



CARER FOR WEEJAH MANUAL

Carer Manual, policy & procedures for carers working with Weejah

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Welcome

Version 1.1

Welcome

Welcome to Weejah. We are excited that you are part of our team. We know it can be difficult starting a new role in an unfamiliar workplace, so we have developed this Handbook to help you get started. Everyone at here is part of our team and we expect all our contractors to make an effort to ensure our workplace is well appointed, friendly and professional. Don't be shy to introduce yourself – you may just make some long-lasting friends.

You are part of an organisation that facilitates the delivery of care across Australia. The experience you bring will play a vital role in our mutual success.

Weejah strives to serve the best way we can. Duty of care and continuous improvement are two important factors. We recognise the special emphasis on respect for the people in our care we wish to make that difference so that it adds to the quality of service delivery and provide the democratic right to Members choice in the care they receive so it is safe and right for them.

As an organisation we care for all and we value all, Contractors must always treat the Members with dignity and respect and support them to maintain their identity, make informed choices about their care and live the life they choose.

This Handbook is designed as a quick reference guide to some important things that all of our contractors need to know about. It contains answers to some commonly asked questions. The information in this package compliments your orientation and induction program. While this package provides important information related to your engagement and our expectations, it is not intended to be comprehensive. We have a Management System (policies, procedures, work instructions and forms) that will help you fulfil your role. As with all organisational documents this handbook will be updated from time to time and existing contractors will be informed of the changes.

Every person engaged with us has the opportunity to contribute to our organisation and we look forward to your special contribution. We hope you are provided with a rewarding work experience.

We hope that your work will prove as satisfying to you as it is to those for whom you care

Sincerely,

Andrew Cronan
CEO
Weejah Pty Ltd



Mission, Vision and Values

Version 1.1

Mission, Vision and Values

Our purpose, mission, vision and values define why we exist, who we are and where we are going.

Your commitment to upholding our values and working toward our vision will help guide us in our determination to achieve the organisational goals we have set ourselves, thereby achieving the best possible outcomes for both the people in our care and our contractors and employees.

Whether joining Weejah as temporary, casual, part time or full-time employees or contractor the positive attitude you maintain and the quality service you provide makes a real difference to the people in our care and the organisation as a whole.

Mission

Empowering those with care needs the opportunity to thrive in their own homes by receiving the care they desire when and where they want at a price they can afford.

Vision

To increase the quantity and quality of care benefiting Members, workers and providers by creating a frictionless services marketplace across disability, aged, indigenous and veterans care.

Values

We listen and act as a trusted partner

We put the client at the centre of all decision making including choice & control

We are part of a larger solution

We believe in fostering a compassionate society

We believe healthcare is local and community based



Accreditation

Version 1.1

Accreditation

Organisations providing Commonwealth subsidised aged care services are required to comply with the Aged Care Quality Standards (Quality Standards). Organisations will be assessed and must be able to provide evidence of their compliance with and performance against the Quality Standards.

The Quality Standards focus on outcomes for Members and reflect the level of care and services the community can expect from organisations that provide Commonwealth subsidised aged care services.

The Quality Standards are made up of eight individual standards:

1. Members dignity and choice
2. Ongoing assessment and planning with Members
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance.

Each of the Quality Standards is expressed in three ways:

- A statement of outcome for the Members
- A statement of expectation for the organisation
- Organisational requirements to demonstrate that the standard has been met.



Customer Service

Version 1.1

Customer Service

The focus of our service is our Members. You have a central role in delivering quality care and services, part of which is customer service for our Members. Customer service commences at 'first contact' and continues throughout the time we are providing care and services and you are engaged with us.

As we will be judged by the appearance and behaviour of our employees and contractors, it is important to us that you are courteous to everyone at all times.

The Code of Conduct Weejah requires that you:

- Are courteous at all times
- Are punctual in commencing work, showing respect for your colleagues and our members.
- Treat all members, employees and contractors in the same conscientious and polite manner regardless of age, gender, sexual orientation, religious or cultural beliefs.
- Listen and respond to Members concerns immediately. If you are unable to assist them, let them know you will inform someone who can and then report their concerns to the Care Manager in a timely manner. Never ignore a Members concerns.
- Demonstrate empathy.
- Choose your attitude and have a welcoming smile for all to see.
- Maintain confidentiality.
- Follow the dress code, including wearing your identification and name badge
- Maintain your personal hygiene.



Communication

Version 1.1

Communication

Meetings and emails are the prime way we communicate information to you. Please read this information and ask the person who issued the information if you do not understand it.

It is an expectation that you attend and participate in contractor meetings which provide a forum to voice ideas, opinions, receive information and be part of the decision-making process.



Human Resource Management

Version 1.2

Human Resource Management

Our contractors are a central component to achieve our goals and make our mission a reality. You must avoid any action, relationship or situation, which could jeopardise or impair the confidence or respect in which we are held. This includes not receiving gifts and/or favours from Members or their representatives, and not witnessing legal documents for Members.

Each of us has a duty to carry out our role with honesty, dignity and respect for those with whom we work. For you, this means a standard expected of a reasonable person with your knowledge and skill set.

You are expected to comply fully with all applicable laws, regulations, standards, and our policies and procedures (Management System). Wilful and knowing disregard may result in disciplinary action or termination.

Human resource management policies, procedures and forms are available for you to access as part of the **Management System** and include procedures relating to contractor files, performance management, grievance, bullying and harassment and disciplinary action. The key processes will be discussed during orientation.

We ask you to report issues, incidents or concerns relating to the well being of the people you are working with.

Contractor attire

Weejah requires contractors to dress appropriately at all times. Attire should be clean, neat, tidy and appropriate for the work to be performed. Where uniforms are provided by Weejah, it is a requirement that they are to be worn at all times.

Trousers (no tracksuit pants or jeans), culottes or skirts are to be worn

Coats/jackets are not to be worn whilst attending Members premises

Shoes must be slip safe with covered toes (no joggers, boots or high heels)

Hair longer than shoulder length is to be tied back

Jewellery is to be kept to a minimum (e.g. wedding band and sleepers only) no raised rings, bracelets or wrist watches

Facial body piercing should be discreet



Photo identification

Identification is to be worn at all times. Photo identification will be issued to you upon commencement of your engagement with Weejah. If photo identification is lost, a fee may be charged for its replacement.

Punctuality

All contractors are required to be on the premises at least 5 minutes prior to commencement of their engagement so they are fully prepared at the agreed start time.

Medicals

Weejah reserves the right to request you undergo a medical examination prior to, during or upon termination of engagement. This includes drug or alcohol screening if required. This will be at the expense of the organisation.

Influence of Alcohol or Non-Prescriptive Drugs

Consumption or use of alcohol, drugs or any other substances that may affect a contractor's ability to perform work in a safe and efficient manner is not permitted at the workplace.

Workers taking prescription or over the counter medications that may impair performance are to advise Weejah who will treat the information in strict confidence.

Workers or other persons who are observed to be in breach of this policy will be subject to the contractor's disciplinary policy and, depending on circumstances, their behaviour may be treated as serious misconduct, justifying the immediate removal from the Weejah Platform.

Contractors deemed to be in breach of this policy will be cautioned and removed from the workplace immediately.

In cases where it is suspected that a worker is under the influence of drugs or alcohol, the contractor may be sent to a medical practitioner for a medical examination.

Equal employment opportunity

Weejah values the contribution our contractors and employees make in the delivery of the services we provide to our Members and other stakeholders. All contractors and employees should enjoy positive working relationships with each other, management and Members. We believe that the professionalism and welcoming approach shown by our people is the key difference between Weejah and other organisations in ensuring our continued success.

We can only achieve this success if we ensure that all our workers, Members and families of Members are treated in a manner consistent with the aims of "equal opportunity".

An essential element of equal opportunity is working together to eradicate all discrimination,



sexual harassment, racial and religious vilification and victimisation, workplace harassment and victimisation. This includes conduct, which is unlawful, as well as conduct, which is not the subject of legislation, but is still harmful to our working relationships.

Training

Refer to: *Education and Staff Development Procedure*

Weejah has a training program developed with consideration to legislative and standards requirements, contractor performance management and development, care and service needs and contractor input.

Contractor training includes an orientation and induction program on commencement of engagement.

Fire and emergency, compulsory reporting and elder abuse and manual handling training are conducted annually and are compulsory for all contractors and employees. You will be notified when education and training is compulsory.



Confidentiality and Privacy

Version 1.1

Confidentiality and Privacy

All contractors must observe strict confidentiality of information of any kind regarding the members, their relatives, employees and any matters relating to Weejah.

Upon engagement, all contractors are required to sign a confidentiality/privacy statement.

We collect and hold information about you, including date of birth, next of kin, banking details, employment history, performance management information and contact details.

This information is required for human resource management, payment and in the event of an emergency. Any disclosure of this information will be in accordance with legislation such as the Aged Care Act, 1997, Fair Work Act 2009, Occupational Health and Safety Act, 2004, Workplace Injury Rehabilitation and Compensation Act 2013, Privacy Act 1988, Privacy Amendment (Private Sector) Act 2000, Privacy Amendment (Enhancing Privacy Protection) Act 2012 and industrial relations legislation.

In line with the confidentiality requirements, non-disclosure of contractor matters will include information relating to addresses or other personal details. Telephone numbers of contractors are listed at Weejah but will not be made available to others without the consent of the contractor concerned.

The Australian Privacy principles deal with collection, use, security and disclosure of information. As a 'health service' which holds health information, Weejah is bound by the Act. Any personal information collected by a health service provider is considered health information and is thus subject to the provisions of the Act.

Personal information can range from the very sensitive (such as medical history or records) to information such as name and telephone number. As such, any information collected by Health Care contractors or employees to remain confidential.

You are expected to read and understand the *Privacy: Information Systems procedure* in the **Management System** or speak with Human Resources, if this is not possible. Privacy will be discussed during orientation.

Should a Member's Power of Attorney or Relative request information about a Members, they must speak with the Care Manager.



Continuous Improvement

Version 1.1

Continuous Improvement

Continuous: uninterrupted, without cessation

Improvement: bringing into a more desirable or excellent condition, making more valuable, making or becoming better (Macquarie Dictionary definition)

Continuous Improvement is an integral role of all workers at **Weejah**. It forms a critical part of our daily operations and is governed through our policies, procedures and committees. All workers have an obligation to work towards improvement, this may be through identifying problems or suggesting improvements, through our Comments and Complaints System, in the way things are done or introducing new practices.

Continuous Improvement involves:

- Progressively increasing value to Members, clients and other stakeholders through changes designed to better address their needs and preferences
- Enhancing performance against Quality Standards
- Commitment and leadership to identify needs and opportunities for improvement
- Working together to introduce identified improvements in a planned and systematic way

Continuous Improvement (quality) is based on the implementation of recognised industry standards that assure the Members that management are developing a workplace culture where all processes are continually evaluated and reviewed, thus working towards 'best practice'.

To facilitate the use of the system, a **Corrective Action Request (CAR)** is available.



Comments, Complaints and Feedback

Version 1.1

Comments, Complaints and Feedback

If you have suggestions for improving the services we provide, please put these in writing and email to support@weejah.com.au

At all times members, family, friends and representatives, employees, suppliers and other stakeholders can raise issues of concern without fear of harassment, retaliation, repercussions or victimisation. Where necessary, you are expected to assist them to complete the forms. These are available on-line at www.weejah.com.au/Carer_Portal

As contractors, it is critical that you listen and respond to Members or visitor concerns immediately. If you are unable to assist them let them know you will inform someone who can and then report their concerns to the person in charge or the Manager in a timely manner. **Never ignore a Members concerns.**

Encourage and support Members to give feedback and make complaints, and where necessary, contractors are expected to assist Members with completing these forms.

The aim of our system is that a **CAR** will receive a response from our Care Manager within **5** days of lodgement advising of progress of the issue raised on the form.

An assessment of the contents of the **CARs** is made at regular intervals to try and identify any particular trends or recurring issues that may warrant the formation of a task force/working party.

Contractors who have a complaint or concern regarding their engagement or other contractor or employees should register their concerns by lodging a formal grievance. Refer to *Grievance and Industrial Relations procedure*.

While quality assurance is about meeting requirements, continuous improvement is about striving for better outcomes. Continuous improvement is an integral responsibility for our staff, and forms a critical part of our daily operations, governed by our process and reporting practices.



Compulsory Reporting: Elder Abuse

Version 1.1

Compulsory Reporting: Elder Abuse

We have a zero-tolerance approach to any form of abuse, violence and aggression, and abuse and will promptly respond to alleged or suspected incidents. If you observe or otherwise become aware of any abuse or allegation of abuse of Members, you must immediately report that abuse to the Care Manager.



Phone, Email, Internet, Computers and Social Media Version 1.1

Phone, Email, Internet, Computers and Social Media

Our telephones, computers and internet services are for business use only. Organisational computers must not be used for any social media activities unless approval is granted from the CEO.

The use of personal/mobile phones while on duty shall not be permitted unless required by your role, as it interferes with the quality of care and services we provide.

Personal or professional use of media activities must at all times observe the Privacy Act, respect and confidentiality and must not bring Weejah into disrepute.

Social media are powerful communication tools which can impact significantly on organisational and professional reputations.

Weejah recognises that you may wish to use social media in your personal life. This policy does not intend to discourage nor unduly limit your personal expression or online activities. However, your social media and communications usage must not contain postings about any Weejah business information.

Failure to comply with this policy will result in disciplinary action, and in serious cases may result in termination of employment or engagement.

It is against Weejah's policy for social networking sites to be used as a forum for criticism of the organisation, Members, managers, supervisors and co-workers. Photos of Members or contractors or employees in uniform are not to be posted on the internet unless consent is given by the Management Team. The following actions are prohibited on these sites

- Discussing Members or contractors or employees on any 'walls', groups, or forums.
- Discussing any matters pertaining to peoples' employment conditions etc.
- Discussing any contractors or employees within the company in any way that could be construed as harassment or bullying.
- Discussing private or confidential information about the employer.
- Creation of groups that relate to any part of the business Operations.

You are expected to read and understand the *Phone, Email, Internet, Computer Usage and Social Media* procedure located in the **Management System** or speak with your manager if this is not possible. The use of phones, email, internet, computers and social media will be discussed during orientation.



Health and Safety

Version 1.1

Health and Safety

Everyone has a responsibility to ensure a safe workplace under the Occupational Health and Safety Act (2004) (Vic).

The aim of the Management System is prevention of problems, accidents and injuries.

Responsibilities:

Proprietors and Board of Management

- To ensure all legal obligations are met

Weejah

- To provide and maintain a safe working environment
- To provide and maintain safe equipment and work systems
- To inform, train and supervise contractors and employees to ensure a safe work environment, equipment and work systems
- To consult about health and safety

Managers and Supervisors

- To act as role models and consistently follow organisational procedures
- To inform, train and supervise contractors to ensure a safe work environment, equipment and work systems
- To monitor contractor compliance with procedures and ensure contractors work within their capacity, experience and training
- To contribute to development & implementation of health and safety procedures
- To identify, assess and control hazards
- To ensure contractor representatives are available to participate in health and safety activities including health and safety committee meetings, training, incident investigations and hazard management
- To control the work environment and take immediate action to rectify unsafe situations or acts

Contractors and Employees

- To follow organisational procedures
- To correct, where possible, and immediately report, using documented systems, any unsafe situation including 'near miss' incidents



- To ensure they do not perform unfamiliar tasks for which they have not received training
- To report, using documented systems, all work related injuries and hazards
- To cooperate with, and participate in all programs designed to make the working environment safer and healthier
- To correctly wear and use, protective clothing & equipment appropriate to the job
- To not place themselves or others at risk through any act or omission
- To not intentionally or recklessly interfere with or misuse anything provided in the interest of health and safety
- To participate in and support the return-to-work programs
- To actively participate in the health and safety program
- To co-operate with the employer to meet the employer's obligations under OHS legislation.

Members and Representatives

- To ensure their actions do not put members at risk.

Health and Safety Representatives

- To actively participate in the health and safety program
- To effectively represent their colleagues in health and safety issues and negotiations

Bullying and harassment

Weejah is committed to providing a work environment free from bullying and harassment

Bullying

- Bullying is characterised by persistent and repeated negative behaviour directed at another person or group of people that creates a risk to health and safety
- 'Repeated' refers to the persistence nature of the behaviour. (A single incident of bullying-style behaviour does not constitute workplace bullying)
- 'Unreasonable behaviour means behaviour that a reasonable person, having regard to all the circumstances, would find it offensive, humiliating, intimidating, degrading or threatening
- 'Risk to health and safety; means risk to the mental or physical health of the person(s)

Appropriate performance management, disciplinary action, work allocation in compliance with work systems, and legitimate organisational change cannot be regarded as bullying.

Harassment

- Harassment covers a wide range of unwelcome, unsolicited and / or repeated behaviours that constitute a verbal or physical affront to another person. It may occur among peers and co-workers, between employees at different levels or as a group action.
- Harassment may cause reactions such as annoyance, intimidation, embarrassment, humiliation, distress, anxiety, fear or ill health.



We believe all employees should be able to work in an environment that is safe, secure and free of bullying and harassment, thus such behaviour is unacceptable and actionable by Weejah.

Employees who believe they are being bullied or harassed are encouraged to tell the person the behaviour is unreasonable/ inappropriate, that they are offended and want it to stop.

If employees are not comfortable speaking to the bully or harasser, reporting to the next line of management is necessary. Immediate action to investigate and respond to specific allegations will then occur.

Employees who feel uncomfortable about reporting to their employer or if they have reported to their employer and no action has taken place to stop the bullying are able to report incidents directly to the Fair Work Commission.

All employees are expected to read and understand the *Bullying and Harassment* procedure in the **Management System** or speak with your manager if this is not possible. Bullying and harassment will be discussed during orientation.



Safe Work Practices

Version 1.1

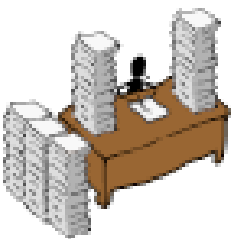
Safe Work Practices

Accidents / Incidents



- All accidents / incidents must be immediately reported to the person in charge of the area, and an **Incident Report** and the **Incident Report Register completed**
- Incident investigation must occur prior to the end of the shift on which the incident occurs, by the person in charge of the area at the time
- 'Notifiable incidents', must be reported immediately (regardless of the time of their occurrence) to the Care Manager
- Additional information on incidents can be found in [Incident Reports](#)

Ergonomic Safety



- Where employees spend the majority of time performing tasks in a seated position, a height adjustable chair should be used
- Footrests should be used where required to ensure correct seated posture
- The middle of VDU screens should be positioned at eye level.

Electrical Safety



- Extension leads must only be used when no other alternatives are available
- Double adapters are never used.
- Equipment with frayed cords or exposed wires in the Members home, not used and repair, replace discussed and reported to Chief Operating Officer

First Aid



- People requiring medical attention will be referred to a medical practitioner; in an emergency an ambulance will be called

Infection Control

- Handwashing must be stringent, with soap and water or hand sanitiser
- The infection control guidelines of the facility must be followed at all times.

Manual Handling



Employees are expected to minimise lifting

- When lifting is unavoidable employees should employ the following correct lifting techniques and use lifting equipment
- plan the lift
- position your feet correctly
- bend your knees, not your back



- lift by tightening your leg muscles
- lift smoothly and slowly
- keep the load close to your body
- avoid twisting
- Contractors must attend one manual handling education session per year

Personal Protective Equipment (PPE) – Update for COVID



- PPE is a form of risk control, which will only be employed if the risk cannot be controlled by any other means
- Gloves protect hands from cold or hot substances, contact with chemicals, and contact with potentially infectious substances; gloves should be close fitting
- Eye protection must be worn when exposure to chemical splashes, infectious substances splashes or flying objects is likely
- Safety footwear is designed to protect you from slips, trips, crush injuries and contact with chemicals; health and personal care and hospitality employees must wear low heeled, non-slip rubber soled lace-up footwear
- SDS instructions regarding PPE must be followed at all times when using chemicals
- Hearing protection must be worn when noise exceeds 85DbA and cannot be reduced.



COVID-19 CLIENT TRANSPORT POLICY

Version 1.1

Policy:	<p>To guide a carer on how to safely transport a client in a private vehicle or by public transport</p> <p>COVID-19 can spread from person to person through:</p> <ul style="list-style-type: none">close contact with an infectious person (including in the 48 hours before they have symptoms)contact with droplets from an infected person's cough or sneezetouching objects or surfaces (like doorknobs or tables) that have droplets from an infected person, and then touching your mouth or face.
Scope:	All Carers and Members
Responsibilities	<p>Refer to procedure Carer guide to visiting a client in the community during COVID-19</p> <p>Minimise outings and travel. Consider having medicine, groceries and essential items collected by the carer or delivered to the clients home.</p> <p>The carer must ensure that the vehicle is stocked with PPE, hand sanitiser, disinfectant wipes and a disposable bag. The carer must ensure cleanliness of vehicle, and use disinfectant wipes for car doors, handles and steering wheels. The vehicle air flow should be checked to minimise recirculation, change setting to outside fresh air position. This setting will depend on the vehicle. All handbags are to be placed on the floor and not the seats. These can be also placed in the boot if they are large.</p> <p>As physical distancing while in a vehicle or on public transport cannot always be maintained a surgical mask must be worn as a protective measure by the carer and client. Physical distancing means reducing the close physical contact between the client and the carer by staying 1.5 metres away. The client is to sit in the back passenger side (diagonally opposite driver) – as far from the carer as possible</p> <p>The carer and client must wear a surgical mask in the vehicle or on public transport. The carer will educate the client on how to wear a mask by referring to the guidelines attached. The main value of wearing a mask is to protect other people. If the person wearing the mask is unknowingly infected, wearing a mask will reduce the chance of them passing the virus on to others. Hand hygiene should be attended regularly including prior to leaving the carers house and when returning to the carers home. Approved alcohol-based products for hand disinfection may be used.</p>
References:	<p>Department of Health</p> <p>NSW Government Clinical Excellence Commission</p>



Accountability	KEY STEPS	CLARIFICATION
1 Care Manager	Training	1. The Care Manager Is responsible for updating and maintaining the Covid-19 Client Transport policy
2 Carer	Driving	2. All personnel of Weejah must be aware of the Covid-19 Client Transport Policy and periodically review the Policy. 3. At induction all personnel will be required to understand and acknowledge that they understand and agree to the Covid 19 Client Transport Policy
3 Care Manager	Monitoring	1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i> 2. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.

***Related documents:**

.	· <i>Audit, Internal Assessment and Review Schedule</i>
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- **Forms* – Work Instructions - Procedures



COVID-19 CLIENT VISIT POLICY

Version 1.1

Policy:	<p>Purpose: To guide a carer on how to safely care for a client in the community during COVID-19</p> <p>COVID-19 can spread from person to person through:</p> <ul style="list-style-type: none">close contact with an infectious person (including in the 48 hours before they have symptoms)contact with droplets from an infected person's cough or sneezetouching objects or surfaces (like doorknobs or tables) that have droplets from an infected person, and then touching your mouth or face <p>By adhering to the procedures outlined the carer can reduce the risk of infection and slow the spread of COVID-19</p>
Scope:	<p>All Carer's and Members</p>
Process:	<p>1.</p> <p>Ensure that that the carer is fit for duty prior to commencement of duty. Monitor for symptoms including:</p> <ul style="list-style-type: none">- fever- coughing- sore throat- shortness of breath- has the carer been tested for COVID-19? <p>Other symptoms can include runny nose, headache, muscle or joint pains, nausea, diarrhoea, vomiting, loss of sense of smell, altered sense of taste, loss of appetite and fatigue</p> <p>If the carer has any of these symptoms they must self isolate immediately and get tested immediately. The carer must notify their manager.</p> <p>2.</p> <p>The carer must check the link daily to see if they have been in contact with someone in the community during the date and time indicated</p> <p>https://www.nsw.gov.au/covid-19/latest-news-and-updates#self-isolate-and-get-tested-immediately-if-youve-been-to-these-locations</p> <p>If the carer has been to any of the areas identified they must self isolate and get tested immediately</p> <p>3.</p> <p>The carer must phone the client prior to visiting and ask if they have any of the symptoms described in step 1 or have been in contact with anyone in the community in step 2.</p> <p>If the client reports any of the symptoms in step 1 or meet the criteria in step 2 they are to be advised to self isolate and get tested immediately. The carer must not visit the client and must report to their manager.</p> <p>4.</p> <p>If the client or a family member displays respiratory symptoms on arrival to their home the carer is to advise the client that they will not be entering the premises and should advise them to self isolate and get tested immediately. The carer is to advise their manager.</p> <p>5.</p> <p>Physical distancing means reducing the close physical contact between the client and the carer by staying 1.5 metres away. For people at increased risk of severe COVID-19 themselves because of older age or chronic illness, physical distancing is most important. If the carer cannot maintain physical distance while attending to the client a surgical mask must be worn as a protective measure.</p> <p>6.</p> <p>Hand hygiene is crucial in reducing transmission of infections. It includes both hand washing with plain or antimicrobial soap and water, and use of alcohol-based products (gels, rinses, foams) containing an emollient that does not require the use of water. If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either non-antimicrobial or antimicrobial) and water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection may be used. Ensure you have facilities for hand washing and hand disinfection (i.e. alcohol-based products) readily accessible.</p> <p>https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/good-hygiene-for-coronavirus-covid-19#when-you-are-well</p> <p>7.</p> <p>Carers must wear a surgical grade mask if 1.5 meters distancing cannot be maintained in the client's home. The main value of wearing a mask is to protect other people. If the person wearing the mask is unknowingly infected, wearing a mask will reduce the chance of them passing the virus on to others. Prior to wearing a mask the carer must perform hand hygiene.</p> <p>When the carer is wearing a mask they must adhere to the principles below</p> <p>Do Not;</p> <ul style="list-style-type: none">Touch your mask or face as this contaminates the maskPull your mask below your nose or chinLeave it hanging around your neck or on top of your head <p>Do;</p> <ul style="list-style-type: none">Change surgical mask when mask becomes moistChange if sprayed or splashed onImmediately perform hand hygiene if you accidentally touch the mask <p>If the carer needs to remove the mask, they should perform hand hygiene, remove the mask and discard into a general waste bin and put on another mask</p> <p>https://www.health.gov.au/sites/default/files/documents/2020/08/coronavirus-covid-19-do-i-need-to-wear-a-mask_24.pdf</p>
References:	<p>Australian Government Department of Health</p> <p>NSW Government</p> <p>World Health Organisation</p> <p>NSW Government Clinical Excellence Commission</p>

Accountability	KEY STEPS	CLARIFICATION
1 Care Manager	Training	1. The Care Manager Is responsible for updating and maintaining the Covid-19 Client Transport policy
2 Carer	Driving	2. All personnel of Weejah must be aware of the Covid-19 Client Transport Policy and periodically review the Policy. 3. At induction all personnel will be required to understand and acknowledge that they understand and agree to the Covid 19 Client Transport Policy



Accountability	KEY STEPS	CLARIFICATION
3 Care Manager	Monitoring	1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i> 2. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.

*Related documents:

	· <i>Audit, Internal Assessment and Review Schedule</i>
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COVID-19 CLIENT CLEANING POLICY

Version 1

Policy:

To guide a carer on how to clean a client's home during COVID-19
COVID-19 can spread from person to person through:
close contact with an infectious person (including in the 48 hours before they have symptoms
contact with droplets from an infected person's cough or sneeze
touching objects or surfaces (like doorknobs or tables) that have droplets from an infected person, and then touching your mouth or face
By adhering to the procedures outlined the risk to both client and carers will be minimised

Scope:

All Carer's and Members

**Process:**

1. Refer to Procedure- Carers visiting a client in the community during COVID-19
2. If the carer cannot maintain physical distance while attending to the client a surgical mask must be worn as a protective measure. Physical distancing means reducing the close physical contact between the client and the carer by staying 1.5 metres away. For people at increased risk of severe COVID-19 themselves because of older age or chronic illness, physical distancing is most important.
3. Regular hand hygiene is crucial in reducing transmission of infections in the carers home. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection may be used. Ensure you have facilities for hand washing and hand disinfection (i.e. alcohol-based products) readily accessible.
4. Carers must wear a surgical mask if 1.5 meters distancing cannot be maintained in the carers home. The main value of wearing a mask is to protect other people. If the person wearing the surgical mask is unknowingly infected, wearing a mask will reduce the chance of them passing the virus on to others. Prior to wearing a mask, the carer must perform hand hygiene.
5. Cleaning means to physically remove germs (bacteria and viruses), dirt and grime from surfaces using a detergent and water solution. Wipe in an 'S' shaped pattern from top to bottom. Cleaning should start with the cleanest surface first, progressively moving towards the dirtiest surface. When surfaces are cleaned, they should be left as dry as possible to reduce the risk of slips and falls. Cleaning should be prioritised for surfaces that many people touch for example door handles, kitchen benches, light switches. The packaging or manufacturer's instructions will outline the correct way to use detergents.
6. Disinfecting means using chemicals to kill germs on surfaces. Before a surface is disinfected, it is important it is cleaned first because dirt and grime can reduce the ability of disinfectants to kill germs. Disinfectant may not kill the virus if the surface has not been cleaned with a detergent first. The packaging or manufacturer's instructions will outline the correct way to use disinfectant. Disinfectants require time to be effective at killing viruses. 10 minutes of contact time is required at a concentration of 0.01% or 1 minute for a concentration of 0.1%. Gloves should be worn when handling and preparing bleach solutions. Appropriate protective eye wear should be worn in case of splashing.
7. Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.
8. Carers should not shake dirty laundry before washing. This minimises the possibility of dispersing viruses through the air.
9. After cleaning, any single-use personal protective equipment, disposable cloths and covers should be placed in a plastic bag and disposed of in general waste. Any reusable cleaning equipment, including mop heads and reusable cloths, should be laundered and completely dry before re-use.
10. Increase the amount of fresh air by opening windows or changing air conditioning settings.

**References:**

Department of Health
Safe Work Australia
NSW Government Clinical Excellence Commission

Accountability	KEY STEPS	CLARIFICATION
1 Care Manager	Training	1. The Care Manager Is responsible for updating and maintaining the Covid-19 Client Transport policy
2 Carer	Driving	2. All personnel of Weejah must be aware of the Covid-19 Client Transport Policy and periodically review the Policy. 3. At induction all personnel will be required to understand and acknowledge that they understand and agree to the Covid 19 Client Transport Policy
3 Care Manager	Monitoring	1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i> 2. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.

***Related documents:**

· ?	· <i>Audit, Internal Assessment and Review Schedule</i>
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- **Forms* – Work Instructions - Procedures



COVID-19 CLIENT SHOPPING / ATTENDING APPOINTMENTS POLICY

Version 1

Policy:

To guide a carer on how to clean a client's home during COVID-19
COVID-19 can spread from person to person through:

- close contact with an infectious person (including in the 48 hours before they have symptoms)
- contact with droplets from an infected person's cough or sneeze
- touching objects or surfaces (like doorknobs or tables) that have droplets from an infected person, and then touching your mouth or face
- by adhering to the procedures outlined the risk to both client and carers will be minimised

Scope:

All Carer's and Members

**Process:**

1. Refer to Procedure- Carers visiting a client in the community during COVID-19
2. Minimise outings and travel. Consider having medicine, groceries and essential items collected by the carer or delivered to the clients home.
3. If the carer cannot maintain physical distance in a shopping centre while attending to the client a surgical mask must be worn as a protective measure. Physical distancing means reducing the close physical contact between the client and the carer by staying 1.5 metres away. For people at increased risk of severe COVID-19 themselves because of older age or chronic illness, physical distancing is most important.
4. Regular hand hygiene is crucial in reducing transmission of infections entering and leaving a shopping centre. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection may be used. Ensure you have facilities for hand washing and hand disinfection (i.e. alcohol-based products) readily accessible. The carer must encourage the client to perform regular hand hygiene in the shopping centre or at appointments.
5. Carers must wear a surgical mask if 1.5 meters distancing cannot be maintained. The main value of wearing a surgical mask is to protect other people. If the person wearing the mask is unknowingly infected, wearing a mask will reduce the chance of them passing the virus on to others. Prior to wearing a mask the carer must perform hand hygiene. The carer must encourage the client to wear a surgical mask prior to entering a shopping centre or during an appointment.
6. The client and carer must wash or sanitise hands before entering shopping centres or attending appointments and when leaving. The client and carer must sanitise and disinfect trolleys and shopping basket handles prior to using with products made available from the shopping centre.
7. The carer will register details if required entering premises for COVID-19 contact tracing. The carer may encourage the client to register details Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.
8. When returning home from the shopping centre safe handling of groceries is recommended. The carer must wipe down kitchen benches and hard surfaces with detergent or disinfectant wipes after use.

References:

Department of Health
Safe Work Australia
NSW Government Clinical Excellence Commission

Accountability	KEY STEPS	CLARIFICATION
1 Care Manager	Training	1. The Care Manager Is responsible for updating and maintaining the Covid-19 Client Transport policy



Accountability	KEY STEPS	CLARIFICATION
2 Carer	Driving	2. All personnel of Weejah must be aware of the Covid-19 Client Transport Policy and periodically review the Policy. 3. At induction all personnel will be required to understand and acknowledge that they understand and agree to the Covid 19 Client Transport Policy
3 Care Manager	Monitoring	1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i> 2. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.

***Related documents:**

· ?	· <i>Audit, Internal Assessment and Review Schedule</i>
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- **Forms* – Work Instructions - Procedures



Weejah Driving and Community Access Policy

Version 1.1

Policy:	Weejah. is committed to providing safe services and preventing work related injuries. Driving and the provision of community access services will be provided in a safe and effective manner in accordance with relevant State Laws and Australian Standards. Weejah will build a strong safety culture and expects all persons to take responsibility for safety and notify management of any risks, incidents or injuries associated with driving or the provision of community access services.
Expectations	<p>This Policy states Weejah expectations:</p> <p>All Carers and Customers are protected by this Policy in the provision of driving and the provision of community access services for Customers</p> <p>Driving and the provision of community access services include all times when a Helper is driving a vehicle for the purposes of meeting a Member requirement. This may be with the Member as a passenger or when completing activities on behalf of the Member and is relevant regardless of whether the vehicle belongs to the Member or the Helper</p> <p>Carers should not drive or provide community access services if the road conditions are poor, unclear or unpredictable. Alternative arrangements should be made to meet the Member needs</p> <p>All vehicles used in the provision of driving and the provision of community access services will be registered, roadworthy, have compulsory third party insurance</p> <p>Registration checks need to be completed using the relevant sites below prior to the vehicle being used for driving and the provision of community access services. A copy of this report must be filed in the Helper's or Member's Dropbox folder</p> <p>All drivers must have a current driver's license appropriate to the relevant vehicle classification being used</p> <p>Copies of driver's license must be obtained and filed in the Helper's folder if the Helper prior to the Helper being engaged driving or the provision of community access services</p> <p>All drivers must comply with all State laws at all times. Any breaches and resulting fines will be the responsibility of the driver</p> <p>Drivers should notify their insurance provider they are using their vehicle for work related purposes</p> <p>All drivers must notify their manager immediately if they use their vehicle for work related purposes</p> <p>All drivers must notify their manager immediately if they have their license suspended or have serious driving offences pending. Failure to notify promptly could result in the carer not being available for work</p> <p>Appropriate restraints and specially adapted vehicles will be used in accordance with Australian Standards as required</p> <p>All motor vehicle accidents occurring whilst vehicles are being used for driving and the provision of community access services must be reported to a Manager immediately</p> <p>If the motor vehicle accident results in an injury to a person then medical attention is to be sought immediately and the matter reported to a Director or the Head of Care and Member Services and the Incident and Injury Management Policy and procedure followed.</p>
Responsibilities	<p>Directors and the Care Manager must act promptly in the event of a motor vehicle accident or injury and are responsible for:</p> <p>Prioritising the health and safety of Members and Carers</p> <p>Consistently identifying and addressing conduct or matter that may cause injury or harm</p> <p>Ensuring that matters are dealt with effectively and efficiently</p> <p>All Personnel are ultimately accountable for their own actions and safety.</p> <p>All personnel are required to insure their own vehicles. Insurance includes both third party and comprehensive insurance.</p> <p>All Personnel are responsible for filing and managing their own insurance claims in the event of an accident.</p>
Scope:	All employees, contractors and members,
Checks:	<p>QLD Checks</p> <p>https://www.service.transport.qld.gov.au/checkrego</p> <p>NSW checks</p> <p>https://www.service.nsw.gov.au/transaction/check-vehicle-registration</p> <p>VIC checks</p> <p>https://www.vicroads.vic.gov.au/registration/buy-sell-or-transfer-a-vehicle/buy-a-vehicle/check-vehicle-registration/vehicle-registration-enquiry</p> <p>SA checks</p> <p>https://www.ecom.transport.sa.gov.au/et/checkRegistrationExpiryDate.do</p> <p>ACT checks</p> <p>https://rego.act.gov.au/regoawicket/public/reg/FindRegistration</p>
References:	<p>Driving Laws Work Health and Safety Act 2011</p> <p>Regulations 2011 Australian Standards</p>

Accountability	KEY STEPS	PROCEDURE
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1 Care Manager	Training and information	1. The Care Manager Is responsible for updating and maintaining the Driving and Community Access policy
2 Personnel	Use of Personal Information	1. All personnel of Weejah must be aware of the Driving and Community Access Policy and periodically review the Policy 2. At induction all personnel will be required to understand and acknowledge that they understand and agree to the Driving and Community Access Policy

***Related documents:**

<ul style="list-style-type: none">• <i>Driving Laws Work Health and Safety Act 2011</i>• <i>Regulations 2011 Australian Standards</i>	
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Weejah Handling Member Money Policy

*Version 1.1***Introduction:**

On occasion a Member may, in the course of receiving services from us, ask us to perform a specific task that might require us to handle money for them, for example to assist the Member with their grocery shopping. We acknowledge the risks associated with handling Member money and have developed this policy approach within which we expect all Carers and Weejah staff to operate.

This purpose of this policy is to ensure Members and Carers understand the risks associated with Carers handling Member money set out the Weejah position on and best practice for when a Member asks us to handle their money in the course of providing services, and ensure Carers take appropriate steps in handling a Member's money to help to avoid a potential disagreement or misunderstanding and to protect the Member's interests.

Definition

In this policy a reference to a Member money includes the use of a Member's EFTPOS or debit card (using Tap and Go or Paywave) as a first resort, and cash as a last resort. The use of a Member's credit card or any PIN number is strictly prohibited.



Policy Statement

We respect each Member's right to maintain their independence, including to manage their own finances independently.

We will use our best endeavours to ensure that:

If a Member asks us to handle their money in the course of providing services we do so transparently

If an issue does arise we investigate the issue and take appropriate action.

We acknowledge risks of working with Member money include:

Misappropriation, e.g. - where a Carer uses their position to steal money from a Member

Mishandling, e.g. - where a Carer accidentally loses a Member's money, and Misunderstanding, e.g. - where a Member believes they gave the Carer more money than they did.

A Carer must only handle a Member money to perform a task specified by the Member.

We expect all Carers to uphold the highest standards when handling Member money. Carers must:

- Only handle a Member's money in accordance with the terms of this policy, the Member's express instructions and the Help Plan

- Respect the Member's right to manage their finances independently and as they see fit

- Preserve Member confidentiality in relation to money handled as well as the Member's finances and information more generally.

Notify Immediately the Manager of these circumstances

Carers must not:

- Handle Member money in excess of \$150.00 per transaction.

- Purchase anything with a Member's money for anyone other than the Member.

- Receive any benefit related to spending a Member's money, e.g. - using the carer's own rewards card

- Ask for or accept any loan from a Member

- Loan money to a Member

- Offer any form of financial advice or information which may be construed as financial advice to a Member

- Engage in any gambling activity on behalf of a Member or with a Member's money.

If a Member asks us to handle their money in the course of providing services, the Care Manager will:

- Discuss the Member's request and determine an appropriate role for the Carer to support the Member in completing the task.

- Record the Member's request including specific instructions about the task that they would like us to perform and the role of the Carer in completing the task.

- Record the method of transaction to be conducted – Debit/EFTPOS card with Paywave/Tap and Go preferred, and cash as a second option.

When handling Member money unaccompanied:

- The Carer must ensure they purchase a carbon receipt book to record any purchases made on behalf of the Member

- The Carer must issue their receipt to the Member which records details of the requested transaction, ideally prior to any transaction taking place

- Both the Member and Carer must sign the receipt, with the Carer retaining the carbon copy, and the Member receiving the original

- The Carer must also request a receipt from the supplier

- The supplier's receipt should also be issued to the Member

- It is recommended that the Carer photographs the supplier receipts with their phone for their own records

The Carer must communicate to the Member that the preferred purchasing method is via the Member's

Debit/EFTPOS card to complete the transaction, utilising Paywave or Tap and Go;

The **Carer must not ask for or use** the Member's PIN number and where the Member does not have a Debit/EFTPOS card, as a last resort cash may be used to complete the transaction, but ideally only where the Member has signed the Carer's receipt book prior to the cash transaction taking place

The Carer must take reasonable steps to safeguard the Member's money from loss or theft, including checking for any supplier errors, e.g. - incorrect change provided.

WeeJah cannot accept responsibility for any funds in excess of \$150 which are available on the Member's EFTPOS/debit card, or any cash in excess of \$150 which has been supplied by the Member to the Carer.

After the transaction is complete the Carer must:

- Return the Member's EFTPOS/debit card, or change in cash, to the Member as soon as possible

- Issue the Member with a supplier receipt for the goods and services purchased/paid for

- Issue the Member with an original copy of the Carer receipt, signed by both Member and Carer, including details of the requested transaction.

Carers must immediately notify the Care Manager if they have any concerns relating to the Member's money or finances including any of the following:

- That the Member may be being taken advantage of or defrauded by a third party.

- That the Member may have lost or misplaced money or valuables of any allegations of misconduct by a Carer

- Concerns about the Member's capability to manage their finances

If the Care Manager receives notice of any concerns from a Member or Carer, they should, as appropriate:

- Investigate the concern and report as an incident if required

- Discuss the concerns with the Member

- Where we have the authority to do so, discuss the concerns with the Member's Authorised Representative

Breach of this policy will be taken seriously and is likely to result in disciplinary action being taken against the offending Carer.

In some circumstances, breach of this policy may also result in legal claims being brought against the Carer by aggrieved persons (for example, claims in relation to fraud, theft or misappropriation of property).

Carers should seek clarification from WeeJah if there is any aspect of this policy that they are unsure of.



Scope: All employees, contactors and members.

References: Code of Conduct
Elder Abuse Policy and Procedure
Privacy Policy

Accountability	KEY STEPS	PROCEDURE
1 Care Manager	Training and information	1. The Care Manager Is responsible for updating and maintaining the Handling Member Money policy
2 Personnel	Use of Personal Information	2. All personnel of Weejah must be aware of the Handling Member Money Policy and periodically review the Policy 3. At induction all personnel will be required to understand and acknowledge that they understand and agree to the Handling Member Money Policy

***Related documents:**

<ul style="list-style-type: none">• <u>Code of Conduct</u>• <u>Elder Abuse Policy and Procedure</u>• <u>Privacy Policy</u>	
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Weejah Safety & Security Procedure

Version 1.1

Policy:	Weejah will identify and address safety and security issues for all those who work for, or utilise the services of Weejah Violent behaviour is never acceptable.
Scope:	All employees and contractors.
References:	Aged Care Quality Standards (Aged Care Act 1997 and Quality of Care Amendment (Single Quality Framework) Principles 2018 <i>(Cth)</i>): Standard 7 3d), 8 3cv)–effective 1.7.19 Aged Care Act 1997 <i>(Cth)</i> Privacy & Data Protection Act 2014; Health Records Act 2001 <i>(Vic)</i> Privacy Act 1988 <i>(Cth)</i> ; Privacy Amendment (PS) Act 2000 <i>(Cth)</i> Work Health and Safety Act and Regulations 2011 <i>(Cth)</i> OHS Act, 2004 (VIC), OHS Regulations 2007 <i>(Vic)</i> A guide to working safely in people's homes, Workplace Health and Safety Queensland, 2018 AS/NZS ISO 31000 Risk Management Principles and Guidelines. Prevention and management of violence and aggression in health services Information for employers, WorkSafe Vic, June 2017 Guide For Preventing and Responding to Workplace Bullying, May 2016, Safe Work Australia

Accountability	KEY STEPS	PROCEDURE
1 Care Manager	Health and Safety (Home Environmental) Risk Assessment	1. The Care Worker conducts an initial health and safety risk assessment over the phone and then complete the <i>Health and Safety Risk Assessment</i> on-site prior to care and services commencing and at least annually 2. Identified risks are actioned prior to the commencement of care and services as part of the <i>Agreement</i>



2a All personnel	Threats.	<ol style="list-style-type: none">1. Take threats seriously and report them to the Care Manager immediately2. Record notification of threatening or violent behaviour or threats on an Incident Report (Refer: <u>Incident Reporting</u>)
2b Case Manager		<ol style="list-style-type: none">1. Informs staff/contractors/staff of the situation prior to initial contact Handover/ Care and Service Plan)2. Informs staff/contractors of strategies to cope with incidents and risk controls are in place for known violent and/or threatening people
3 All Staff	Home Visiting/Contacts	<ol style="list-style-type: none">1. All care workers have current first aid qualifications2. All care workers have the personal, protective clothing and equipment required for their role with them at all times when providing care and services e.g. disposal gloves, antibacterial hand sanitiser3. Where danger is a possibility, home visits are attended by two people4. For isolated home visits/contacts (ie. properties outside the immediate environs of the towns) or out of hours home visits the Care Manager is notified of the following:<ol style="list-style-type: none">1. address or phone number of the consumer being visited (if the visit is to an isolated property, ensure someone else knows exactly where the property is situated)2. estimated time of return/end of visit5. The Care Manager is made aware of the staff member's arrival at all consumers by prior verbal and formal notification of all appointments for the day and estimated time of return6. If staff are not able to return by the designated time they notify Care Manager of a new estimated time of return/end of contact before the due time has expired7. If a staff member appears to be missing after all possible avenues have been tried to contact them, the Care Manager notifies senior management (CEO) for further direction; if not available, the police are notified8. When/if home visits are undertaken by a service contractor employee, the employee is to refer to organisational policy and procedure manual9. Individualised plans are in place for each consumer, according to their wishes, and include what to do if a consumer does not respond for a scheduled visit or is not home for transport or to receive their meal or, if not in place the <u>Consumer Not Responding to a scheduled Visit</u> WI is followed



4a All Staff	Working Alone	1. Keep all access to exits clear and unlocked 2. Do not park in driveways where possible 3. If staff are concerned, negotiate a backup system with <i>Care Manager</i>
4b All Staff	When Interviewing In Organisation Building	1. Staff remain close to the door so they are between the door and the consumer, for ease of exit 2. Doors are to remain unlocked
5 All Staff	Phone Numbers	1. Staff member's personal phone numbers are never given out without their permission 2. Emergency and / or local hospital phone numbers and an on-call phone number (if this service is provided) are provided for out of hours contact
6 All Staff	When Violence, Aggression or Abuse Occurs	1. Refer: <i>Incident Reporting, Critical Incidents and Occupational Stress and No Violence, Aggression or Abuse</i> 2. Complete an <i>Incident Report</i> 3. Counselling - debriefing is accessed via <i>Care Manager</i>
7 Case Manager	Training	1. Ensures staff are trained in how to manage aggressive and threatening situations
8 Case Manager	Monitoring	1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i> 2. Data and statistics are analysed and plans developed to improve outcomes for the consumer, organisation and personnel

***Related documents:**

<ul style="list-style-type: none">• <u>Incident Report</u>• <u>Care and Service Plan</u>• <u>Health and Safety Risk Assessment</u>• <u>Audit, Internal Assessment and Review Schedule</u>• <u>Consumer Not Responding to a scheduled Visit</u>• <u>WI</u>	<ul style="list-style-type: none">• <u>Incident Reporting</u>• <u>Critical Incidents</u>• <u>Occupational Stress</u>• <u>No Violence, Aggression or Abuse</u>
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***Forms – Work Instructions - Procedures**



Weejah Equal Employment Opportunity procedure

Version 1

- Policy:** Employment decisions will be based on real business needs and the skills and knowledge of current and potential personnel.
All forms of discrimination or vilification will be regarded as unfair and will not be tolerated.
It is every employee's responsibility to inform their supervisor/manager of breaches of this policy.
All supervisors/managers will be responsible for acting on reports of discrimination or vilification.
- Scope:** All current and potential personnel.
- References:** Equal Opportunity Act 2010 *(Vic)*
Affirmative Action Act 1986 *(Cth)*
Human Rights and Equal Opportunity Commission Act 1986 *(Cth)*
Disability Discrimination Act 1992 *(Cth)*
Racial discrimination Act 1975 *(Cth)*
Fair Work Act 2009 *(Cth)*
Sex Discrimination Act 1984 *(Cth)*
AS/NZS 3806:1998 Compliance Programs
AS/NZS ISO 9001:2008 Quality Management Systems, 6.2
Aged Care Quality Standards (Aged Care Act 1997 and Quality of Care Amendment (Single Quality Framework) Principles 2018 *(Cth)*): Standard 8 3c v)–effective 1.7.19
Privacy and Data Protection Act 2014 *(Vic)*; Health Records Act 2001 *(Vic)*
Privacy Act 1988 *(Cth)*; Privacy Amendment (Private Sector) Act 2000 *(Cth)*.

Accountability	KEY STEPS	PROCEDURE
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1 All personnel	Identification of Discrimination or Vilification	<p>1. Employees who believe they are being unfairly treated as a result of discrimination raise the matter promptly as a grievance</p> <p>2. Potential personnel who believe they have been unfairly treated as a result of discrimination raise the matter promptly with the person whom they were interviewed by. They may also report directly to the Fair Work Ombudsman to have the matter investigated, on fairwork.gov.au or the Fair Work Infoline, ph: 13 13 94 Monday to Friday, between 8.00am–6.00pm.</p> <p>3. Employees may also report grievances regarding refusal of a job, dismissal or unfair treatment because of discrimination directly to the Fair Work Ombudsman, contact details as above.</p>
2 Manager	Action on Receipt of a Complaint	<p>1. Ascertain the nature of the complaint, and the wishes of the complainant, who is not obliged to request a full, formal investigation if they will be satisfied by less formal treatment of the complaint</p> <p>2. Weejah reserves the right to invite any investigation which appears warranted</p> <p>3. If a formal investigation is to be conducted, line management and the senior management are consulted on the process to be used.</p>



3 Manager	Records and Evaluation	<ol style="list-style-type: none">1. Treat the complaint seriously, promptly, confidentially2. Identify complainant's wishes as to the outcome3. Explain and consult regarding actions with the complainant4. If investigation is not requested and not appearing warranted:<ul style="list-style-type: none">- Act promptly, while the issue is current- Maintain confidentiality through restricted discussion- Ensure senior management (or rep) is advised ASAP- Keep detailed notes5. If investigation is agreed:<ul style="list-style-type: none">- Interview all directly concerned, separately- Interview witnesses, separately- Keep records of investigation (not on personnel file)- No assumption of guilt- Maintain confidentiality, wherever possible; minimize disclosure- Determine appropriate action, generally by consultation with the complainant and possibly the person accused- Check to ensure the outcome meets the needs of the complainant and the organisation6. Details and associated records are kept securely and separately from the personnel records of the people involved7. Record on personnel files the fact that the accusation was made, the conclusion of any investigation, and any action taken which concerns the persons involved8. Records include at least the names and work locations of those involved, the relationship between them, and information collected regarding the complaint.
4 Line Management	Action	<ol style="list-style-type: none">1. Responsible for ensuring relevant action is initiated2. Referring to more senior management if the circumstances of the complainant or potential outcomes (e.g. involvement of an outside agency) require authority for action.
4 Line & Senior Management	Outcome	<ol style="list-style-type: none">1. Discuss with the complainant to ensure that needs are met2. <u>Review</u> complaints and their outcomes (with as much confidentiality as is reasonably possible) to seek improvements in workplace behaviour and resolution processes.



6 Manager	Monitoring	<p>1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i></p> <p>2. Data and statistics utilised: Comments and Complaints System, Management Report, performance management</p> <p>3. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.</p>
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***Related documents:**

<ul style="list-style-type: none">· <i>Audit, Internal Assessment and Review Schedule</i>· Management Report	<ul style="list-style-type: none">· <u>Grievance and Industrial Relations</u>
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*Forms – Work Instructions - Procedures



Weejah Inclusion and Diversity Procedure

Version 1

Policy:	<p>Weejah is committed to providing a safe and inclusive environment in which everyone is treated with courtesy, dignity and respect, and in which no individual or group feels bullied, threatened, intimidated or discriminated against. The diversity in our workforce and consumer population is valued, with equitable access to aged care and equal employment opportunity.</p> <p>We recognise that all people, regardless of particular groups with which they identify are not all the same, and groups are not mutually exclusive. We acknowledge that there is no limit to the number of different characteristics a person holds and that no two people's life experiences are the same.</p> <p>We will create strong and enduring community partnerships to ensure that 'at risk' groups receive the broad range of services required to minimise disadvantage and support inclusion, including working in partnership with culturally and linguistically diverse (CALD), Indigenous, religious and lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTIQ) communities.</p> <p>Personnel respect a consumer's choice to disclose or not disclose information about themselves.</p> <p>Personnel will be supported to understand the difference between their personal values or beliefs and the legal and ethical guidelines that govern their workplace behaviour and practice. Personnel are expected to be respectful of the differences and diversity of all consumers and their colleagues, with discriminative practices clearly identified as being unlawful, resulting in performance management or disciplinary procedures or legal proceeding being taken, appropriate to the action.</p>
Scope:	Consumers, personnel, contactors and visitors.
References:	<p>Aged Care Act, 1997 (Cth)</p> <p>Aged Care Quality Standards (Aged Care Act 1997 and Quality of Care Amendment (Single Quality Framework) Principles 2018 (Cth)): Standard 1-effective 1.7.19</p> <p>Charter of Aged Care Rights effective 1.7.19</p> <p>Occupational Health and Safety Act, 2004 and Regulations 2017 (Vic)</p> <p>Australian Human Rights Commission Act 1986 and Australian Human Rights Commission Regulations 1989 (Cth)</p> <p>Disability Discrimination Act 1992 (Cth)</p> <p>Equal Opportunity Act 2010 (Vic)</p> <p>Health Records Act 2001 (Vic)</p> <p>Privacy Act 1988 (Cth)</p> <p>Racial Discrimination Act 1975 (Cth)</p> <p>Sex Discrimination Act 1984 and Sex Discrimination Amendment (Sexual orientation, gender, identity and intersex) Act 2013 (Cth).</p>
Definitions:	<p>The following definitions from the Diversity Council of Australia are accepted at [Organisation]:</p> <p>Diversity: <i>all of the differences between people in how they identify in relation to their:</i></p> <ul style="list-style-type: none">• Age, caring responsibilities, cultural background, disability, gender or gender identity, Aboriginal and / or Torres Strait Islander background, sexual orientation, intersex status, and socio-economic background (social identity)• Profession, education, work experiences, and organisational role (professional identity). <p>Inclusion occurs when a diversity of people (e.g. of different ages, cultural backgrounds, genders) feel valued and respected, have access to opportunities and resources, and can contribute their perspectives and talents to improve their organisation and / or community.</p> <p>https://www.dca.org.au/di-planning/getting-started-di/diversity-inclusion-explained accessed 1.3.19</p>
Resources:	<p>Birch, H (2009) <i>Dementia, lesbians and gay men</i>. Alzheimer's Australia</p> <p>Department of Health and Aging 2012 <i>National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy</i></p> <p>Meaningful Ageing Australia, (2016). <i>National Guidelines for Spiritual Care in Aged Care</i>. Meaningful Ageing Australia, Parkville.</p> <p>https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people</p> <p>https://www.culturaldiversity.com.au</p> <p>https://www.fightdementia.org.au/</p> <p>https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework</p>



Accountability	KEY STEPS	PROCEDURE
1 Manager	Information and training	<p>1. <i>Weejah Aged Care Code of Conduct: Home Care</i>, which supports a diverse and inclusive consumer population and workplace, is displayed [where] and included in 'Welcome packs' for consumers and personnel by administration</p> <p>2. The <i>Charter of Aged Care Rights</i> is displayed [where] and included in 'Welcome packs' for consumers and personnel</p> <p>3. The Manager provides personnel with inclusion and diversity training as part of orientation, including using inclusive, non-discriminatory language (both verbal and non-verbal) e.g. partner instead of husband or wife as per consumer preferences</p> <p>4. Neutral terms are used in organisational system documentation as per delegated authority to approve documentation</p> <p>5. Department of Health diversity action plans are available for support with solutions to address specific barriers and challenges affecting each group's ability to access aged care services; they are utilised according to our current and future consumer population (resources).</p>
2 Care Manager	Consumer access	<p>1. Consumers have access to services regardless of information they choose to disclose or not, their age, cultural background, religious beliefs, disability, gender or gender identity, Aboriginal and / or Torres Strait Islander background, sexual orientation, intersex status, and socio-economic background (social identity), profession, education and work experiences (professional identity).</p>
3 Manager	Languages and Culture	<p>1. The employment of multilingual staff to facilitate communication with our consumer population is supported, with staff language skills included in a data base</p>
4 Manager	Engagement	<p>1. Personal care personnel support consumers to participate in cultural, social, religious and community opportunities according to their preferences and what is important to them, with specific activities, services and events included in the activities program</p>



5 Manager	Breaches of this policy and procedure	<ol style="list-style-type: none">1. Personnel report breaches of this policy and procedure to the Manager for further action2. Consumers and their representatives are encouraged to report breaches of this policy and procedure to the Manager for further action3. The Manager completes a confidential report, conducts an investigation, takes remedial action and reports such incidents in their monthly Management Report4. The Manager seeks assistance and guidance from experts such as HR, as needed.
6 Audit Committee	Monitoring	<ol style="list-style-type: none">1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per Audit, Internal Assessment and Review Schedule2. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.

***Related documents:**

<ul style="list-style-type: none">• <i>Bully and harassment investigation</i>• <i>Grievance report</i>• <i>Confidential incident report</i>• <i>Management Report</i>• <i>Audit, Internal Assessment and Review Schedule</i>• <i>Orientation</i>• Welcome Pack Contents List: Consumers• <i>Welcome Pack Contents List: Personnel</i>	<ul style="list-style-type: none">• <u>Appointed Decision Makers</u>• <u>Bullying and Harassment</u>• <u>Care Planning procedure</u>• <u>Equal Employment Opportunity procedure</u>• <u>No Occupational Violence and Aggression procedure</u>• <u>Lifestyle and Engagement procedure</u>• <u>Aged Care Code of Conduct: (Home Care)</u>• <u>Aged Care Governance Terms of Reference</u>
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*Forms – Work Instructions - Procedures



Weejah Whistleblowers procedure

Version 1

Policy:	<p><i>Weejah</i> seeks to provide a working environment free of improper or corrupt conduct.</p> <p>Processes will ensure compliance with all relevant requirements of the Act.</p> <p>Disclosers (Whistleblowers) will be provided all possible protections as afforded by the Act.</p>
Scope:	<p>All reports or complaints reported to the organisation will be managed in accordance with the recommended guidelines to ensure protection to the appropriate individuals concerned. Involves allegations or complaints by or about consumers, relatives, visitors or personnel.</p>
References:	<p>Aged Care Quality Standards (Aged Care Act 1997 and Quality of Care Amendment (Single Quality Framework) Principles 2018 <i>(Cth)</i>): Standard 8.3—effective 1.7.19</p> <p>Aged Care Act 1997 <i>(Cth)</i></p> <p>Treasury Laws Amendment (Enhancing Whistleblower Protections) Act 2019 <i>(Cth)</i></p> <p>Protected Disclosure Act 2012 <i>(Vic)</i></p> <p>Occupational Health and Safety Act 2004 <i>(Vic)</i>; OHS Regulations 2017 <i>(Vic)</i>; Work Health and Safety Act 2011 <i>(Cth)</i></p> <p>AS/NZS ISO 31000:2009 Risk Management Principles and Guidelines</p> <p>Prevention and management of aggression in health services, A handbook for workplaces, WorkSafe Victoria, Edition No. 1 June 2008</p> <p>Workplace bullying – prevention and response, WorkSafe Victoria, October 2012</p> <p>Guide: Anti-Bullying, Fair Work Commission, July 2014.</p>
Definitions	<p>Whistleblower or Protected Discloser Complainant has:</p> <ul style="list-style-type: none">• reasonable grounds to suspect that the information concerns misconduct, or an improper state of affairs or circumstances• reasonable grounds to believe that making a further disclosure of the information in accordance with this subsection would be in the public interest• reasonable grounds to believe that the information concerns a substantial and imminent danger to the health or safety of one or more persons or to the natural environment.



An individual is an **eligible whistleblower** in relation to a regulated entity if they are, or have been:

1. an officer of the regulated entity
2. an employee of the regulated entity
3. an individual who supplies services or goods to the regulated entity (whether paid or unpaid)
4. an employee of a person that supplies services or goods to the regulated entity (paid or unpaid)
5. an individual who is an associate of the regulated entity
6. a spouse or child of an individual referred to in any of paragraphs (a) to (e)
7. a dependent of an individual referred to in any of paragraphs (a) to (e), or of such an individual's spouse
8. an individual prescribed by the regulations for the purposes of this paragraph in relation to the entity.

Regulated entities are:

1. a company
2. a corporation to which paragraph 51(xx) of the Constitution applies.

The Act makes it an offence for a person to take **detrimental action** against a person in reprisal for whistleblowing. Detrimental action includes:

1. dismissal of an employee
2. injury of an employee in their employment
3. alteration of an employee's position or duties to them
4. disadvantage
5. discrimination between an employee and other employees of the same employer
6. harassment or intimidation of a person
7. harm or injury to a person, including psychological harm
8. damage to a person's property
9. damage to a person's reputation
10. damage to a person's business or financial position
11. any other damage to a person.

Accountability	KEY STEPS	PROCEDURE
1 <i>HR Manager</i>	Access	<ol style="list-style-type: none">1. The person responsible for the receipt of information related to potentially misconduct, or an improper state of affairs or circumstances hereafter known as the 'delegate' is HR Manager2. If, due to conflict of interest, the identified delegate is not appropriate to receive the complaint, the contact is Chief Financial Officer3. The discloser may make a formal complaint directly to the Aged Care Quality and Safety Commission (ACQSC) GPO Box 9819, Melbourne, 3000 Telephone 1300 935 075 www.agedcarequality.gov.au.



2a Discloser		1. The discloser makes the disclosure to the delegate and may request a meeting outside the work environment.
2b Delegate	Receiving and assessing disclosure	1. The delegate assesses if the disclosure is a public interest disclosure and reviews it for the essential elements of a protected disclosure.
3 Appointed Investigator	Investigation	<p>1. HR Manager appoints an investigator</p> <p>2. The appointed investigator:</p> <p>1. Develops terms of reference, sets a date by which the report is to be concluded and describes the resources available</p> <p>2. Develops an investigation plan which describes:</p> <p>1. What has been alleged</p> <p>2. What the possible findings or offences are</p> <p>3. What evidence can be identified</p> <p>4. Investigation conduct: how and by whom and</p> <p>5. The resources that are required.</p> <p>3. Before starting the investigation, checks the discloser has been notified by the delegate and asked to provide any additional material relevant to the investigation</p> <p>4. Takes all reasonable steps to protect the identity of discloser; where disclosure cannot be avoided, warns the discloser in advance of their identity being released</p> <p>5. Regularly informs the discloser of the investigation progress</p> <p>6. May refer the situation directly to the ACQSC for further investigation and review, if the investigation reveals that the information is one of 'public interest disclosure'.</p>
4 HR Manager	Action taken after investigation	<p>1. The appointed investigator:</p> <p>1. Completes a written report of the findings and submits it to the HR Manager who is not implicated in the investigation</p> <p>2. Maintains confidentiality of the identity of the discloser, including in the report, unless necessary for ongoing legal investigations; the identity of the discloser is only released after seeking legal advice and informing the discloser</p> <p>3. Forwards a copy of the investigation report to the discloser and if necessary, ACQSC</p> <p>2. Action to be taken is determined by the organisation or their representatives, or in the case of suspected criminal activity it is referred to the appropriate authorities.</p>



5 Delegate	Managing the welfare of the Discloser	<p>1. The delegate:</p> <ol style="list-style-type: none">1. Protects discloser complainants from direct and indirect detrimental action, and fosters a workplace culture supportive of protected disclosures2. Keeps the discloser informed3. Records the incident details (<i>Incident Report</i>), advises the discloser of their rights and refers the discloser to appropriate personnel for additional support if a discloser reports an incident of harassment.
6 Manager	Monitoring	<p>1. This procedure is audited and reviewed at least 3 yearly (according to organisational risk) as per <i>Audit, Internal Assessment and Review Schedule</i></p> <p>2. Data and statistics are analysed and plans developed to improve outcomes for consumers, the organisation and personnel.</p>

***Related documents:**

· <i>Incident Report</i>	· <i>Audit, Internal Assessment and Review Schedule</i> · <i>Management Report</i>
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*Forms – Work Instructions - Procedures



Baptist Care Specific Requirements

Version 1.1

Required Work practices

The Carer undertakes to:

notify BaptistCare of any accidents or significant incidents (e.g. marked changes in the Care Recipient's health, temporary absences from the residence) relating to the Care Recipients;

notify BaptistCare of any situations of suspected abuse;

to notify BaptistCare if the Care Recipient does not respond to a scheduled service;

to resolve questions regarding the job as far as possible before beginning work for the Care Recipient;

to respect the privacy of the person being assisted, maintain confidentiality and behave in a professional manner at all times;

to schedule time-off or holidays as far in advance as possible and to notify the Contractor if they are unable to work at the scheduled time;

to arrive at the scheduled time ready for work;

to notify the Care Recipient if they are going to be late for any reason;

to complete the duties as well as possible within the agreed time;

to be open and honest in all communications;

to give regular feedback to Weejah on matters concerning the Care Recipient's service, health and welfare;



to comply with the confidentiality requirements set out in this policy document;

to submit whatever records are required, e.g. time sheets, reports and assessments;

to keep transaction histories relating to budgeting and bill paying;

to dress neatly and appropriately including use of appropriate footwear and to be well-groomed;

NOT to smoke on the Care Recipient's premises, even if the Care Recipient permits this;

NOT to cut nails. Nail/toe care is limited to the use of cotton buds to cuticle area and emery boards for trimming of nails;

NOT to impose their religious or political belief or ethical values on the Care Recipients;

NOT to sell any products to Care Recipients (e.g. vitamins, cosmetics, mail-order items);

NOT to accept or solicit any gifts from Care Recipients (e.g. lottery tickets or money);

NOT to knowingly purchase goods from a Care Recipient and/or their person responsible;

NOT to give out their own personal details to Care Recipients or families e.g. phone number, address etc.;

NO sexual relationships with Care Recipients;

NO alcohol or drugs on duty;

NOT to give advice on any matter. Refer back to Contractor;

NOT to leave confidential material with Care Recipient.

