriate details have been assigned to the relevant fields if the shift is different to the default above.</p> <p>See activity 3.21 and 3.22 for further details.</p>	
3.21	Check/Set service types and job numbers override	<p>If the NDIS service type and/or job numbers for a given shift are different from those defined in the <i>Generals Details</i> tab of the relevant roster, the individual shift (scheduled item) will require updating.</p> <p>The following steps will provide an overview of how to check/set an individual shift for the required setup:</p> <ul style="list-style-type: none"> • <u>Check/set NDIS service types assigned to shift</u> <ul style="list-style-type: none"> ○ Navigate to the <i>Shifts</i> tab in the relevant roster. ○ Double left-click to open the relevant shift. 	

		<ul style="list-style-type: none"> • <u>Check/set NDIS service types assigned to shift</u> <ul style="list-style-type: none"> ○ Navigate to the <i>Participants</i> tab. ○ Right-click on the participant's row directly under the <i>Service Type Split</i> column heading. ○ Double left-click into the new row and select a the relevant NDIS service type from the dropdown box. ○ For more than 1 service type to be applied to the participant hours, repeat the 2 points above. ○ Set/check the split percentages equal <i>100%</i> for each participant across the service types that have been selected. • Check/set NDIS participant's goals to shift <ul style="list-style-type: none"> ○ Right click under 'goals' in table ○ Select from list of participant's personal goals to be worked on during shift • Left-click the <i>save</i> button at the bottom of the shift (scheduled item). <p>Repeat the above until all relevant shifts are up-to-date within the roster.</p>	
3.22	Check/Set tick box for <i>Invoice this shift</i>	In order for an invoice to be generated from a timesheet entry, <i>Invoice this shift</i> <u>must</u> be checked for each relevant NDIS shift (scheduled item).	

		<p>NOTE: Each worker associated with the shift that has <i>Invoice this shift</i> checked will have a corresponding invoice-ready timesheet entry. For example, if 2 workers are placed on the 1 shift, there will be 2 timesheet entries that will ready for invoicing once timesheets are submitted. If only 1 of the workers' hours are intended to be invoiced, all other workers will require a separate shift that does not have <i>Invoice this shift</i> checked.</p> <p>The following steps will provide an overview of how to check/set <i>Invoice this shift</i> for a given NDIS shift:</p> <ul style="list-style-type: none"> • Navigate to the <i>Shifts</i> tab in the relevant roster. • Double left-click to open the relevant shift. • On the <i>Details</i> tab, scroll down to the field labelled <i>Invoice this shift</i> • Set/check the <i>Invoice this shift</i> box. • Left-click the <i>save</i> button at the bottom of the shift (scheduled item). <p>Repeat the above until all relevant shifts has <i>Invoice this shift</i> checked/set.</p>	
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3.3	Check/Set roster authorisation (i.e. <i>Planned</i>)	<p>In order for timesheets to be populated for the next activity (<i>4.0 Timesheet process</i>) with the relevant NDIS shift information, each NDIS roster must be authorised as <i>Planned</i>.</p> <p>The following steps will provide an overview of how to check the status of a NDIS inclusive roster:</p> <ul style="list-style-type: none"> • Navigate to the <i>Rosters</i> section. • Find the relevant roster from the table. • Using the Status column, check if to see if the relevant roster has been set to <i>Planned</i>. <p>If the roster is <u>not</u> set to <i>Planned</i> and requires authorisation, the following steps will provide an overview of how to authorise the roster as <i>Planned</i>:</p> <p>NOTE: Authorising a roster as <i>Planned</i> will populate timesheets and schedules on TimeOnline. It will also populate schedules on ClientOnline.</p> <ul style="list-style-type: none"> • Navigate to the <i>rosters</i> section from the ribbon. • Find the relevant roster from the table and double left-click on the row. • On the <i>General Details</i> tab, find the read-only field labelled <i>Authorised By</i>. • Right-click on field (containing the authoriser's name) and using the pop-up menu, navigate to <i>Authorise ► Planned</i>. 	
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		<ul style="list-style-type: none"> • Read the message and click <i>Yes</i> to authorise the roster as <i>Planned</i>. • Click the <i>save</i> icon once the details are complete. 	
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NDIS Claims & Invoicing

#	Activity Title	Description	Required tools, templates, decisions
4.0	Timesheet process	See separate process <i>4.0 Timesheet process</i> for further details.	
5.0	Create <i>NDIS + Invoicing</i> import files	<p>In order to produce the import files for both MYOB and NDIS My Space Portal, timesheets must be populated through the timesheet process above (<i>4.0 Timesheet process</i>).</p> <p>Once timesheets have been populated in the <i>timesheets</i> section of ProSIMS, the following steps will provide an overview of how to produce both the MYOB and NDIS My Space Portal import files:</p> <ul style="list-style-type: none"> • Right-click anywhere underneath the timesheet table column headings and using the pop-up menu, navigate to <i>Create Import File ► NDIS + Invoicing</i>. 	

		<ul style="list-style-type: none"> • <u>Saving the MYOB import file</u> <ul style="list-style-type: none"> ○ When the Save As window opens: <ul style="list-style-type: none"> ▪ Select the following file path - Finance staff to allocate ▪ Navigate to the field labelled File Name and save the document using the following naming convention: “MYOB-NDIS Data dd.mm.yy” ▪ Left-click <i>Save</i> at the bottom of the window. The import file will now be available from the location nominated in the above point. • <u>Saving the NDIS import file</u> <ul style="list-style-type: none"> ○ When the Format window appears, select CSV from the dropdown box. ○ When the Save As window opens: <ul style="list-style-type: none"> ▪ Select the following file path - Finance Staff to allocate ▪ Navigate to the field labelled File Name and save the document using the following naming convention: “NDIS Claims Data dd.mm.yy” ▪ Left-click <i>Save</i>. The import file will now be available from the location nominated in the above point. • Click the <i>save and close</i> icon once the above is complete at the top of the <i>timesheet</i> section. 	
9.0	Participant transport claims process	See separate process <i>9.0 Participant transport claims process</i> for further details.	
10.0	Participant co-contribution process	See separate process <i>10.0 Participant co-contribution process</i> for further details.	

Importing NDIS Data

#	Activity Title	Description	Required tools, templates, decisions
6.0	Upload <i>NDIS import file</i> in <i>NDIA My Space Portal</i>	Finance staff to upload	
7.0	Upload <i>invoicing import file</i> in MYOB	See separate process <i>7.0 Upload invoicing import file in MYOB</i> for further details.	

Reconciling NDIA Payments

#	Activity Title	Description	Required tools, templates, decisions
8.0	Receive NDIA payments and reconcile in MYOB	Finance staff to reconcile	

Appendix 3

