P021 – Induction Kit

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| Applies to: |
| All staff |

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# PURPOSE

This induction kit shall be provided to all staff at the commencement of their employment with First Call Nursing. This kit includes the following policies:

* First Call Field Staff Service Delivery Guidelines
* Code Of Professional Conduct For Nurses In Australia
* Work Health And Safety (WHS) Policy
* First Call Dress, Personal Protective Equipment (PPE) & Grooming Policy
* Drug And Alcohol And Smoking Policy
* Privacy And Confidentiality
* Abuse
* Responding To Abuse
* Harassment And Bullying
* Money Handling
* Manual Handling
* Documentation And Information Management
* SWP Infection Control
* SWP Working Around Sharps
* Time Sheets
* Progress Nursing Notes
* Induction Declaration
* Employee Confidentiality Agreement

# FIRST CALL CARE STAFF SERVICE DELIVERY GUIDELINES

As a condition of employment, First Call Care Staff are expected to follow in the delivery of their duties all First Call Policies and Procedures with special reference and consideration to:

* Code of Conduct
* Dress / PPE / Grooming Policy
* Drug and Alcohol Policy
* No Smoking Policy
* ANMC Code of Ethics
* ANMC Code of Professional Conduct
* Privacy and Confidentiality Policy
* Documentation Policy
* WHS Policy
* Workplace WHS Instructions & Procedures
* “No Lift” Manual Handling Policy
* Safe Work Practices

It is expected that all changes and alterations to shift times, service make-up, duties to be performed and/or service delivery are to be conveyed to the First Call office staff by phone or in person. Email or text (SMS) notification will be not accepted (co-ordinator may not get the information on time).

It is expected that all care staff notify First Call office staff if they are unable to fill a previously agreed engagement or shift by phone or in person. Email or text (SMS) notification will not suffice and could constitute a breach of these guidelines. A doctor’s certificate will be expected for the failure to fill previously agreed to engagements or shifts when illness is given as the reason for absence or unavailability.

It is expected that care staff will make available their phone numbers to other staff members for shifts where more than one First Call worker is required. Care staff are to communicate with each other any changes, alterations, delays, or information relating to shifts prior to commencement and always enter the workplace together. If there are changes to the service, the office must be notified, and the information is provided to all care staff attending the service.

Mobile phones are always to remain on silent, in the workplace. Only emergency calls are to be attended to. At all other times, First Call expects that care staff are easily contactable.

Failure to adhere to these Service Delivery Guidelines could result in a review of employment.

POLICY

# CODE OF PROFESSIONAL CONDUCT FOR NURSES IN AUSTRALIA

First Call expects its field staff comprised of assistants in nursing, enrolled nurses, registered nurses and field staff assessor to adhere to the code set down by the Australian Nursing and Midwifery Council. The Code is as follows:

**A nurse must:**

* Practise in a safe and competent manner.
* Practise in accordance with the standards of the profession and the broader health system.
* Practice and conduct themselves in accordance with laws relevant to the profession and practice of nursing.
* Respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
* Treat personal information obtained in a professional capacity as private and confidential.
* Provide impartial, honest and accurate information in relation to nursing care and health care products.
* Support the health, wellbeing and informed decision making of people requiring or receiving care.
* Promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.
* Maintain and build on the community’s trust and confidence in the nursing profession.
* Practise nursing reflectively and ethically.

First Call Nursing Code of Conduct

**First Call employees are:**

* to respect and promote the legal and human rights of care recipients;
* to treat clients’/care recipients, family members, client representatives and other First Call employees with respect and dignity always;
* to receive all details regarding service from coordinator before work with care recipient;
* to arrive at the rostered time and be ready for work;
* to notify the office if they are going to be late for a service so that the care recipient and client can be notified;
* to notify the office immediately if there is no answer at care recipient’s premises;
* to remain outside premises until instructions are given;
* to respect the privacy of the care recipient, maintain confidentiality and behave in a professional manner always;
* to maintain appropriate professional boundaries when providing services to clients and endeavour to protect the boundaries of their professional relationship;
* to provide care with empathy and sensitivity, without exploitation, abuse, discrimination and harassment;
* to immediately report any form of abuse or neglect of a client or any accident or incident to First Call office staff;
* to give regular feedback on matters concerning care recipient’s health & welfare;
* to demonstrate commitment to person-centred care delivery ensuring care recipients/carers, their relatives/representatives are the focus of all decisions and processes
* to complete the tasks as well as possible within the rostered time;
* to notify office if appointments or transport will go over rostered time;
* to always be dressed neatly and appropriately – uniform, appropriate footwear and be well groomed;
* to be open and honest in all communications;
* to record times in service record, complete care recipient report form;
* to update client’s folder when available at care recipient’s home;
* to submit whatever forms are required – service record, timesheets, feedback report forms, initial home visit forms;
* to provide notification of scheduled time-off or holidays as far in advance as possible;
* to keep all qualifications, police checks, working with children checks, licences and registrations current
* to strive to improve proficiency and competence in practice, including knowledge and care for their care recipients/clients
* NOT to smoke while providing a service (even if the care recipient’s smokes and/or permits it);
* NOT to impose their religious or political belief on care recipients;
* NOT to impose their ethical values on care recipients;
* NOT to accept any gifts from care recipient or family members;
* NOT to sell any products to care recipients such as cosmetics, candles;
* NOT to give out their personal details such as phone number, address, email address;
* NOT to have care recipients as friends on social media such as Facebook;
* NOT to purchase goods from care recipients/carer/family member;
* NOT give advice on any matter, refer to office;
* NOT to leave confidential material at care recipients;
* NO alcohol while on duty;
* NO sexual relationships with care recipients or family members.
* NOT provide any advice regarding end of life directive, finances, statement of value and/or guardianship.
* **NOT to solicit private arrangements of employment/voluntary employment with any customer that was introduced to the employee through employment by the Employer (First Call Nursing), without the MD’s direct approval.**

Adherence to First Call Nursing Code of Conduct is essential any breech can be judged as serious misconduct which may result in instant dismissal.

# WORK HEALTH AND SAFETY POLICY

First Call’s commitment towards the health, safety and welfare of its employees is of extreme importance and a primary focus of its operations. The company recognises its responsibility towards ensuring the health, safety and wellbeing of all employees and others who visit its workplace.

All employees will be expected to demonstrate a willingness to embrace, adopt and improve upon safe work practices and safe working environments. Employees have the responsibility to behave in a safe manner, which ensures that their actions do not adversely affect the health, safety and wellbeing of themselves and others in the workplace.

**Employees must:**

* Comply with all WHS safety and work instructions.
* Participate in any WHS training provided by the company.
* Report any incident or potential hazard verbally and using the F017 - Incident / Complaint Form (Accident/Near Miss).
* Correctly use Personal Protective Equipment provided P002.
* Continually assess their work environment and reduce the risk of injury at all times.

Education and training of all employees on health and safety issues is considered to be a natural course of employment and all employees will be encouraged to embrace this concept and attend all in-services provided by First Call.

This policy is a commitment which this company places upon Work Health and Safety within the workplace. Commitment from all concerned is necessary if the health and safety of all is to be achieved and maintained.

It is a policy of First Call that:

1. All employees have the right to work in a safe and healthy environment and to perform their work without risks to their physical and psychological health and safety.
2. Employees have rights relating to WHS and these rights are supported by relevant WHS legislation.
3. Prevention of injury, illness and disease must be the first WHS priority.
4. Employers have the responsibility to:
	1. Ensure reporting of all incidents and near misses as well as accidents and injuries.
	2. Ensure the appropriate forms are completed and investigated for all reported events.
	3. Ensure that personal protective equipment is available and used.
	4. Ensure that equipment is maintained in a safe condition and undergoes a regular program of maintenance.
	5. Conduct regular inspections of the workplace and identify potential hazards and problems. Where necessary, arrange assessment of possible hazards and institute control measures.
	6. Prevent at all times the risk of exposure to hazardous substances.
	7. Stimulate a high level of safety awareness at all times in the workplace.
	8. Comply with legislation and relevant guidance material.
5. Every employee has the responsibility to:
	1. Read, understand and abide by all company policies.
	2. Supply the company with all accurate and relevant information pertaining to all qualifications, past and present injuries or claims.
	3. Complete the company’s induction program.
	4. Stimulate a high level of safety awareness at the workplace at all times.
	5. Report all hazards, incidents and near misses using the correct company procedure and documentation.
	6. Co-operate with the employer, host employer or other supervisory person so far as is necessary to enable compliance with any requirements under the WHS Act and Regulation that is imposed in the interest of health, safety and welfare on any persons.
	7. MUST NOT deliberately create a risk to the health and safety of others at the workplace with the intention of causing a disruption in work.
	8. MUST NOT commit any act that may cause a serious risk to the health and safety of a person at work.

## PROCEDURE

It is a condition of working in all workplaces and a condition of employment to observe the following rules regarding safety:

* Wear the required PPE at all times as specified by the Dress, PPE and Grooming Policy or as instructed by the host employer or co-ordinator.
* All nursing staff are to wear duty shoes at all times.
* Only trained and qualified persons are to operate equipment and transfer aids.
* Adhere to the First Call “NO LIFTING” Manual Handling policy.
* Do not work under the influence of alcohol or drugs.
* Keep your work areas clean and free of materials that could become hazards.
* At all times take reasonable care of your co-workers. Do not do anything that could place them at risk or cause harm.
* Report any unsafe work conditions, potential hazards or unsafe work practices to either the co-ordinator or management
* Be familiar with all reporting and documentation procedures.
* If you are not comfortable performing a task or duty, inform a manager.
* Health and Safety risks: DO NOT DO IT! Stop and inform the co-ordinator or management.

**Note:**

Workplace safety is everyone’s responsibility.

**Definitions:**

**Hazard** – A hazard is a situation in the workplace that has the potential to harm the health and safety of people or to damage plant and equipment. The situation could involve a task, chemical or equipment used.

**Corrective Action** – Corrective action is an action taken after an incident to correct the problem and to prevent recurrence (Monash University).

**Non-conformance** – is an activity or item that does not conform to First Call Nursing WHS policy, procedures, hazard flow chart, and risk assessment table-matrix.

**Risk** – Risk is the significance of a hazard in terms of the probability and severity of an injury or illness occurring as a result of the hazard.

**Risk management** is the term applied to a logical and systematic method of identifying, analysing, assessing, controlling, monitoring and communicating risks associated with any activity, function or process, in a way that will enable organisations to minimise WHS risks and maximise WHS strategies (WorkCover NSW).

## DOCUMENTS

F017 - Incident / Complaint Form (Accident/Near Miss)

# DRESS, PERSONAL PROTECTIVE EQUIPMENT & GROOMING

First Call has strict protocols and requirements for all nursing staff with regard to dress, PPE and personal hygiene. The company offers uniforms and it is encouraged that staff wear them unless requested by client and the office is notified. It is important that all First Call staff represent the company in a professional manner at all times.

## DRESS

Uniforms are to be worn at all times. Uniforms are made up of the following:

* First Call monogrammed shirt (men/women)
* White or pale blue collared shirt (men)
* White or pale blue shirt or blouse (women)
* Navy or black slacks (men)
* Navy or black skirt or slacks (women)
* Duty shoes/joggers (men/women)
* ID badge

NO OPEN TOE FOOTWEAR for example thongs or sandals

NO SHARP RINGS OR BRACELETS (or large bulky jewellery)

NO LARGE, HOOP EARINGS

NO NOSE RINGS

NO EYEBROW RINGS

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Gloves are to be used at all times and for all duties. Gloves are to be changed on a task to task basis.

Goggles are to be used during bowel care.

Masks are to be worn when working with clients with low immune systems or when employee has flu-like symptoms.

Aprons and shoe covers are to be used where appropriate.

(PPE – available from the office)

## GROOMING

When representing First Call, it is important that staff are well groomed at all times. It is expected that:

* Hair will be clean and tidy at all times.
* Long hair is to be tied back off your face.
* Fingernails are to be short and clean.
* Shoes are to be clean and tidy.
* Males are to be clean shaven or beards trimmed neatly.
* Hands to be washed before and after all nursing procedures.

# DRUGS AND ALCOHOL AND SMOKING

## Application of the Policy

This Policy applies to all permanent, temporary, and casual staff and contractors of First Call Nursing including Management, whether employed directly or through other related or unrelated entities including employment agencies.

This Policy does not form part of any employee’s contract of employment, nor does it form part of any contractor’s contract for services.

## Purpose of the Policy

The Company has obligations under Work Health and Safety legislation to, as far as is reasonably practicable, ensure the safety and health of all people associated with its operations and those of its clients.

A key aspect of meeting those obligations is the implementation of a sound and practical Drug and Alcohol policy.

It is recognised that the inappropriate use of drugs and alcohol by a staff member/contractor, can lead to major deficiencies in an individual’s work performance and can be a contributing factor in industrial accidents, driving accidents and road fatalities.

For this reason, the Company has a **ZERO TOLERANCE** approach to breaches of this Policy. If a staff member is found to be in breach of this Policy the likely outcome, but for exceptional circumstances, will be the termination of the staff member’s employment or termination of a contractor’s contract for services.

## Consumption of alcohol and drugs whilst at work

The manufacture, possession, use, distribution, sale, purchase, transfer of and consumption of alcohol or Illegal Drugs is prohibited while on the Company’s premises or whilst performing duties on behalf of the Company.

## Presenting for work and performing work

It is prohibited for a staff member to present for work or perform any work whilst they have a blood alcohol content of:

* 0.02 or greater for employees working in a Safety Critical Environment; or
* 0.05 or greater for employees working in other environments.

It is prohibited for staff to present for work or perform any work whilst the staff member has in his or her system the presence of the following substances at or above the Australian Standards Cut-Off Levels prescribed below:

| Code | Test Drug | Cut-Off Level |
| --- | --- | --- |
| AMP | Amphetamine | 300 µg/L |
| BZO | Benzodiazepines | 200 µg/L |
| COC | Cocaine Metabolites | 300 µg/L |
| MET | Methamphetamine | 300 µg/L |
| OPI | Opiates | 300 µg/L |
| THC | Cannabis Metabolites | 50 µg/L |

## Work functions and alcohol

Despite the above, the Company recognises that at some work related functions responsible consumption of alcohol is allowed, for example, at a staff function, Christmas party or customer function.

Staff must not consume alcohol in the workplace or at work-related functions unless specifically authorised by Management to do so. In these cases:

* It is the responsibility of the staff member to ensure that they behave in a manner that is legally and socially acceptable.
* Staff must consume alcohol responsibly.
* Staff must not become drunk. Inebriation does not diminish responsibility for misconduct.
* Staff must always uphold an appropriate standard of behaviour, consistent with the Company’s workplace policies.
* Staff must not drive any vehicle from a work-related function if they have a Blood Alcohol Concentration above **0.02**. Alternative options to driving from a function are to catch a taxi, obtain a lift with a non-drinker, or simply not drink.
* Staff who do not have a safe means of transport should advise management so that such transport may be arranged.
* If a staff member is required to return to work, or continue working after the function, and the consumption of alcohol could adversely affect their ability to perform work effectively and safely, consumption of alcohol is not permitted.
* If staff breaches this Policy at a work-related function and acts inappropriately, the staff member may be subject to disciplinary action, and may not be permitted to consume any alcohol at future work-related functions.

## Prescription and pharmacy drugs

Where a staff member is taking prescription or pharmacy drugs that contain a warning that the person should not drive a vehicle or operate machinery, then that staff member must not drive a Company vehicle or any vehicle, or operate machinery unless:

* Contrary specific medical advice is obtained and confirmed in writing, from the staff member’s medical practitioner.
* The staff member’s manager is notified that they are taking the prescription or pharmacy drugs and express approval is obtained for them to continue to operate the vehicle or machinery.

If a staff member is taking prescription or pharmacy drugs and suspects or ought to suspect that their ability to safely drive a vehicle or operate machinery is affected, they must not drive a Company vehicle, or any vehicle, or operate machinery and must notify the office immediately.

## When will the Company conduct drug and alcohol testing?

**Dictionary**

The following definitions will apply to this part:

**‘Alcohol screen test’** — means any analytical procedure or test which is carried out on staff to determine the presence and/or the concentration alcohol (including but not limited to a breath test, urine sample, oral swab and blood test).

**‘Authorised Officer’** — means a suitably trained, qualified and authorised person from an independent testing agency or a suitably trained, qualified and authorised person appointed by the Company for the purposes of undertaking or arranging an alcohol screen test and/or drug screen test.

**‘Confirmatory test’** — means any analytical procedure or test which is undertaken subsequent to a first alcohol screen test or drug screen test, which is used to verify the presence of drugs or alcohol. This may include, but is not limited to the following:

* A test applied to a second sample of urine.
* A test applied to any oral swab taken from a staff member.
* A second breath test.
* Analysis of a blood sample.

‘**Drug screen test**’ — means any analytical procedure or test which is carried out on a staff member to determine the presence and/or the concentration of any drug (including but not limited to a breath test, urine sample, oral swab and blood test).

‘**Sample**’ — in relation to urine, includes, if the sample is divided into portions, a portion of the sample.

**Drug and alcohol testing**

The Company may require a staff member to undergo testing for the presence of drugs or alcohol in the following circumstances, with or without, prior notice:

Causal based

1. If the Company suspects, on reasonable grounds, that they are under the influence of drugs or alcohol in breach of this Policy.
2. Upon finding evidence that a staff member has used, possessed, sold, purchased, solicited, or transferred drugs whilst in the workplace or while on the Company’s property.
3. Where the Company finds drugs or alcohol in the workplace.
4. Upon receipt of a report of drug or alcohol use, provided by a reliable and credible source and confirmed by investigation, in breach of this Policy.
5. Upon obtaining evidence that a staff member has interfered with, tampered with, falsified, or destroyed an alcohol screen test or drug screen test.
6. Where a staff member has previously received a positive alcohol screen test or drug screen test and has refused to undergo a confirmatory test, he/she shall be required to undergo subsequent testing.
7. Where a staff member has previously received a confirmatory test result confirming the use of Illegal Drugs or alcohol in breach of this Policy, he/she shall be required to undergo subsequent testing.
8. Where a staff member notifies the Company that he/she has a drug or alcohol problem.
9. Where a staff member is taking prescription or pharmacy drugs which may affect their ability to perform the duties and responsibilities of their position in an efficient, competent and safe manner, without risk to the health, welfare or safety of staff, or others in the workplace.

**Targeted testing** - Where the staff member holds a position in the Company in which the use of drugs or alcohol by that staff member in carrying out the duties and responsibilities of that position would pose a significant risk to the health, welfare or safety of that staff member or others in the workplace.

**Post incident or near-miss** - Where the investigation of an incident or near-miss determines that the staff member’s actions may have been impaired due to the use of drugs or alcohol, or the staff member was under the influence of drugs or alcohol.

**Random testing** - When a staff member, or group of staff are randomly selected by the Company or an authorised officer to undergo a drug screen test and/or alcohol screen test. The staff member who is required to undertake a drug screen test and/or alcohol screen test will be required to sign a consent form before taking a drug screen test and/or alcohol screen test.

**Use of information** - The Company will not use information collected from any drug test and/or alcohol screen for the purposes other than for which it is collected. For the avoidance of doubt, the purposes of collecting this drug and alcohol testing information is to ensure the productivity, health and safety of personnel, to apply this Policy, and for disciplinary purposes.

**Refusal to undergo testing** - A refusal to undergo a drug screen test and/or alcohol screen test or providing false information during such a test constitutes a breach of this Policy and may result in action being taken against the staff member, including action as set out below under ‘Breach of this Policy’.

## Breach of this Policy

Staff must always comply with this Policy.

If a staff member is found to have breached this Policy, the staff member will be subject to disciplinary action which will, in most cases, result in termination. If exceptional circumstances arise, the Company may implement disciplinary action other than termination, which might include:

* Performance counselling.
* A formal warning.
* Suspension.
* Referral for counselling, treatment or rehabilitation for drug or alcohol dependency.

Agents or contractors (including temporary contractors) of the Company who are found to have breached this Policy may have their contracts with the Company terminated, or not renewed.

In circumstances where a staff member’s behaviour or conduct may involve a breach of any Australian law, the Company may notify the police or other relevant government authority.

## Definitions

In this Policy references to:

‘**drug(s)**’ — include Illegal Drugs, prescription or pharmacy drugs, or synthetic drugs as defined below.

‘**Illegal Drug(s)**’ — include:

* Any drug prohibited by Australian State, Territory or Federal law or any other laws (including foreign and international laws) to which the Company is subject or which apply to the work performed at or for the Company.
* Prescription or pharmacy drugs (as defined below) which are used without the necessary prescription, or for non-medical purposes.
* Any synthetic drug (whether prohibited by law or not), being a psychoactive herbal and/or chemical product which, when consumed, mimics the effects of a prohibited drug, for example synthetic cannabis.

**‘Management’** — means the Company’s managers, supervisors, team leaders (whichever are relevant) and all Staff with supervisory responsibilities.

**‘Safety Critical Environment’** means any environment in which:

* A person might be exposed to serious health or safety risks that cannot be entirely eliminated.
* Any human error or process malfunction may lead to serious injury or severe damage to property or equipment.

Safety critical environments include (but are not limited to) the following environments:

* Warehouses, factories, mine sites and laboratories.
* Confined spaces.
* Roads, railways and tramways.
* Workplaces involving the presence of or access to hazardous materials.
* Workspaces with slippery floors or at heights.
* Any workplace involving driving of vehicles or the operating of heavy machinery.
* Any workplace involving access to or exposure to electrical cabling, wires or live electricity;
* Workplaces involving interaction with bodies of water.
* Any work inside planes, trains, trams and automobiles.
* Any work requiring interaction with individuals who may be suffering from disabilities (including mental or physical illness), disease, drug abuse, alcohol abuse or any other condition or behavioural patterns which might result in the individual becoming unstable, aggressive or violent.

## Smoking

The company will respect the needs of both smokers and non-smokers. It is committed to providing a safe workplace and will comply with any relevant legislation which regulates and relates to the health and safety of employees.

The company will endeavour at all times to meet the standards of health, safety and welfare required for a safe working environment in accordance with applicable occupational health and safety legislation and ensure that it minimises or eliminates the risk or exposure to environmental tobacco smoke at its premises.

* Smoking by employees and visitors is **not** permitted within the company’s workplaces and offices.
* Smoking is permitted outside except where otherwise indicated.
* Smoking is **not** permitted in any client’s home, facility or vehicle transporting clients or their carers.
* This policy applies to all workplaces of First Call.

## Variations

The Company reserves the right to vary, replace or terminate this Policy from time to time.

## DOCUMENTS

F017 - Incident / Complaint Form (Accident/Near Miss)

# PRIVACY AND CONFIDENTIALITY

First Call Nursing is bound by the Privacy Act 1988 and the Australian Privacy Principles (APP), which requires that organisations that hold personal and health information about people do so in an open and transparent manner and handle that information responsibly and confidentially.

This privacy policy outlines the personal information handling practices of First Call Nursing and is based on the Australian Privacy Principles. The Australian Privacy Principles are effective from 12 March 2014.

The 13 Australian Privacy Principles (APPs) replace the National Privacy Principles (NPPs) for organisations from 12 March 2014.

The APPs are found in the Privacy Amendment (Enhancing Privacy Protection) Act 2012 Ref. www.oaic.gov.au

## CONFIDENTIALITY

First Call Nursing adheres to a strict code of confidentiality within the application of its service provision.

First Call Nursing **care staff** are to relate client information whether it be written or verbal to the office staff of First Call Nursing only.

First Call Nursing **office staff** are to relate client information whether it be written or verbal to:

* Staff providing services for the client or client directly
* Clients, carers, service providers, organisations or facilities directly related to the client with their permission only.

Written requests are required for client information from clients, carers, service providers, organisations or facilities.

Both First Call Nursing care staff and office staff are not to discuss amongst themselves information pertaining to any other staff member, client, carer, service provider, organisation or facility that does not directly relate to the application of their duties, role or authority.

Any breach by First Call Nursing care staff or office staff of this policy will be considered serious and could constitute serious misconduct.

## PRIVACY

**Personal information**

‘Personal Information’ means information, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from that information, regardless of its source.

First Call Nursing collects and holds:

* Personal and health information of clients or prospective clients relating to providing care and services in their home or at a facility.
* Personal and health information of employees or prospective employees relating to their employment.

**Collection of information**

First Call Nursing only collects personal information that is necessary for any of the functions or activities required to provide client care and services and staff employment.

First Call Nursing may collect personal information on clients or prospective clients in any of the following ways:

* From the Commonwealth Government Department of Aged Care Assessment Team.
* From Medicare Australia.
* From the Department of Social Services.
* From the individual’s Doctor.
* From the individual;
	+ Upon the individual’s initial inquiry or by the individuals’ completion of the application for care services.
	+ During interviews with the individual or their nominated representative or family.
	+ Upon completion of the individual’s Plan for Care Services.
	+ Upon completion of the individual’s Care Agreement.
* From staff observation, other health providers or facilities.
* From completion of assessment and other relevant care documentation.

First Call Nursing may collect personal information on employees or prospective employees in any of the following ways:

* Information provided from the individual.
* Documentation completed and provided by the individual.
* Resumes provided by the individual.
* Information provided by referees proposed by the individual.
* Information provided on request from previous employers.
* Information obtained from the Workers Compensation Regulator relating to the individual’s claims history.

This information is collected to provide or in providing a health service and is therefore also ‘sensitive information’ as prescribed by the *Privacy Act 1988* (as amended). Sensitive information is collected in accordance with the Privacy Act (Australian Privacy Principe 3) and is only collected after informing the individual and obtaining their consent.

Section 88 of the *Aged Care Act 1997* requires First Call Nursing to collect personal information prescribed by that Act and the Aged Care Principles.

If First Call Nursing receives unsolicited information such as information that is not relevant or did not actively seek to collect, this information will be securely destroyed as soon as practicable.

**Purpose of information held**

First Call Nursing may hold personal information on clients or prospective clients for the following purposes:

* To provide appropriate ongoing care and services.
* To comply with the provisions of the *Aged Care Act 1997* and associated Acts.
* To determine the individual’s eligibility to entitlements provided by the *Aged Care Act 1997*.

First Call Nursing may hold personal information on employees or prospective employees for the following purposes:

* To enable us to properly assess the quality of applications for employment applied for,
* To enable us to contact the individual.
* To enable us to meet employment conditions and meet industrial employment legislation.
* To enable us to monitor, review and manage the individual’s work performance in accordance with employment contracts and the organisation’s policies and procedures.

**Storage and security of personal information**

First Call Nursing may store personal information about the individual in any of the following ways:

* Electronically on our computer databases.
* Hard copy documents kept securely within the premises.

First Call Nursing is committed to ensuring we securely protect all individuals’ personal information from misuse, loss, unauthorised access, modification or disclosure.

First Call nursing takes steps to protect the security of the personal information we hold from both internal and external threats by:

* Regularly assessing the risk of misuse, interference, loss, and unauthorised access, modification or disclosure that information.
* Taking measures to address those risks, for example, we are able to identify when someone has added, changed or deleted personal information held in our electronic databases.
* Electronic databases have security levels and only authorised staff are able to access relevant personal information.
* All computers and electronic devices are protected by up to date virus and external fire wall protection.
* No personal information is stored on individual computers and is stored on the cloud operated by reputable Australian based service providers.
* All personal information is securely backed up in databases stored on the cloud.
* Staff signing a Confidentiality Agreement and receiving education on privacy and confidentiality.
* Conducting regular audits to assess whether we have adequately complied with or implemented these measures.
* Any breach or suspected breach of data security is dealt with using a risk management approach and appropriately actioned by First Call Nursing.

**Quality of personal information**

First Call Nursing takes a number of steps to ensure that all personal information we collect is accurate, up-to-date and complete. This includes:

* Recording information in a consistent format.
* Promptly adding updated or new personal information to records.
* Regularly reviewing nominated representatives contact information to check its accuracy.

We also review the quality of personal information before we use or disclose it.

**Disclosure of personal information**

First Call Nursing will inform and seek the consent of the individual prior to the disclosure of personal information to any external agency or person.

First Call Nursing may disclose personal information about clients or prospective clients for the following reasons:

* To determine the individual’s eligibility to entitlements provided by the *Aged Care Act 1997.*
* To enable us to contact any nominated person to lawfully inform of a client’s health status.
* To provide a health professional or another health facility with health information required for appropriate ongoing care or referral.
* To lawfully liaise with the individual’s nominated representative and to contact family if requested or needed.

First Call Nursing may disclose personal information about employees or prospective employees for the following reasons:

* To enable us to properly assess the quality of applications for employment applied for,
* To report to enforcement agencies to meet any legislative requirements such as a suspected or alleged sexual or physical assault of a resident,
* To provide information to health authorities in the case of an emergency or adverse health event.

First Call Nursing will not disclose personal information for any other purposes unless:

* The individual has given consent to the use or disclosure of information.
* The information is required or authorised by or under the Australian law or a court/tribunal order.
* A permitted health situation or emergency exists.
* It is reasonably believed that the information is reasonably necessary by an enforcement body.

If First Call Nursing is required to disclose personal information to an overseas recipient, all individuals will be informed and their consent gained. First Call Nursing will take all such steps as are reasonable in the circumstances to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation to the information.

First Call Nursing will ensure that all aspects of the Privacy Act (Australian Principle 7) are met and will not disclose or use personal information for the purpose of direct marketing.

**Access to personal information**

Under the Privacy Act (Privacy Principle 12), an individual has the right to ask for access to their own personal information held about them by First Call Nursing.

Individuals may be asked to verify their identity prior to accessing personal information. Access to this information will be provided on request except where we can lawfully deny or limit access as prescribed by the Privacy Act 1988 (as amended).

An individual does not need to provide a reason for requesting access.

On advice from First Call Nursing’s legal representative, access to personal information may be denied. If we refuse to give individual’s access to personal information, we must notify you in writing setting out the reasons.

First Call Nursing will provide a reasonable range of choices of how access will be available depending on an individual’s particular needs.

First Call Nursing may choose to charge for the service of providing access. What is charged will be reasonable and consistent with fees imposed by the Commonwealth for access to documentation under the Freedom of Information Act 1982.

Access may be obtained by:

* Contacting our Office, First Call Nursing on telephone **02 9600 6612**,
* Written request for personal information.

**Correction of personal information**

If the individual believes the personal information held about the individual is inaccurate, incomplete or not up to date, the individual may request an amendment and correction of the information. A request for correction of information may be made to First Call Nursing.

If First Call Nursing does not agree with the amendment, we will note the individual’s disagreement and the reasons why.

**Destruction of personal information**

Disposal of records requires that they be rendered unreadable by appropriate mechanical, physical or electronic processes. All electronic information is secured by using password protection. Any paper records are maintained in accordance with the *Aged Care Act 1997, Records Principles 1997* and the guidelines outlined in the Australian Government Administrative Disposal Authority. First Call Nursing securely destroys all paper personal information when they are no longer required to be retained. Records are placed in security bins and destruction is carried out by a secure document external provider.

**Complaints and feedback procedure**

If a client or representative wishes to make a complaint about our management of an individual’s personal information, a written compliant may be submitted to the Manager. Staff who wish to make a complaint may do so in accordance with the Complaints and Feedback Policy.

First Call Nursing aims to achieve a mutually agreeable solution to all complaints received through the internal process. However, if the complaint has not been resolved internally to the complainant’s satisfaction the complaint may be lodged with the Aged Care Complaints Scheme in the following ways:

* Telephone: **1800 550 552** (during business hours)
* **If you need an interpreter**, tell us when you call and we will arrange to use the [Translating and Interpreting Service (TIS)](https://www.tisnational.gov.au/). Alternatively, please call the TIS directly on **131 450** and ask them to transfer you to our number **1800 550 552**.
* **If you are hearing or speech impaired**, contact us through the [National Relay Service](http://www.relayservice.com.au/): TTY users: phone **1800 555 677** then ask for the number **1800 550 552**. Speak and Listen users: phone **1800 555 727** then ask for the number **1800 550 552.**
* Internet relay users: connect to the [National Relay Service](http://www.iprelay.com.au/call/index.aspx) and enter **1800 550 552**.
* Online at: <http://agedcarecomplaints.govspace.gov.au/>
* Writing to:

Aged Care Complaints Scheme

Department of Social Services

GPO Box 9848

Sydney NSW 2000

**How to contact First Call Nursing**

If any individual has any questions, complaints or requires further information, please contact us at:

First Call Nursing

Suite 8/ 72-74 Bathurst Street

Liverpool NSW 2170

Phone: **02 9600 6612** or after hours on: **0408 438 902**

Any individual may request a copy of the organisation’s Privacy Policy by contacting the Office on (**02) 9600 6612**. The policy may be provided to the individual in the particular form that they request, such as a paper copy or an emailed PDF document.

Under the Privacy Act (Australian Privacy Principle 2) an individual may have the option of not identifying themselves or using a pseudonym in relation to a particular matter. First Call Nursing will not breach any Privacy or other legislation regarding disclosing information and may find it impracticable to deal with individuals who have not identified themselves or who have used a pseudonym.

**References**

Office of Australian Information Commissioner: <http://www.oaic.gov.au/>

Office of Australian Information Commissioner (2014) Australian Privacy Principles. Privacy Fact Sheet 17. January 2014.

Office of Australian Information Commissioner (2012) Ten steps to protect other people’s personal information. April 2012.

*Privacy Act 1988.*

*Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

# ABUSE

First Call Nursing is committed to the implementation of prevention strategies that include suitable recruitment screening processes and protocols for identifying the risk indicators for abuse.

All clients of First Call Nursing have the right to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse.

If prevention initiatives fail to afford protection to clients for any reason, all employees are expected to respond quickly and appropriately if they witness any form of abuse or neglect, or if suspicions or allegations of client abuse or neglect are raised.

All First Call Nursing employees have a duty of care to report abuse or neglect and/or suspected abuse or neglect

**Objectives of this Policy**

* To ensure that all employees are aware of their obligations in relation to First Call Nursing’s Code of Conduct, and ADHC funded services policy relating to the prevention of, and response to client abuse and/or neglect
* To comply with ADHC’s policy for funded non-government services to ensure that the intent of the principles in their policies are reflected in First Call Nursing’s policies

This policy applies to all employees that interact with First Call Nursing’s clients.

**Definitions**

**Client**

The client is a person who accesses care from First Call Nursing.

**Abuse**

Abuse as it is used throughout this policy refers to sexual assault, physical, emotional, financial and systemic abuse, domestic violence, constraints and restrictive practices, and to neglect of an individual.

**Neglect**

Neglect is a “failure to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care.” Ref. The National Disability Abuse and Neglect Hotline.

**Duty of Care**

The requirement a disability service has to take reasonable care to avoid foreseeable harm to a client.

**Assault**

Assault, as described in the *Crimes Act 1900,* is against the law. For the purpose of this policy, assault is any attempt or threatened attempt to cause unwanted immediate physical contact or bodily harm that puts the victim in fear of such harm or contact.

**Principles:**

While providing health care to clients, First Call Nursing must operate in accordance with the performance requirements and principles of ADHC’s Abuse and Neglect Policy and Procedures.

**Prevention of Abuse**

First Call Nursing takes reasonable steps to ensure that all employees understand and perform their roles in preventing abuse of clients by any person.

**Identification of Abuse**

All employees working with clients must understand the behaviours or actions that constitute abuse.

Employees working with people with a disability are able to recognise signs that may be indicators of abuse.

Care staff that suspect and/or identify abuse being caused by another care staff member must notify the office immediately and document same.

**Reporting of Abuse**

First Call Nursing will encourage and support any person who has witnessed abuse of a client or suspects that abuse has occurred to make a report of abuse and be confident of doing so without fear of retaliation and in a supportive environment.

All employees must be aware of their responsibility to report allegations of abuse in accordance with documented procedures and training.

**Responding to abuse of a client by a member of staff**

All incidents and allegations of abuse are reported to the Manager (in case of absence report to Co-ordinator) and documented.

All reasonable steps are taken to ensure that the client is protected from further harm by preventing contact with the alleged offender (care staff member).

The rights of the alleged offender (care staff member) and responsibilities of the employer are adhered to in accordance with the appropriate legislation.

**Privacy and Confidentiality**

Access to records is restricted to those who are directly involved in reporting and responding to the incident to ensure that individuals’ rights to privacy are upheld.

A key staff member is appointed to be the sole contact for the family, guardian or other support person in providing information relating to the incident and any subsequent investigations. Ref. ADHC Abuse and Neglect Policy

**For more information SEE SAVED PDF RE ABUSE POLICY FROM ADHC please note pages 20 to 22 for FLOWCHARTS**

[G:\FC P & P\PDF reports\Abuse\_and\_Neglect\_Policy\_Apr\_2012.pdf](file:///G%3A%5CFC%20P%20%26%20P%5CPDF%20reports%5CAbuse_and_Neglect_Policy_Apr_2012.pdf)

# RESPONDING TO SUSPECTED ABUSE

Response is prompt, appropriate and in accordance with clearly documented procedures. The response should include appropriate reporting to the Service Provider, NSW police, and the provision of medical care, including to hospital by an ambulance and referral to a Sexual Assault service if the assault is of a sexual nature.

If the victim is unable to give consent, the family, carer, advocate or other support person are notified of the incident as soon as possible.

If it is appropriate and the victim has given consent, the family or carer or other support person are informed of the allegation of abuse as soon as possible after the report is made.

All aspects of the incident are documented in accurate written accounts F017 - Incident / Complaint Form (Accident/Near Miss), including any follow up actions and recorded on First Call Nursing database CM3, under the client and care staff’s names. Also the Incident Register and Risk Management Register

## Responding to abuse of a client

* All allegations and incidents of abuse are reported to management and is followed by documentation (F017).
* This information is immediately conveyed to the Service Provider/Case Manager via phone and followed by the documentation.
* All reasonable steps are taken to ensure the client is protected from further harm by preventing contact with the alleged offender where possible.
* The rights of the worker and responsibilities of First Call Nursing are adhered to in accordance with the appropriate legislation.
* All documentation is recorded on First Call Nursing database CM3 and Incident Register and Risk Management Register.

## Responsibilities

* First Call Nursing’s response process does not compromise any investigation by the NSW Police or other external agencies.
* First Call Nursing staff and witnesses cooperate with the investigations of NSW Police and other agencies as required.
* When/if necessary, clients are assisted by an independent support person (advocate) during their contact with the NSW Police and/or other agencies.
* The roles and responsibilities of First Call’s management and staff in responding to a report or allegation of abuse are documented and clearly defined.

## How to Respond

**EMERGENCY** – DIAL 000

When a Client or another person has been assaulted or in immediate danger of an assault the **NSW Police** must be called.

If a client or another person sustains an injury as the result of an assault, the **NSW Ambulance Service** must be called.

**Other Contacts**

**AUSTRALIAN NATIONAL DISABILITY ABUSE AND NEGLECT HOTLINE**

**Telephone contact: 1800 880 052 or TTY 1800 301 130**

The National Disability Abuse and Neglect Hotline is an Australia-wide telephone hotline for reporting abuse and neglect of people with disabilities who are using government funded services. Allegations are referred to the appropriate authority for investigation.

**VICTIMS OF CRIME BUREAU**

**Telephone contact: 02 8688 5511 or 1800 633 063 or TTY 1800 555 677 ask for 1800 633 063**

The Victims of Crime Bureau is a NSW Government agency that offers support to people who are victims of crime. The Victims of Crime Bureau aims to ensure that its assistance is accessible to all victims of crime, including those with disabilities.

**For more information SEE SAVED PDF RE ABUSE POLICY FROM ADHC please note pages 20 to 22 for FLOWCHARTS**

See P011 - Abuse

# HARASSMENT AND BULLYING

First Call finds all forms of harassment/bullying including sexual harassment unacceptable. No form of harassment will be condoned at or outside of the work environment whilst on company business.

The Oxford dictionary defines Harass as to trouble, annoy and attack repeatedly.

The Australian Human Rights Commission defines sexual harassment as - any unwanted or unwelcome sexual behaviour, which makes a person feel offended, humiliated or intimidated.

The effects of harassment are harmful. It can cause distress, lead to stress, illness and poor performance.

Harassment/bullying can also reduce the effectiveness and efficiency of the company by:

* Undermining the confidence of employees.
* Creating a threatening environment.
* Increasing sickness and absenteeism.
* Increasing labour turnover.

Harassment/bullying takes many forms. Some examples include:

* Derogatory remarks.
* Insensitive jokes or pranks.
* Insulting or aggressive behaviour.
* Ignoring or excluding an individual.
* Public criticism.
* Constantly under-valuing effort.
* Setting unrealistic deadlines.
* Substituting responsible tasks with menial or trivial ones.
* Withholding pertinent and necessary information.
* Offensive emails.
* Lewd comments about appearance.
* Requests for sexual favours.
* Displays of sexually offensive material.
* Speculation about an employee’s private life or sexual activity.
* Threatened or actual sexual violence.
* Unnecessary physical and bodily contact.
* Threats of dismissal or loss of promotion for refusal of sexual favours.

All employees have a responsibility for applying this policy and for behaving in a considerate and respectful way toward each other.

Following the investigation of a harassment complaint, counselling action is taken in appropriate cases. This action will depend on the particular facts of the case in question.

Where a written or verbal warning is given, this may be coupled with action to ensure that the victim is able to continue working as before without intimidation or undue anxiety, either by transfer of the harasser or victim, or by amending work practices.

Serious incidents will constitute gross misconduct for which an employee may be dismissed.

First Call Incident/Complaint Form is to be used to lodge a complaint.

**Our commitment**

First Call Nursing is committed to providing a safe and healthy workplace free from bullying.

Workers are protected by this policy whether they feel bullied by a supervisor, another worker, a client, contractor or member of the public.

First Call Nursing will treat reports of workplace bullying seriously. We will respond promptly, impartially and confidentially.

This policy will be made available to all workers including contractors. New workers will be given a copy of this policy at their induction. Managers and supervisors will remind workers of the policy from time to time.

**Expected workplace behaviours**

Under work health and safety laws workers and other people at our workplace must take reasonable care that they do not adversely affect the health and safety of others.

First Call Nursing expects people to:

* Behave in a responsible and professional manner.
* Treat others in the workplace with courtesy and respect.
* Listen and respond appropriately to the views and concerns of others.
* Be fair and honest in their dealings with others.

This policy applies to behaviours that occur:

* In connection with work, even if it occurs outside normal working hours.
* During work activities, for example when dealing with clients.
* At work-related events, for example at conferences and work-related social functions.
* On social media where workers interact with colleagues and their actions may affect them either directly or indirectly.

**What is workplace bullying?**

**Workplace bullying** is defined as *repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety*.

**Repeated behaviour** refers to the persistent nature of the behaviour and can refer to a range of behaviours over time.

**Unreasonable behaviour** means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour that is victimising, humiliating, intimidating or threatening.

Single incidents of unreasonable behaviour can also present a risk to health and safety and will not be tolerated.

**What is not workplace bullying?**

**Reasonable management action** taken by managers or supervisors to direct and control the way work is carried out is not considered to be workplace bullying if the action is taken in a reasonable and lawful way.

**Consequences of breaching this policy**

Appropriate disciplinary action will be taken against a person who is found to have breached this policy. These measures will depend on the nature and circumstance of each breach and could include:

* A verbal or written apology
* One or more parties agreeing to participate in counselling or training
* A verbal or written reprimand
* Transfer, demotion or dismissal of the person engaging in the bullying behaviour.

**If bullying has not been substantiated**

If the investigation finds bullying has not occurred or cannot be substantiated, First Call may still take appropriate action to address any workplace issues leading to the report.

**FURTHER INFORMATION**

**Work Health and Safety Regulators**

**New South Wales**WorkCover NSWWebsite: [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)Email: contact@workcover.nsw.gov.auPhone: 13 10 50

**Australian Capital Territory**WorkSafe ACTWebsite: [www.worksafe.act.gov.au](http://www.worksafe.act.gov.au/)
Email: worksafe@act.gov.auPhone: 02 6207 3000

**Commonwealth**ComcareWebsite: [www.comcare.gov.au](http://www.comcare.gov.au/)Email: General.Enquiries@comcare.gov.auPhone: 1300 366 979

**Fair Work Commission**

From 1 January 2014, a worker, for example an employee, contractor, apprentice or volunteer who reasonably believes they have been bullied at work may apply to the Fair Work Commission for an order to stop the workplace bullying. Such workers should contact the Fair Work Commission to find out if they are eligible to apply for an order.

The Fair Work Commission will only make an order if satisfied the worker has been bullied at work by an individual or a group of individuals and there is a risk that the worker will continue to be bullied at work.

The Fair Work Commission will take into account:

* Internal procedures available to resolve grievances and disputes at the workers’ workplace
* Final or interim outcomes arising from an investigation undertaken by the worker’s employer or other body, and
* Any other matters the Fair Work Commission considers relevant.

Orders could be based on behaviour such as threats made outside the workplace, if those threats result in the worker being bullied at work, for example threats made by email or telephone.

The power of the Fair Work Commission to grant an order is limited to preventing the worker from being bullied at work. The Fair Work Commission cannot make orders requiring payment of money. The focus is on resolving the matter and enabling normal working relationships to resume.

Further information on the Fair Work Act amendments and the role of the Fair Work Commission is located at <http://www.fwc.gov.au>.

Fair Work Commission Offices

**Australian Capital Territory**Telephone: (02) 6209 2400Out of hours emergency: 0408 447 112Email: canberra@fwc.gov.au

**Sydney**
Telephone: (02) 8374 6666
Out of hours emergency: 0419 318 011
Email: sydney@fwc.gov.au

Other support services

**Lifeline:** 13 11 14

**Beyond Blue**: 1300 224 636

This policy is attributed to Safe Work Australia whom we abide by their “Guide for Preventing and Responding to Workplace Bullying” November 2013

## PROCEDURE

**What can you do?**

If you feel you are being bullied and are not comfortable dealing with the problem yourself, or your attempts to do so have not been successful, you should raise the issue either with your supervisor, health and safety representative or management within the organisation. If you are a member of the union you may also raise any issues with your delegate.

If you witness unreasonable behaviour, you should bring the matter to the attention of management as a matter of urgency.

**How we will respond**

If workplace bullying or unreasonable behaviour is reported or observed, we will take the following steps:

1. The responsible supervisor or manager will speak to the parties involved as soon as possible, gather information and seek a resolution to satisfactorily address the issue for all parties.
2. If issues cannot be resolved or the unreasonable behaviour is considered to be of a serious nature, an impartial person will be appointed to investigate. Both sides will be able to state their case and relevant information will be collected and considered before a decision is made.
3. All complaints and reports will be treated in the strictest of confidence. Only those people directly involved in the complaint or in resolving it will have access to the information.

There will be no victimisation of the person making the report or helping to resolve it. Complaints made maliciously or in bad faith will result in disciplinary action.

## DOCUMENTS

F017 - Incident / Complaint Form (Accident/Near Miss)

# MONEY HANDLING

The purpose of this policy is provide the rules in the handling of a client’s money and specifically:

1. To record and receipt any cash transactions that are undertaken on behalf of clients.
2. To guard against accusations of impropriety.

First Call employees are NOT under any circumstances to physically assist clients with:

* banking (deposits or withdrawals)
* bank or credit card transactions

Employees are only able to supervise the client or patient in the application of banking responsibilities.

Failure to comply with the above will constitute gross misconduct and could result in the termination of employment.

As a general rule, employees are not to physically assist clients with cash handling.

However, in the instance of clients or patients being physically or mentally unable to handle cash for the payment of goods or services, First Call staff may be engaged to physically assist with client cash handling and the payment of goods and services only if requested and approved.

There is a strict procedural guideline in place for the handling of cash (see F004 Money Handling Form)

## Requirements:

* Comprehensive accounting of all transactions.
* Proof of purchase and all receipts.

## Method:

1. Write the client’s full name in the space provided.
2. Record the client’s home address in the space provided.
3. Record the date of the transaction in the space provided.
4. Record the amount of cash you have been asked to handle in the space provided.
5. Record the amount spent per transaction.
6. Give a description of the purchase in the space provided (e.g. groceries, clothes etc).
7. Record the total amount spent taking into account all transactions.
8. Record the change that was given to the client.
9. Make sure the ledger balances.
10. Request the client to sign the form.
11. If the client is unable or unwilling to sign, please write UNABLE TO SIGN.
12. Do not sign the client’s name.
13. Sign your name in the space provided at the bottom of the form.

## DOCUMENTS

F004 Money Handling Form

# MANUAL HANDLING POLICY

A no lifting manual handling policy provides for a safer approach to patient handling whereby the manual handling of patients is eliminated or minimised wherever possible.

First Call’s no lifting policy promotes the use of mechanical lifting aids and other equipment to assist staff in the moving, transferring and handling of patients, to ensure that minimal force or exertion of the body is employed by care workers when handling patients.

It is a policy of First Call that:

Maintenance of a patient’s independence by encouraging mobility is a priority

* Patients who are able to assist in their transfer should be encouraged to do so.
* Mechanical lifting equipment is to be used in place of manual handling wherever possible
* The need or action for manual handling is to be eliminated wherever possible in all but exceptional circumstances e.g. life-threatening situations.

All First Call staff are responsible for individually assessing any manual handling tasks that they are confronted with. In cases where manual handling is required, all staff are to follow and adhere to the Manual Handling Policy

First Call is committed to providing ongoing education and training in the use of mechanical equipment for lifting/handling.

## PROCEDURE

**Equipment required**

Gloves

**Implementation**

Plan

1. Assess the load and determine how it should be handled.
2. Determine where the load will be placed.
3. Assess whether a mechanical lifting device is needed.
4. Assess whether another person’s assistance is needed (two, care staff required?).

Determine the best technique

1. Take all factors into account when determining the best technique.
2. Manual handling should be done efficiently and rhythmically.
3. Ensure you have a secure footing and balance.
4. Avoid using excessive bending, twisting and reaching.
5. Use a technique specific to the risk requirement.

Take a secure grip on the object being handled

1. The grip is one determining factor in the safe delivery of the task.
2. Wherever possible, use a “power grip” that utilises the entirety of both hands.
3. Never use a pinch grip that utilises only the fingers and thumbs.

Pull the load close to the body

1. The centre of gravity of the load must be kept close to the body.
2. Bend at the knees to bring the load close to the body when picking something off the ground.
3. Minimise the effects of acceleration by handling the load slowly, smoothly and without jerking.

Vary manual handling tasks with lighter work

* Allocate your duties in a way that tasks alternate so as to not stress the same muscles used in manual handling applications

**Special precautions**

* Back injury
* Confined and restrictive workplace
* Uneven floor surface
* Slippery floors
* Obstacles in the way
* Suitability of the worker for the manual handling task
* Inadequate training in or experience of correct manual handling techniques

# DOCUMENTATION AND INFORMATION MANAGEMENT

First Call is dedicated to ensuring that the proper management of all information and records is upheld. This includes ensuring that the proper procedures are followed in regards to obtaining, collecting, organising, governing, storing, disseminating, maintaining, transferring and destroying information concerning clients, staff and the organisation, as per First Call’s documentation and information management procedures.

The goal of our information management system is to ensure that all information we receive, collect, create and store is made available to the right people, in the right format and medium when needed.

First Call is committed to keeping a record of all clients and patients/clients it provides services to. These records allow First Call to:

* Keep an up-to-date account of patient condition and needs. This information can be passed on to their service providers which can assist them in implementing treatments, interventions or changes to care plans.
* Facilitate a factual line of communication between all parties involved, including First Call, its clients, carers and related health professionals; and
* Evaluate the effectiveness of the care provision.

All information provided through documentation relating to both staff and clients of First Call will remain strictly confidential. This information will not be passed on, disclosed, discussed or printed by unentitled or unauthorised persons.

Any information that is not considered relevant, current and that does not need to be archived will be shredded upon identification.

All First Call staff files are stored in a locked filing cabinet with access granted to authorised persons only. These files are updated as and when renewals are validated for example driver licence. Files of employees that have left First Call are kept for seven years then destroyed via security bin.

Archiving will be conducted at yearly intervals and information that is not current within the twelve months previously will be stored securely.

Files/information on Aboriginal and Torres Strait Islander and clients under the age of eighteen (18) years are kept until the client is eighteen (18) years of age and then for a further seven (7) years.

All First Call field staff are expected to follow the documentation and information management policy and procedure as a condition of employment.

## PROCEDURE

**Obtaining and collecting information**

1. Information is to be collected using the appropriate method and forms in First Call’s templates.
2. Information is collected as indicated by the Privacy Act and First Call’s Privacy Policy.
3. Those providing information are made aware of the procedures for handling their information and their rights in regards to privacy.
4. Personal information is collected only when the person has given consent.
5. Only information necessary for service delivery/services is to be collected.

**Organising information**

1. Hard and soft copies of information are organised and identified in a manner that allows for easy location. This includes:
	* One off and Compacts (6 week services) are kept in alphabetical order in folder while current and then are filed in alphabetical order in locked cabinet.
	* Ongoing services are filed in alphabetical order in locked cabinet
	* Soft copy on the database and MYOB
2. Policies, procedures, safe work practices and forms are available on G drive, website and printed (reading schedule).
3. Care Staff are informed how to access relevant information and records in their induction training.

**Storing information**

1. Both soft and hard copies of information are stored securely.
2. Security passwords and logins in the database and network are used to store and gain access to client and staff information and records.
3. Only authorised personnel are able to access the information.
4. Client and Staff files are stored in a locked filing cabinet; these files are kept for seven years and archived at yearly intervals.
5. Archiving is conducted at yearly intervals and information that is not current within the twelve months previously is stored securely.

**Disseminating information**

1. Client information, whether it be written or verbal, is only made available to those who are directly involved in the client’s care.
2. Personal information that is collected for recruitment purposes is not disclosed to any outside parties.
3. Information collected is not sold, leased, traded or rented.
4. Staff meeting minutes are made available to all staff.
5. Policies and procedures are made available to staff through the First Call website and reading schedule.
6. Any issues identified while providing services are documented on relevant forms. These are scanned and saved in G drive in ‘A Clients’ folder and in the database under ‘Client history’. The case manager is phoned and the documents are emailed to provide details
7. Stakeholders including staff and clients are notified of any information changes or developments that affect them, including service provision changes.

**Maintaining and updating information**

1. Information is maintained and kept up to date.
2. When any new information is collected, the appropriate files are updated immediately and made available to the relevant parties.
3. Information collected through ongoing client assessments is used to update client’s files only.

**Destroying information**

Any information that is not considered relevant, current and that does not need to be archived is destroyed in a secure manner by placing in secure document bin for later shredding.

**Format**

Relevant First Call forms are used when collecting and distributing information.

Information is collected and distributed, taking into consideration the needs of the recipients of information, including making information available in different formats and mediums dependent on the needs of recipients, for instance providing information in different languages and fonts for visually impaired recipients.

# SWP INFECTION CONTROL

**Equipment**

* Gloves
* Eye protection
* Masks
* Aprons
* Gowns
* Overalls
* Sharps containers

**Implementation (reducing the risk of infection)**

* Avoid touching or being splashed by the client’s bodily fluid where possible
* Wash hands BEFORE and AFTER client contact
* Wear gloves at all times
* Cover any cuts, scrapes or skin conditions you may have by using a waterproof dressing
* Avoid touching needles and other sharps which may be contaminated
* Dressings and bandages which have been contaminated with blood or bodily fluids should be placed in leak proof bags or containers

**Implementation (hand washing)**

* Always wash your hands thoroughly using soap and running water:
	+ at the start and finish of your work shift;
	+ before and after physical contact with a patient;
	+ after handling contaminated items, such as bedpans, urine bottles;
	+ and dressings;
	+ after removing gloves;
	+ before and after eating, drinking and smoking;
	+ before and after toileting;
	+ After blowing your nose or covering a sneeze; and
	+ whenever your hands become obviously soiled.

**Implementation (contact with patient’s blood or bodily fluid on skin)**

* Wash the blood or body substance off thoroughly with soap and water
* Skin acts as an effective barrier and most infections cannot get through the skin
* All skin cuts, breaks or other lesions should be covered with water resistant occlusive dressing at the start of your shift

**Implementation (contact with patient’s blood or bodily fluid on open cut, non-intact skin, rash or other lesion)**

* Immediately wash the wound with soap and water
* Cover all skin breaks with a water resistant occlusive dressing

**Implementation (accidental prick with a used needle)**

* Immediately wash the wound with soap and water
* Do not use any solution other than soap and water
* Let the wound bleed freely for a few seconds

**Implementation (accidental incidence of blood or body substance in the eye)**

* Irrigate it gently and thoroughly with water
* DO NOT USE SOAP
* Gently pour water over the eye while pulling the eye lids up and down
* If you wear contact lenses, keep them in while you irrigate the eye
* Then take the contact lenses out, clean them in the normal manner and
* put them back in again

**Implementation (accidental incidence of blood or body substance in the mouth)**

* Spit the blood or body substance out
* NEVER swallow
* Rinse the mouth several times with water, spitting out after each and every rinse

**Special precautions**

* Correct incident/accident reporting
* Correct hand washing and use of PPE
* Up to date vaccinations for Hep B and tetanus

# SWP WORKING AROUND SHARPS

**Equipment**

* Gloves
* Masks
* Protective eye wear
* Aprons
* Needles (Hypodermic/IV)
* Lancets
* Razors, scalpels and other blades
* Tongs
* Sharps receptacle conforming to Australian Standard AS403clients(1992)

**Implementation (Standard precautions)**

**NB.** The person who uses the needle or sharp is responsible for its management and disposal

**NB.** Never re-sheath a used needle

* Always ensure that a sharps container is nearby every time a needle is used
* If a needle or sharp has to be carried some distance to a sharps container, use a puncture resistant tray or dish. Do not carry it in your hand
* Never pass needles or sharp instruments to another person by hand
* Never bend needles contaminated with blood or body substance
* Never force needles into a sharps container or overfill the container
* Let falling needles or sharp objects fall. Never attempt to catch
* If the patient is confused or uncooperative, seek assistance
* Develop a slow, safe handling technique when using sharp objects
* Store sharp instruments appropriately
* Dispose of needles correctly
* NEVER reach into garbage or sharps container
* Wear general purpose household gloves when cleaning non-disposable sharps
* Handle laundry with care
* Don’t rush or take short cuts when performing procedures
* Always wear a mask and eye protection or a face shield during procedures that are likely to generate splashes or sprays of blood or other body substances.
* Removing a needle or syringe that has been incorrectly disposed of
	+ Put on a pair of gloves
	+ Where possible, take a sharps container to the needle or syringe
	+ NEVER re-sheath a needle and syringe even if a cap is available
	+ Use tongs or similar implement, to pick up the needle or syringe. If no implement is available, carefully pick up the needle and syringe with the needle furthest away from fingers and body
	+ Carefully place the needle and syringe in the sharps container
	+ Report the incident to the office staff
* Immediate response to contaminated needle stick injury
	+ Wash wound with soap and water
	+ If soap and water are not available, use an alcohol based hand rub or solution
	+ Seek medical advice from local doctor or hospital emergency department
	+ Notify the office staff and/or management
	+ Complete First Call Incident / Accident / Near Miss Report

**Special precautions**

Staff to ensure that Hep B and tetanus vaccinations are up to date.

#

# TIMESHEETS

* Timesheets are used as a reference for hours worked by First Call’s accounts department.
* Timesheets ensure that correct payment for hours worked occurs.
* Timesheets are used as a reference point by our clients as proof of service performed and for payment.
* Timesheets are used by clients in their billing, allocation of funding and reporting.

## PROCEDURE

**Requirements**

* Timesheets are to be sent to the office via hand delivery, fax, message photo or email by 10:30am every Monday.
* Timesheets are to be signed by the client when the client is able, otherwise “UTS” is written i.e. unable to sign
* Only use a BLACK pen

**Method**

1. Write your name, classification and week end date at the top of the form
2. Write the day you provide service (e.g. Mon/Tues/Wed etc)
3. Fill in the date you provided service (dd/mm/yyyy)
4. Write the time you started the service
5. Write the time you finished the service
6. If you are working in a facility and have a break, please record it in the address column
7. Write the total amount of hours worked per client
8. If you have transported a client, write in the kilometres travelled.
9. Explain the nature of the service in the reason column (e.g. domestic/personal care/respite/social/shopping/transport etc)
10. Fill in the client’s name and suburb. (as per example)
11. Ask the client to sign your timesheet in the space provided
12. If the client is unable or unwilling to sign, please write UNABLE TO SIGN or UTS. Do not sign the client’s name
13. Sign the employee declaration at the bottom of the form

# NURSING NOTES

* Nursing notes are used for monitoring client condition, development, and progress
* Nursing notes are made available to service providers and can be taken in to account when developing or amending care plans, and in reporting or assessment

## PROCEDURE

**Requirements**

* Only use a BLACK pen
* Only record one client per form
* Only record a short, factual account of client condition or progress
* Do not make assumptions
* Do not express opinion
* Do not express emotion
* Do not leave blank spaces
* Do not use corrective fluid
* If an error is made, rule a single line through the error and initial with your initials and the word “error”
* As nursing notes for Compacs (six week services) and on-going services are filled they must be submitted to the co-ordinator
* Nursing notes for a one off service are to be submitted to the office on the Monday following the service.

**Method**

1. Nursing notes are a part of the First Call in-house folder that is present at all workplaces
2. Write client’s surname, followed by client’s given name/s
3. Fill in the client’s address in the space provided
4. Fill in the client’s date of birth in the space provided
5. Fill in the client’s gender in the space provided
6. Complete the date and time of the entry
7. Give a short, objective account of the service you have provided
8. Report any changes to client condition or behaviour
9. At the end of the written report, sign the entry by using your first initial then surname, your classification, and the agency you work for (e.g. J. Public AIN First Call or J. Doe PCA First Call)

**F009 - Induction declaration**

I declare that I have been inducted in and received the following key components of the First Call Nursing Policy and Procedures:

* First Call Service Delivery Guidelines
* First Call Code of Behaviour
* Code of Professional Conduct for Nurse in Australia
* Code of Ethics for Nurse in Australia
* WHS Policy
* Alcohol & Drug Policy
* No Smoking Policy
* Dress / PPE / Hygiene Policy
* Employee Health and Safety Responsibilities
* Workplace WHS Instructions
* “No Lift” Manual Handling Policy
* Confidentiality Policy
* Documentation Policy
* Timesheet procedure & timesheets
* Weekly planner procedure & weekly planners
* Nursing notes procedure & nursing notes
* SWP Standard Protocols
* SWP Infection Control
* SWP Working Around Sharps
* SWP Manual Handling

I understand that it is a condition of employment that I adhere to these instructions and guidelines, and attend further training sessions.

***Worker:***

Name:

Position:

Signature:

Date:

***Induction conducted by:***

Name:

Position:

Signature:

Date:

|  |
| --- |
| **F044 - EMPLOYEE CONFIDENTIALITY AGREEMENT**This Agreement is made between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("EMPLOYEE") and **First Call Nursing** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.EMPLOYEE will perform services for First Call Nursing which may require First Call Nursing to disclose confidential and proprietary information ("Confidential Information") to EMPLOYEE. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or relating to Employee's services for First Call Nursing, the business or operations of First Call Nursing. Accordingly, to protect the First Call Nursing Confidential Information that will be disclosed to EMPLOYEE, the EMPLOYEE agrees as follows.**A**. EMPLOYEE will hold the Confidential Information received from First Call Nursing in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others. **B**. EMPLOYEE will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by First Call Nursing.**C**. EMPLOYEE will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for First Call Nursing.**D**. EMPLOYEE will, upon the request or upon termination of his/her relationship with First Call Nursing, deliver to First Call Nursing any notes, documents, equipment, and materials received from First Call Nursing or originating from its activities for First Call Nursing.**E**. First Call Nursing shall have the sole right to determine the treatment of any information received from EMPLOYEE in the course of their duty, including the right to keep the same as a trade secret, to use and disclose the same in its own name or to follow any other procedure as First Call Nursing may deem appropriate.**F**. First Call Nursing reserves the right to take disciplinary action, up to and including termination for violations of this agreement.EMPLOYEE represents and warrants that it is not under any pre-existing obligations inconsistent with the provisions of this Agreement.Signing below signifies that the EMPLOYEE agrees to the terms and conditions of the agreement stated above. |

|  |  |
| --- | --- |
| First Call Nursing | EMPLOYEE |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Call Nursing Management | Employee Signature |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |