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HC11 – Care Plan Development and Delivery

Pennwood Home Care ensures that clients and/or their representative, participate in the development of a care plan that is based on assessed needs and abilities and is provided with the care described in their plan.

Assessment is completed and client is eligible for support

Client is consulted regarding the support required and is involved in the development of the care plan

A care plan is completed, agreed to and provided to the client and/or representative

Support is provided as per care plan and in line with funding requirements

Support includes: client consultation; provision of a range of in-home services; and home care packages using the above mentioned services

Care plan is reviewed and updated as support needs or client circumstances change

See Section 12 Client Reassessment

Client is referred to another agency if necessary

See Section 13 Client Referral

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FORMS AND RECORDS

HS01 Consent and Release of Information	Z:\Home Services\S1 – Effective Management\1.3 Information Management\Home Services Forms
eHCP Care Plan	
HS30 Progress Notes	
HS37 Hazard Form	
HS20 Comments and Complaints Brochure	
HS48 Adverse Event Report	
HS40 Client Handbook	
HS47 Client Details and Transfer Form	
HS50 Medication Plan	
Medication Record Sheet (inactive)	
Medication Error Report (inactive)	
Medication Competency Documents (inactive)	
HS42 Medication Consent Form	
Medication Order (inactive)	
HS34 Daily Work Plan for Home Care Staff	

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HC11.1 Client Involvement in Care Plan Development

11.1.1 CLIENT CONSULTATION

Clients/representatives are consulted about the support that they are to receive; this is determined through the assessment process.

Where possible, the HCC provides the client with a range of options, taking into account their preferences regarding support and support is tailored to suit the client and meet their needs, both now and in the future. This is balanced with the funding guidelines; support is always delivered in line with funding guidelines.

Options for clients may include:

- The day or time of support
- A choice of support worker if necessary (e.g. language/cultural requirement) and if possible
- A choice of activities that most suit the client's needs and preferences when possible, and
- Consideration of the clients' independence.

Pennwood Home Care 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.

11.1.2 CONSENT

Consent is sought from the client (and/or carer) for receiving and providing information to other parties. The Home Care Co-ordinator or delegate explains the extent of consent and completes the HS01 Consent and Release of Information which is signed by the client/carer. If the individuals are unable to sign, verbal consent is received and noted.

HC11.2 Delivering Support

The Home Care Co-ordinator manages staffing for the services delivered. Staff are rostered to meet the planned support and service needs determined through assessment. In the main, support is provided by suitably skilled Support Workers who follow the Care Plan obtained from eHCP and kept in the client's home.

11.2.1 TEMPORARY STAFF SHORTAGES

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

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

11.2.2 AGENCY STAFF

Sometimes we broker staff to replace support workers and other staff as necessary to ensure ongoing service delivery. The Home Care Co-ordinator orientates the agency staff person prior to allocating them clients' to visit. The Home Care Co-ordinator ensures that the agency staff person is familiar with our organisation's processes relevant to the support they are required to deliver. Agency staff are provided with the contact number of the Home Care Co-ordinator to ensure that they have someone to contact should they require it.

11.2.3 STAFF ACCESS TO SUPPORT

All support workers have access to support, information and advice via telephone and email to our office. The Home Care Co-ordinator or Home Care Support Officer can provide support as necessary.

11.2.4 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 HS08 Non-Response to Scheduled Visit and instructions as per HS34 Daily Work Plan for Home Care Staff so that staff are aware of what action to take.

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 neighbors (if applicable and appropriate)

- Calling Client
- Notify the Home Care Co-ordinator who will advise staff of what to do as discussed with the client.

Actions by Home Care Co-ordinator or delegate usually include:

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

11.2.5 STAFF SKILLS

Staff who provide support have the necessary skills and qualifications to carry out their roles. The Home Care Co-ordinator or delegate works to identify any additional skills or training needs if the clients' needs change. Staff are provided with relevant training and support to provide the appropriate services through the Aged Care Channel (ACC) and other training providers as appropriate.

11.2.6 FEES

See 14.4 Client Fees.

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HC11.3 Range of Services Provided by Home Care Packages

The services provided as part of a Home Care Package include:

A. Care services

Personal services	Personal assistance, including individual attention, individual supervision and physical assistance, with: • bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids • toileting • dressing and undressing • mobility • transfer (including in and out of bed)
Activities of daily living	Personal assistance, including individual attention, individual supervision and physical assistance, with: • communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone
Nutrition, hydration, meal preparation and diet	Includes: • assistance with preparing meals • assistance with special diet for health, religious, cultural or other reasons • assistance with using eating utensils and eating aids and assistance with actual feeding if necessary • providing enteral feeding formula and equipment
Management of skin integrity	Includes: • providing bandages, dressings, and skin emollients
Continence management	Includes: • assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas • assistance in using continence aids and appliances and managing continence
Mobility and dexterity	Includes: • providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs • providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses • assistance in using the above aids

B. Support services

Support services	Includes: • cleaning • personal laundry services, including laundering of the consumer's clothing and bedding that can be machine-washed, and ironing • arranging for dry-cleaning of the consumer's clothing and bedding that cannot be machine washed • gardening • medication management • rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need • emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the consumer and carer if appropriate • support for consumers with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support • providing 24-hour on-call access to emergency assistance including access to an emergency call system if the consumer is assessed as requiring it • transport and personal assistance to help the consumer shop, visit health practitioners or attend social activities • respite care • home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an adequate level of security • modifications to the home, such as easy access taps, shower hose or bath rails • assisting the consumer, and the homeowner if the home owner is not the consumer, to access technical advice on major home modifications • advising the consumer on areas of concern in their home that pose safety risks and ways to mitigate the risks • arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services eg. Serbian TV channel access • assistance to access support services to maintain personal affairs

Leisure, interests and activities	Includes: • encouragement to take part in social and community activities that promote and protect the consumer's lifestyle, interests and wellbeing

C. Clinical services

Clinical care	Includes: • nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services • other clinical services such as hearing and vision services
Access to other health and related services	Includes: • referral to health practitioners or other service providers

11.3.1 EXCLUDED SERVICES AND/OR ITEMS

The following services and/or items are excluded and are not included in any packages delivered:

Excluded items	• use of the package funds as a source of general income for the consumer • purchase of food, except as part of enteral feeding requirements* • payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent • payment of home care fees • payment of fees or charges for other types of care funded or jointly funded by the Australian Government • home modifications or capital items that are not related to the consumer's care needs • travel and accommodation for holidays • cost of entertainment activities, such as club memberships and tickets to sporting events • payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme • gambling activities • illegal activities

*The government subsidy for a home care package can be used to pay for the preparation and delivery of meals through the home care provider. The client is expected to cover, or make a contribution towards the cost of food. The amount of the contribution or fee may be negotiated between the home care provider, the meals service provider and the client.

11.3.2 CASE MANAGEMENT

Case management for CDC Home Care Packages includes advisory and support services associated with:

- The initial assessment by the home care provider
- Identification of the consumer's goals
- Development of the Home Care Agreement, care plan and individualised budget
- Ongoing monitoring and informal reviews of the consumer
- Formal re-assessment of the consumer's needs, and adjustment of the Home Care Agreement, care plan and individualised budget if required and
- Referral to an ACAT (eg if a reassessment is needed to move to a higher broad-banded level of package).

Clients may choose to have an active role in the management of their package, but do not take on the role of case manager. We do not sub-contract case management to another provider; however, if a consumer wishes to allocate a specific person as a case manager, we will negotiate to establish a contract with the specified case manager, (who has the appropriate skills and qualifications). We do not generally contract service provision to informal carers, family members or friends but if the client requests that support is provided by these people, the Home Care Co-ordinator or delegate will review the request with consideration to:

- Elder abuse safeguards
- The home care provider's responsibility for service quality, including the need to include the person providing the service in the provider's employee, volunteer or sub-contractor systems
- Legal responsibilities, including ensuring that police check requirements are met
- Industrial implications
- Insurance requirements
- Workplace health and safety and
- Qualifications and training required to provide certain types of care.

A meeting is held with the client and/or representative and the Home Care Co-ordinator or delegate to discuss these issues and, if appropriate and safe, consideration can be given to the client's request. If granted, the arrangements are regularly monitored by our organisation as part of the case management process.

Planning and delivery of support and services under a CDC home care package results in innovative ways to meet the clients goals and care needs. We use subcontracted services if we cannot deliver the support and services required by

the client (within the limits of the package). All cost incurred in the management and delivery of the package are detailed in the individualised budget and discussed with the client.

Further information on the management of CDC's is included in 9.1.1 Consumer Directed Care and 9.6 Security of Tenure for Home Care Packages.

11.3.3 DEVELOPING A CARE PLAN

In developing the care plan, Pennwood Home Care ensures that:

- Clients/carers are involved in deciding the support they receive and their goals
- Individual needs, abilities and preferences are taken into account and may include:
  - Physical needs
  - Emotional needs
  - Cultural needs
  - Socio-economic needs
  - Preferred days and times (balanced against our ability to provide support at specified times)
- The Home Care Co-ordinator develops the care plan.

If support is required every day, arrangements for public holidays and weekends are included in the care plan. The client agrees to the care plan by signing it.

11.3.4 CARE PLAN LOCATION

Generally the care plan is kept in the client's home and a copy kept in our office. The Home Care Co-ordinator gives the Care Plan Folder to the support worker who takes it to the client's home on the first support visit.

Sometimes the client (and/or representative) does not want the care plan to detail all of the strategies used to deliver support (for example, the care plan may detail behaviours displayed by the client and strategies staff use to support the client when displaying these behaviours). In these cases, the care plan will contain the basic support and services to be delivered and specific supports will be detailed 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 support workers read the care plan to identify the support that they provide.

Amendments made to the care 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.

11.3.5 CARE PLAN FOLDER - FILE CONTENTS

The in-home file may contain:

- eHCP Care Plan
- HS30 Client Progress Notes
- Medication documents (if applicable)
- HS34 Daily Workplan for Home Care Staff
- HS08 Non Response to Scheduled Visit
- Other documents as required

The assessment process and staff ensure that there are adequate supplies to deliver services and support. (if needed).

The support delivered are those specified in the care plan. If a client requests additional or different support, then the support worker must contact the Home Care Co-ordinator to receive permission or advice on such additional support before carrying it out. If this is an ongoing request, the Home Care Co-ordinator review's their care plan and updates as appropriate. The care plan also details any special needs such as special diets, particular domestic assistance requirements or particular personal care requirements.

The Home Care Co-ordinator ensures that Support Workers have the appropriate skills to provide assistance to clients requiring clinical support and orientates the Support Workers allocated to these clients prior to providing support.

11.3.6 DELIVERING SUPPORT

Support workers have access to the Care Plan which is goal focused support set up in partnership with the client and provider that contains the client's name and type of service. A Service Schedule is also maintained to show days and times of visits.

Staff deliver the support described in the care plan and complete HS30 Progress Notes after each visit. If an exceptional event has occurred, for example a change in condition or other event, the Home Care Co-ordinator needs to be notified. The Home Care Co-ordinator follows up as required; any notes of the follow up are recorded in the client's eHCP Notes. Staff use the relevant reporting forms to record hazards, medication errors or adverse events in addition to making a notation in the progress.

Support workers are updated on any changes to care plans or client needs through a verbal discussion if necessary and are provided with an updated care plan to take to the client's home if there are significant changes. There are staff meetings for support workers to discuss any issues arising in the support they provide and the Home Care Co-ordinator is available by telephone, at any time, if necessary.

Equipment and materials

Medical supplies (eg wound care products) and any equipment or materials to support the client are provided within funding guidelines. If equipment is purchased using Home Care Packages funding (not loaned equipment from our organisation) the client maintains responsibility for the maintenance and repair of the equipment. The Home Care Co-ordinator approves the use of any equipment or materials and ensures that they are supplied, maintained and appropriately stored (see Section 8: Physical Resources).

With regard to medical supplies, the Home Care Co-ordinator ensures that all materials are within use-by dates, stored as per manufacturers specifications and disposed of appropriately.

11.3.7 CARE PLAN REVIEWS

See Section 12: Client Reassessment.

HC11.4 Medication Management

Medication management can be provided to clients by Nursing Staff or other staff that have been trained and credentialled. The Nursing Staff are bound to follow professional guidelines in the delivery of medications. Support Workers can only provide medication management if they have been deemed competent to do so. Clients are encouraged to remain independent in the management of their medications.

The legislation guiding medication management is the Controlled Substances Act 1984 and its subordinate regulations; however this legislation does not define the roles of support workers in medication management.

11.4.1 DEFINITIONS

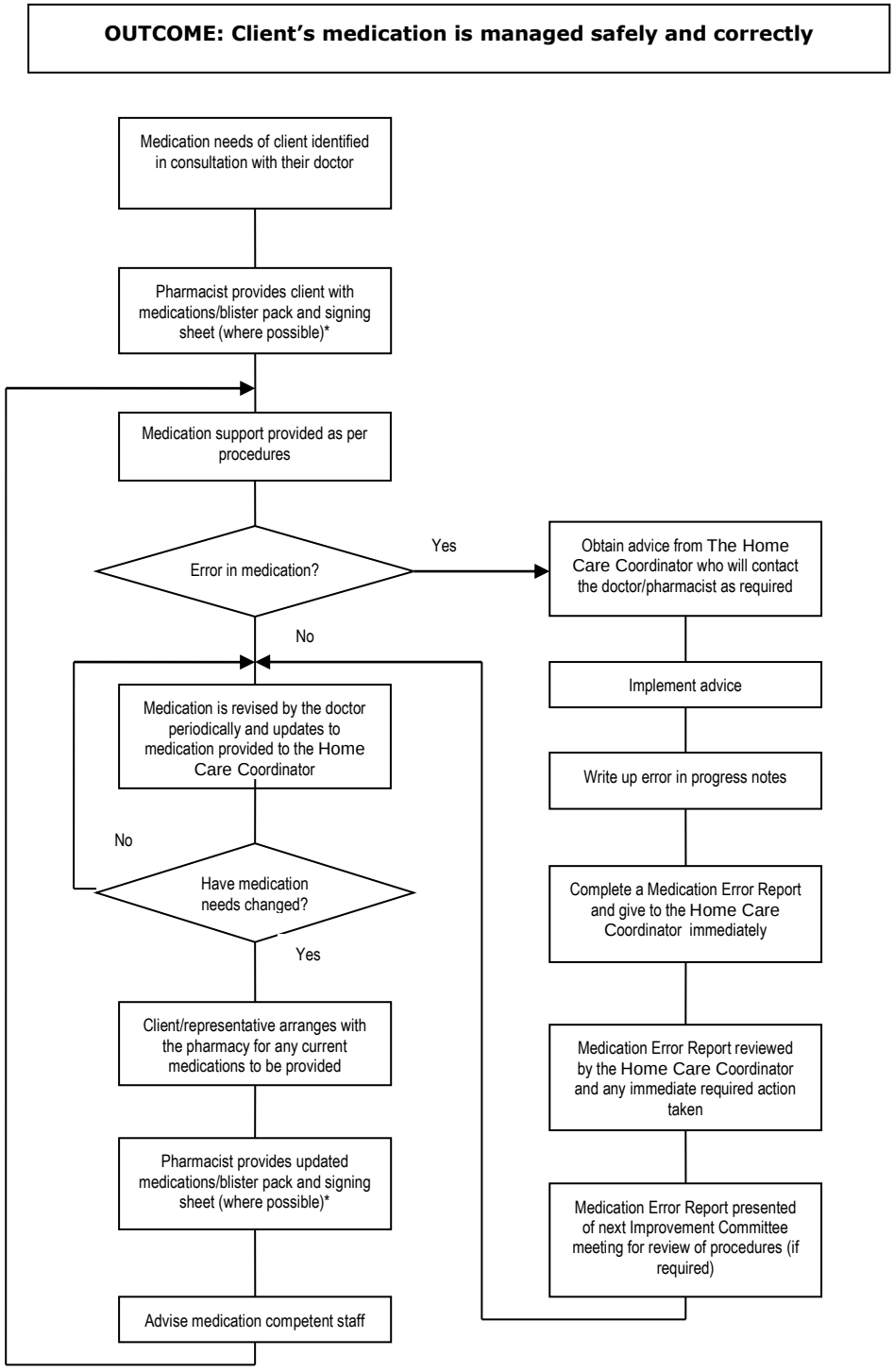
Medication Support is prompting or assisting the client with self-medication. It involves reminding or prompting the client to take medication, assisting with opening medication containers (such as blister packs) for clients and other assistance not involving medication administration.

Medication Administration is the actual giving of medications and involves the storing of medicines, opening of the container, removing the prescribed dosage (from approved container), giving the medication as per instructions and ensuring that the medication has been taken.

The main difference between medication support and medication administration is who is taking responsibility for ensuring that medications are taken; with medication support the client is self-medicating with support and with

medication administration, the Support Worker or Nursing Staff is taking steps and responsibility to ensure that the medication is taken.

Medication Management Flow Chart



* If possible, a signing sheet is requested from the Pharmacist as this provides details of the prescribed medications, administration times and an area for staff to sign. If not available a Long Term Medication Management Chart is used.

11.4.2 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 Controlled Substances Act 1984 and its subordinate regulations. The Registered Nurse is responsible for supporting clients associated with clinical care related home care packages with their medications in the following ways:

- Ensuring their own competency to provide medication support
- Assessing the need for medication support for clinical care associated client
- Identifying the type of medications currently taken by the client
- Liaising with the doctor and/or pharmacist as required
- Developing a medication plan for the client and identifying who will provide the medication support [this may include medication support by the Support Workers (blister packed medications and those Support Workers are competent to support the client with) or the Registered Nurse/Enrolled Nurses (other medications such as suppositories, insulin injections etc)
- Reviewing medication support associated with clinical care home care packages during reassessment
- Ensuring the competency of Support Workers to provide medication support by providing medication support training and competency assessment.

The Registered Nurse is responsible to our organisation in relation to medication support in the following ways:

- Providing clinical advise and input into policies and procedures as requested by the Coordinator
- Participating in the review of Medication Error Reports as requested by the Coordinator.

11.4.3 HOME CARE CO-ORDINATOR, RN OR EN RESPONSIBILITIES

The RN or EN is responsible for medication support by:

- Assessing the need for medication support for clients
- Liaising with the doctor and/or pharmacist as required
- Developing a medication plan for the client and identifying who will provide the medication support [this may include medication support by the Support Workers (blister packed medications and those Support Workers are competent to support the client with these) or the Registered Nurse (other medications such as suppositories, insulin injections etc)

- Reviewing clients medication support during reassessment
- Managing the follow up and implementation of improvements identified through the medication error reporting process.

11.4.4 SUPPORT WORKER RESPONSIBILITIES

The Support Workers are responsible for medication support by:

- 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 every 12 months
- Being adequately trained by attending organisation endorsed medication training, assessed as competent by the Registered Nurse 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 Home Care Co-ordinator, RN or EN 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.

11.4.5 CLIENT MEDICATION ASSESSMENT

Where 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 and
- A client HS42 Medication Consent Form is completed.

11.4.6 OVERVIEW OF MEDICATION SUPPORT PROVIDED

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

- Client oral tablet medication is only dispensed if stored in a medication aid (such as a blister pack dispensed by a pharmacist), as they are considered to minimise potential errors
- Where medication is not suitable for a medication aid (eg liquid, eye drops eardrops, ointment, cream etc) the Support Workers provide support as defined in the medication type competency documents:
    - Oral medications

- Applying a topical preparation
- Eye drops/ointments
- Inhaled medications
- Nebulised medications
- Transdermal patches
- Liquid medications

Support Workers interested in medication management receive medication management training and are required to demonstrate their competency in administering each medication type, 3 times as part of their induction process and then once yearly thereafter.

- A current client HS50 Medication Plan detailing the medication management requirements is accessible to the Support Worker at all times.

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 HS42 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 HS50 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 RN or EN.

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/ Nursing Staff 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 HS42 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 Long Term Medication Management Chart that outlines the doctor's prescription (which may be a patient medication summary, blister pack sheet provided by the pharmacist or a Medication Order form)
- A HS50 Medication Plan is completed by the RN or EN 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

- A Long Term Medication Management Chart (Completed and signed by doctor) for Support Workers to sign for the medications they have administered.

The client Medication Plan includes the following:

- Client's name
- Date of Birth
- 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 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:
  - right person
  - right medication
  - right dose
  - right time
  - right route
  - 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 informs the Coordinator who contacts the client's doctor or other health professional for advice and ensure that the client is appropriately reviewed. The Registered Nurse can provide medication management services to complex clients.

11.4.6.1 INSULIN ADMINISTRATION

At Pennwood Home Care Insulin is administered ONLY by Nursing Staff who are credentialed as part of the induction process and then annually as part of their Performance Development Reviews.

Credentialing during induction involves the satisfactory completion of 3 separate supervised /observed insulin administration procedures with the Site Manager or delegate.

All Nursing Staff are expected to attend an annual Diabetes Management in-service training session. This policy applies to all nursing staff.

EQUIPMENT REQUIRED

- U 100 disposable insulin syringe with 8 mm needle
- Vial of insulin Or Pre-loaded insulin device with appropriate needle
- Needle remover
- Sharps box
- Gloves
- Blood Glucose meter

INSTRUCTIONS

1. Ensure prescription is complete, correct, legible and unambiguous prior to administration
2. Check the name of the insulin and dose against the insulin prescription in the Client's Medication chart
3. Confirm the identity of the client prior to administering the insulin
4. Check the blood glucose level and record the result prior to administering the insulin
5. Check correct storage of insulin
6. Check expiry date
7. Prepare the insulin syringe or pen device

Preparing insulin syringe

a) For Neutral Protamine Hagedorn (NPH) and pre mixed insulin invert the vial of insulin backwards and forwards and roll gently between your hands approximately 20 times to insure the insulin is well mixed. Do not shake

b) Take the insulin syringe and pull back the plunger to measure the amount of air equivalent to the amount of insulin to be drawn up. Expelling air into the vial prior to an injection creates a vacuum and makes it easier to draw out the insulin

c) With the vial standing upright insert the needle straight through the centre of the rubber cap of the insulin vial and push the plunger down

d) Turn the vial upside down. Make sure that the point of the needle inside the vial is well beneath the surface of the insulin to avoid unnecessary air bubbles

e) Pull back the plunger until you have measured slightly more than the required dose of insulin

f) Flick or tap any air bubbles to the top of the insulin syringe, then push the plunger back to the desired dose expelling the bubbles into the vial. Air bubbles are not dangerous if injected into the recommended subcutaneous injection sites. This procedure ensures an accurate dose of insulin. If air bubbles persist then expel all the insulin back into the vial and start again

g) Remove the needle from the vial and recheck the dose

Preparing preloaded pen device

a) Attach a pen needle. Pen needles come in a range of sizes

b) 8mm needles are recommended for the majority of patients, unless the patient is underweight or there is another injection-related issue identified by the specialist clinician - in which case smaller needle sizes can be used

c) Inject into clean skin with clean hands. Alcohol wipes are not recommended. Alcohol is an astringent and can make the injection more painful as well as hardening the skin

d) If using cloudy insulin gently roll the pen ten times and invert the pen ten times. The liquid should look evenly mixed

e) Prime pen by dialling up 2 units. Point pen upwards and depress injector button

f) Ensure insulin is expelled from needle – repeat priming process if no insulin seen

g) Turn the dose knob to the number of units to be administered

8. Select injection site – remember to rotate injection sites, never use the same side for consecutive injections
9. Insulin should be in injected into sub-cutaneous tissue or soft fat, not muscle
10. Pinch a fold of skin between two fingers gently, push the needle into the fold, inject the insulin by depressing the white button fully, count 10 seconds, and then withdraw the needle. Following the withdrawal of the needle, press lightly on the puncture area for a few seconds using the tissue;
11. Remove the needle and insulin syringe and dispose as per safe disposal of sharps

    Safe disposal of sharps

    Insulin syringe and needle – dispose directly into the sharps box to avoid needle stick injury

    If using a pen device, use a needle remover and dispose directly into sharps box to avoid needle stick injury

    If no needle remover is available use the outer plastic cap in which the needle is supplied – never re-sheath with the small inner plastic cover
12. Record the BGL on chart and sing Medication chart

Note: In a hospital / residential facility environment, insulin should be checked by two Nursing Staff; however, as this is not possible within a community setting, extra care and vigilance must be practiced by RN/END/EN when administering insulin.

11.4.7 LIMITS TO MEDICATION MANAGEMENT PRACTICES

The following limits to medication management practices are in place. The Registered Nurse and/or Support Workers will not:

- Receive verbal orders or act on verbal orders from a doctor or other health professional
- Give PRN (when required) medications
- Give any medications that are not authorised by a doctor and included in the Medication Plan
- Give medications outside of the scope of their skill and competence.

11.4.8 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 Centre (13 11 26) for instructions
- Follow advice provided by the General Practitioner or Pharmacist or Poisons Information Centre (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 well being 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.

11.4.9 POLICY REVIEW

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

11.4.10 CATEGORIES OF MEDICATION

Medications are classified as either first category or second category medications. Support Workers may assist clients with second category medications as specified in Table 11.1: Categories of Medication.

Table 9.1: Categories of Medication

First Category Medication	Second Category Medication
(Health Professionals only) Support Workers are not to provide support to clients with this medication. The Registered Nurse can give medicines in this category that she is competent to give.	(Special skills/training required) Support Workers may assist clients with this medication after receiving approved competency based training and competency assessment that is updated on an annual basis.
	Scheduled 8 medications if in medication aid.
	Tablets, Patches and Wafers.
	Eye drops; Ear drops; Nose drops and Sprays.
	Topical, rectal and vaginal preparations (eg creams and ointments)
	Enemas, pessaries and suppositories
Any medications that are to be nebulised that have not been dispensed and prepared by a pharmacist into unit doses.	Any medications that are to be nebulised that have been dispensed and prepared by a pharmacist into unit doses. Metered dose inhalers that have been dispensed by a pharmacist.
Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have not been dispensed and prepared by a pharmacist into unit doses.	Medicines given via feeding tubes (eg gastrostomy, jejunostomy) that have been dispensed and prepared by a pharmacist into unit doses.
Medications given by the following routes: *Medical Practitioner Only*: • Intrathecal (into the spinal cord area) • Intraperitoneal (into peritoneum/ abdominal cavity) • Intraventricular (into ventricles of brain) • Epidural *Registered Nurse:* • Intravenous • Intramuscular • Subcutaneous	
All medications that are administered by the nasogastric route.	
Emergency situations: In an emergency situation Support Workers are not to practice outside of the scope of their ability and knowledge and are always to call for assistance (ambulance, Team Leader/Coordinator, General Practitioner, Pharmacist) if an emergency situation arises.	

11.4.11 STAFF TRAINING FOR MEDICATION SUPPORT

Support Workers are trained in the supervision, prompting and delivery of medications including medication awareness training and competency. The Site Manager/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 of approved category two medications. (see list above) A range of competency forms are completed by the Site Manager and filed in the Support Worker's personnel file. Competency is assessed twice for the first assessment and once annually thereafter.

HC11.5 Infection Control[1]

Policies and procedures outlined in this section are based on the information contained in the NHMRC Guidelines. Infection control processes are implemented to ensure the safety and wellbeing of 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.

11.5.1 INFECTION PREVENTION AND CONTROL OVERVIEW

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

Standard and transmission-based precautions are used to prevent and control infections and provide protection for 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.

[1] NHMRC 2010 *Australian Guidelines for the Prevention and Control of Infection in Healthcare* Commonwealth of Australia

Standard precautions

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

Standard precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Waste management including the appropriate handling and disposal of sharps and linen
- Environmental controls such as cleaning and management of spills
- Appropriate cleaning of reusable equipment and the use of single-use only instruments
- Practicing respiratory hygiene and cough etiquette
- The use of aseptic non-touch techniques when appropriate (such as the insertion of catheters by a Registered Nurse)

These are further discussed below.

Transmission-based precautions

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

Some transmission-based precautions can include:

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

11.5.2 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 defence against infection.

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

11.5.3 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Staff collect PPE from the office as they require it; 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 eg whilst emptying commodes
  - when handling chemicals eg 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 HS37 Hazard Form.

11.5.4 WASTE MANAGEMENT INCLUDING SHARPS AND LINEN

General waste

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

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

Clinical waste

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

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

Pharmaceutical waste

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

Linen

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

11.5.5 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 and volunteers.
- Cleaning equipment used is fit for its purpose, clean and well maintained.
- All cleaning staff undergo mandatory training to ensure they have the knowledge to carry out their duties effectively:
  - cleaning practices
  - equipment use
  - chemical handling and
  - regulatory, infection control and WHS requirements.
- Supervision is in the form of identifying cleaning deficits and bringing these to the attention of the support workers.

Cleaning practices

- Standard Precautions are implemented when cleaning surfaces and facilities. Staff are required to wear suitable gloves and other protective clothing appropriate to the task.
- Hand hygiene is completed prior to cleaning tasks.
- Gloves are worn when handling solutions of detergent and disinfectant products and when cleaning wet areas.
- Other protective clothing (e.g. aprons) are worn wherever soiling is anticipated.
- Protective eyewear is worn where splashing is likely to occur.
- Material Safety Data Sheets (MSDS) for all cleaning agents are readily available together with instructions for products' storage and use.

Cleaning agents

- Chemicals used for routine cleaning may be hazardous if used incorrectly.

- Where surface disinfection is required, the manufacturer's instructions are followed.

11.5.6 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.

11.5.7 COMMUNICABLE DISEASES

Staff use standard precautions and use hygiene and cough etiquette to reduce the risk of contracting or passing on a communicable disease. Staff who have a communicable disease (such as a heavy cold, flu or 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.

11.6 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.

Pennwood Home Care follows the ARAS: Protocol For Responding To Abuse Of Older People Living At Home In The Community to ensure the safety of our clients. The key points of this policy are[1]:

- Community Services 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 Community Services 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.
- 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

1 ARAS - Protocol For Responding To Abuse Of Older People Living At Home In The Community 2011

- All aspects of abuse incidents are accurately documented and include any follow up actions.

Pennwood Home Care 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.

HC11.7 Monitoring Care Plan Development and Delivery Processes

Care Plan development 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 Community Calendar and Section 5: Continuous Improvement).