Care Manual

Fitzroy Falls Aged Care Facility
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Medications

Medication Management Policy and Procedure

A Registered Nurse has the responsibility to use their professional judgement to determine whether to delegate the administration of medication to an appropriately qualified personnel. The Registered Nurse must provide appropriate supervision and monitoring arrangements to ensure the delegation remains safe. All medication administration is to be documented and medication incidents and errors are to be reported and reviewed.

Note:

- Residents/clients have the right to give informed consent for medical interventions. This includes medications.
- Residents/clients have the right to refuse prescribed medication and to receive counselling regarding the outcome of their decision.
- Clients are responsible for storage, at their residence, of their own medications (i.e. medications are stored safely and in accordance with the pharmacist's recommendations).

To ensure that the safety of residents/clients is maintained in relation to medication administration and medication storage, the following procedures are to be followed by staff.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedural steps</th>
</tr>
</thead>
</table>
| Refused medications                | 1. Ask resident/client for reason for their refusal.  
                                         2. Write refused or R on the medication chart/signing sheet.  
                                         3. Report to supervisor.  
                                         5. Observe resident/client for any change in condition.  
                                         6. Report changes to doctor.  
                                         7. Document in progress notes. |
| Withholding medication             | 1. Follow doctor's instructions on medication chart for withholding medication.  
                                         2. Write withheld or W on the medication chart and in progress notes.  
                                         3. If resident/client is unable to take medications, due to change in condition (eg vomiting), contact doctor for further instructions.  
                                         4. If medication is formally refused by resident/client, follow the procedure for refused medications. |
| Security/storage of medications    | 1. Medications are stored according to pharmacist's recommendations (ie in a locked trolley, in a locked cupboard, in a fridge, in a storage box or in a locked room).  
                                         2. Medications must not be left unsecured and unattended at any time.  
                                         3. The supervisor/registered nurse authorises who has access to medications and allocates the keys.  
                                         4. Medications not packed in blister packs must be stored in separate containers/bags for each resident/client.  
                                         5. Topical creams are to be placed in a plastic bag to prevent contamination. |
| **Giving non blister packed medications** | 1. Take non-packed medication and medication chart to resident/client.  
2. Check resident/client name on the medication chart is the same as the resident/client. Confirm the name with the resident.  
3. Check time, date, dose and route for medication to be given corresponds with the medication chart.  
4. Administer medication to resident/client.  
5. Sign Medication Signing Sheet after administration of medication.  
6. If resident/client self administers, check that medication has been taken as prescribed and write S on Medication Signing Sheet.  
7. Residents/clients who self-administer should be informed not to leave any medications unattended at any time. |
| **Giving medications from blister packs** | 1. Take blister packed medication and medication chart to resident/client.  
2. Check time, date, dose and route for medication to be given corresponds with the medication chart.  
3. Check resident/client name and photo on the medication chart is the same as the resident/client.  
4. Count number of tablets in the blister pack and again when the medication is popped into the medicine cup.  
5. Administer medication to resident/client.  
6. Observe resident/client taking medication as prescribed.  
7. Sign Medication Signing Sheet after administration of medication.  
8. If blister pack is incorrect (e.g. has wrong number of medications, labelled incorrectly or damaged) complete a Medication Incident Form and return the pack to the pharmacy.  
9. Check blister packs weekly on delivery from the Pharmacy. |
| **Giving mixtures/liquids medication** | 1. Take liquid medication and medication chart to the resident/client.  
2. With label facing towards you, pour prescribed dose into marked medication cup. The medication cup should be placed on a level surface when pouring in liquid.  
   **Note:** you are not permitted to measure out Schedule 8 medications. All Schedule 8 medications must be delivered by the pharmacist in pre-measured doses.  
3. Check time, date, dose and route for medication to be given corresponds with the medication chart.  
4. Check resident/client name and photo on the medication chart is the same as the resident/client.  
5. Administer medication to resident/client.  
6. Observe resident/client taking medication as prescribed.  
7. Sign Medication Signing Sheet after administration of medication. |
**Giving medications as required (PRN)**
PRN is a Latin term that is frequently used by the medical profession in place of 'as required'.

<table>
<thead>
<tr>
<th>Procedure for administering medications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All PRN medications are to be recorded on Medication Charts and signed by a doctor.</td>
</tr>
<tr>
<td>2. Check medication chart to determine last time medication was given if resident/client requests a PRN medication. Do not give more frequently than ordered by doctor.</td>
</tr>
<tr>
<td>3. Check time, date, dose and route for medication to be given corresponds with medication chart.</td>
</tr>
<tr>
<td>4. Check the residents/client medication signing sheet to determine when the last dose of medication was given.</td>
</tr>
<tr>
<td>5. Check resident/client name and photo on the medication chart is the same as the resident/client.</td>
</tr>
<tr>
<td>6. Administer medication to resident/client.</td>
</tr>
<tr>
<td>7. Sign the Medication Signing Sheet after administering the medication.</td>
</tr>
<tr>
<td>8. Document in resident/client's progress notes the reason for giving the PRN medication, the time the medication was given and the effect of the medication on the resident.</td>
</tr>
</tbody>
</table>

**Medication Procedures**

Medication procedures are available to guide staff when giving medications.

Staff administering any medication must refer to the Fitzroy Falls Aged Care Facility policies for medication administration and medication management.

The following table lists the medication procedures for various types of medication.

<table>
<thead>
<tr>
<th>Type of medication</th>
<th>Procedure for administering medications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blister pack medication</td>
<td>When administering medication from a blister pack:</td>
</tr>
<tr>
<td></td>
<td>• Ensure there is a current written medication order from the doctor.</td>
</tr>
<tr>
<td></td>
<td>• Ensure the instructions include the dose to be given.</td>
</tr>
<tr>
<td></td>
<td>• Ensure you have followed the 5 R's for medication administration.</td>
</tr>
<tr>
<td></td>
<td>• Wash and dry your hands before and after administration of medication.</td>
</tr>
<tr>
<td></td>
<td>• Position the resident/client so that the resident/client is able to swallow the medication safely.</td>
</tr>
<tr>
<td></td>
<td>• Observe the resident/client for any swallowing difficulties or complaints of nausea, headaches and any other signs of medication effects specific to the type of medication being given (this would be on the resident/client care plan).</td>
</tr>
<tr>
<td></td>
<td>• Maintain the residents/clients privacy and dignity.</td>
</tr>
<tr>
<td></td>
<td>• Sign the Medication Signing Sheet after medication administration.</td>
</tr>
<tr>
<td>Topical creams or ointments</td>
<td>When applying topical creams or ointments:</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Read the label on the container for instructions on applying cream/ointment.</td>
</tr>
<tr>
<td></td>
<td>• Wash and dry your hands before and after administration of creams/ointments.</td>
</tr>
<tr>
<td></td>
<td>• Wear gloves as the cream/ointment medication can be absorbed through the skin.</td>
</tr>
<tr>
<td></td>
<td>• Before and after applying the cream/ointment observe the skin for any reaction (e.g. rash, redness, breaks in the skin and/or swelling).</td>
</tr>
<tr>
<td></td>
<td>• Ensure there is a current written order from the doctor.</td>
</tr>
<tr>
<td></td>
<td>• Ensure the instructions include where to apply the cream.</td>
</tr>
<tr>
<td></td>
<td>• Ensure you have followed the 5 ‘R’s for medication administration.</td>
</tr>
<tr>
<td></td>
<td>• Check the residents/clients skin is clean and dry.</td>
</tr>
<tr>
<td></td>
<td>• Maintain resident/client privacy and dignity.</td>
</tr>
<tr>
<td></td>
<td>• Apply the cream/ointment.</td>
</tr>
<tr>
<td></td>
<td>• Sign the Medication Signing Sheet.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Puffers/inhalers</th>
<th>When administering puffers/inhalers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ensure there is a current written medication order from the doctor.</td>
</tr>
<tr>
<td></td>
<td>• Ensure the instructions include how many doses to be inhaled.</td>
</tr>
<tr>
<td></td>
<td>• Ensure you have followed the 5 'R's for medication administration.</td>
</tr>
<tr>
<td></td>
<td>• Wash and dry your hands before and after administration of puffers/inhalers.</td>
</tr>
<tr>
<td></td>
<td>• Position the resident/client in an upright position.</td>
</tr>
<tr>
<td></td>
<td>• Check the puffer/inhaler and spacer (if required) is correctly assembled.</td>
</tr>
<tr>
<td></td>
<td>• Assist the puffer/inhaler as required with pressing puffer/inhaler.</td>
</tr>
<tr>
<td></td>
<td>• Maintain the residents/clients privacy and dignity.</td>
</tr>
<tr>
<td></td>
<td>• Observe for any light headedness, dizziness, euphoria (overly excited) and trembling of hands.</td>
</tr>
<tr>
<td></td>
<td>• Sign the Medication Signing Sheet after medication administration.</td>
</tr>
</tbody>
</table>
### Eye drops

**When administering eye drops:**

- Read the label on the bottle for instructions as to which eye the drops are to be applied to. If resident/client has 2 or more different types of eye drops they should be given 5 minutes apart.
- Ensure there is a current written medication order from the doctor.
- Ensure you have followed the 5 'R's for medication administration.
- Wash your hands before and after administering eye drops.
- Check that the resident/client's eyes and surrounding area are clean and dry.
- Position the resident/client in one of the following positions:
  - Sitting in an upright position on the bed or chair with head tilted back slightly and ask the resident/client to move their eyes only and look up.
  - Lying flat on their back or partially upright on the bed and ask the resident/client to move their eyes only and look up.
- Observe the resident/client's eyes for any redness, swelling and/or discharge.
- Maintain resident/client privacy and dignity.
- Sign the Medication Signing Sheet after medication administration.

### Ear drops

**When administering ear drops:**

- Read the label on the bottle for instructions as to which ear the drops are to be applied to.
- Ensure there is a current written medication order from the doctor.
- Ensure the instructions include how many drops are to be administered.
- Ensure you have followed the 5 'R's for medication administration.
- Wash and dry your hands before and after administering ear drops.
- Warm the ear drops if the drops have not been allowed to warm to room temperature by holding in the container in your closed hand for a few minutes prior to administration as cold ear drops may cause pain.
- Check that the resident/client's ears are clean and dry.
- Position the resident/client in one of the following positions:
  - Sitting upright in bed or chair with head tilted back so that ear not having ear drops administered is closest to shoulder.
  - Lying on bed so that ear having ear drops is pointed to ceiling.
- Observe the resident/client's ears for any redness, swelling, excoriation and/or discharge.
- Maintain resident/client privacy and dignity.
- Sign the Medication Signing Sheet after medication administration.
### Nose drops/sprays

When administering nose drops:

- Read the label on the bottle for instructions as to which side of the nose the drops/spray is to be administered.
- Ensure there is a current written medication order from the doctor.
- Ensure the instructions include how many drops are to be administered.
- Ensure you have followed the 5 'R's for medication administration.
- Wash and dry your hands before and after administering nose drops/spray.
- Position the resident/client in an upright position on the bed or chair and ask the resident/client to tilt head back.
- Observe the resident/client's nose for any redness, swelling, excoriation, and/or discharge.
- Maintain resident/client privacy and dignity.
- Sign the Medication Signing Sheet after medication administration.

### Nebulisers

When administering nebulisers:

- Ensure there is a current written medication order from the doctor.
- Ensure the instructions include the dose to be given.
- Ensure you have followed the 5 'R's for medication administration.
- Wash and dry your hands before and after administration of nebuliser.
- Position the resident/client in an upright position on the bed or chair.
- Check the nebuliser is correctly assembled according to manufacturer instructions.
- Apply the face mask to the resident/client and turn on the oxygen or maxi mist machine as appropriate.
- Maintain the resident/client's privacy and dignity.
- Observe for any light headedness, dizziness, euphoria (overly excited) and trembling of hands.
- Sign the Medication Signing Sheet after medication administration.
<table>
<thead>
<tr>
<th>Transdermal patches</th>
<th>When applying transdermal patches:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ensure there is a current written medication order from the doctor.</td>
</tr>
<tr>
<td></td>
<td>• Ensure the instructions include how many doses to be applied and where to apply the patch.</td>
</tr>
<tr>
<td></td>
<td>• Ensure you have followed the 5 'R's for medication administration.</td>
</tr>
<tr>
<td></td>
<td>• Wash and dry your hands before and after application of transdermal patches.</td>
</tr>
<tr>
<td></td>
<td>• Position the resident/client so that the site where the patch is to be applied is visible.</td>
</tr>
<tr>
<td></td>
<td>• Observe the residents/client skin for any redness, swelling and/or excoriation.</td>
</tr>
<tr>
<td></td>
<td>• Maintain the residents/clients privacy and dignity.</td>
</tr>
<tr>
<td></td>
<td>• Sign the medication signing sheet after medication administration.</td>
</tr>
<tr>
<td></td>
<td>• Read label on box for instructions on applying patch.</td>
</tr>
<tr>
<td></td>
<td>• Observe for any local skin reaction after applying patch.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liquid medication</th>
<th>When administering liquid medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ensure there is a current written medication order from the doctor.</td>
</tr>
<tr>
<td></td>
<td>• Ensure the instructions include the dose to be given.</td>
</tr>
<tr>
<td></td>
<td>• Ensure you have followed the 5 R's for medication administration.</td>
</tr>
<tr>
<td></td>
<td>• Wash and dry your hands before and after administration of liquid medication.</td>
</tr>
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<td>• Position the resident/client so that the resident/client is able to swallow the medication safely.</td>
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<td></td>
<td>• Sign the Medication Signing Sheet after medication administration.</td>
</tr>
</tbody>
</table>
Continence Aids Policy and Procedure

1. Policy

Fitzroy Falls Aged Care Facility clients/residents have the right to effective provision of continence aids as an essential element in maintaining their quality of life.

2. Procedure

Provide information and education to residents/clients about appropriate products.

Apply aids only as documented on care plan.

All aids are to be secured with appropriate underwear, net pants or over garments.

Aids to be changed when wet indicators shows pad is fully utilised.

No powders to be used with aids.

Emollient/prescribed creams may be used if applied sparingly and documented in care plan.

Observe and report skin integrity during care.

Dispose of aids in appropriate disposal bin designated for soiled aids.

Outcomes of regular reviews of resident's/client's management are detailed in care plan and progress notes.

Any changes to individual's specified aid management are to be made as part of assessment or evaluation.

Legislation

Aged Care Act 1997: Quality of Care Principles
Standard 2.2 Regulatory Compliance
Standard 2.3 Education and Staff Development
Standard 2.12 Continence Management
Standard 3.5 Independence
Standard 3.6 Privacy and Dignity
Standard 3.9 Choice and Decision Making
Standard 4.7 Infection Control
Aged Care Act 1997 Principles Schedule 1 - Specified Care and Services for Residential Care Services.

Continence Assessment Policy and Procedure

1. Policy

All residents are to be assessed for continence needs. Where necessary a full assessment is to be carried out by a registered nurse or continence advisor.

2. Procedure

Care staff to complete interim care plan details on admission.
Initiate further assessment if continence problem is identified on admission or any time thereafter.

Assessment to be carried out by registered nurse or continence advisor.

Access contract supplier for assistance if required.

Forms and charts must be completed for Resident Care File.

Assessment process includes (as necessary)

- medical and surgical history
- resident or resident representative input
- referrals/reviews by doctor or urologist
- reviews by support services (continence advisor, physiotherapist, occupational therapist)
- prior continence investigations/tests
- urinalysis, bladder scan, bowel and urine monitoring charts
- current medications and current aids used, eg suitability, cost, availability
- mobility, skin, behaviour, cognition, nutritional status
- communication, hearing speech eyesight.

Document problem and strategies in care plan. Consult with resident or resident representative -

- Level of assistance required, toileting program, dexterity, mobility, diet/fluid intake, behaviour, skin care, medications

Monitor 3-5 days.

Review.

Evaluate.

Document in care plan and progress notes.

Evaluate three monthly or more frequently if required.

Legislation

Aged Care Act 1997: Quality of Care Principles
Standard 2.2 Regulatory Compliance
Standard 2.3 Education and Staff Development
Standard 2.12 Continence Management
Standard 3.5 Independence
Standard 3.6 Privacy and Dignity
Standard 3.9 Choice and Decision Making
Standard 4.7 Infection Control
Continence Management Policy and Procedure

1. Policy

All Grange Care residents and clients have the right to assessment and effective holistic management of continence needs as an essential element in maintaining their quality of life.

2. Procedure

Provide access to specialised medical services and continence advisory personnel.

Access contracted continence aid suppliers.

Provide residents and clients with a choice of, and assistance to manage, continence aids appropriate to their specific requirements.

Consult with them and/or their representative in developing appropriate management plans.

Formulate care plans to cater for their individual daily needs, with appropriate documentation and at least 3 monthly evaluation.

Use contemporary health practices that minimise the risk of infection.

Respect dignity and privacy in all circumstances.

Provide education and information given on range, choice and availability of continence aids, medical interventions and associated services.

Provide education of staff on contemporary practices and all aspects of continence management.

Safely dispose of aids.

Legislation
Aged Care Act 1997: Quality of Care Principles
Standard 2.2 Regulatory Compliance
Standard 2.3 Education and Staff Development
Standard 2.11 Skin Care
Standard 2.12 Continence Management
Standard 3.5 Independence
Standard 3.6 Privacy and Dignity
Standard 3.9 Choice and Decision Making
Standard 4.7 Infection Control

Bathing/Showering Policy and Procedure

Policy

Residents/clients are encouraged to remain as independent as possible. If assistance is required, it is provided discreetly to maintain the resident's/client's privacy and dignity.
Procedure

1. Refer to care plan.
2. Discuss procedure with resident/client. Ensure privacy and dignity is maintained at all times.
3. Assemble appropriate equipment according to care plan.
4. Check water temperature.
5. Provide care as outlined in care plan.
6. Ensure resident/client is comfortable during procedure.
7. Check for signs of impaired skin integrity. Note any signs of changes in skin integrity, behaviour or preferences.
8. Encourage and/or assist resident/client to wash.
9. If showering, do not use soap or spray water on the resident's/client's face unless the resident/client wishes to do so.
10. If sponging in bed, ensure resident/client remains warm. Cover parts of the body not being washed at that moment.
11. Ensure resident/client dries thoroughly (to avoid any skin problems). Pay special attention to skin folds, for example groin, under breasts, between toes.
12. Attend nails and oral hygiene as per care plan.
13. On completion of procedure ensure glasses, hearing aids and mobility aids are applied as per care plan.
14. Report any changes to a registered nurse or senior supervisor and document in progress notes.

Nutrition and Hydration Policy and Procedure

1. Policy

Residents and clients are assessed and assisted where necessary to maintain adequate levels of nutrition and hydration in line with their individual, cultural and religious preferences.

2. Procedure

1. On admission (within 24 hours) consult with resident/client/representative to obtain history of food and drink preferences, cultural religious and special dietary requirements.
2. Record information - include relevant Medical History from referred health care professionals.
3. Notify kitchen of medical dietary conditions, cultural and personal preferences on dietary screening form.
4. Ensure any food allergies are communicated to kitchen and care staff and are clearly documented on resident/client files and dietary screening form.
5. Review at least annually and as required to ensure accuracy.
6. Discuss daily menu options and assist residents/clients where necessary to make their selection.
7. Monitor care recipient discretely to ensure adequate food and fluid intake. If care recipient misses meals or eats very little, document in progress notes and inform supervisor in charge.

8. Provide assistive devices as necessary, e.g., modified cutlery.

3. Legislation

Aged Care Act 1997: Quality of Care Principles Standard
2.10 Nutrition and Hydration
4.8 Catering, Cleaning and Laundry Services
Resident/Client Rights

Complaints Policy and Procedure

1. Policy

Abuse (ie physical, verbal, psychological, financial), harassment, retaliation and victimisation of care recipients, staff or others will not be tolerated at Fitzroy Falls Aged Care Facility.

Care recipients and their representatives are encouraged to make complaints about aspects of life in Fitzroy Falls Aged Care Facility that affect their enjoyment as a resident or client receiving services. For staff, the complaints process enables Fitzroy Falls Aged Care Facility to monitor whether our work practices are effectively meeting our standards. Fitzroy Falls Aged Care Facility needs to know what is wanted and what is not working well, so that we can provide a high standard of care and services.

All complaints will be dealt with fairly, promptly, confidentially and without retribution. This is in line with legal and ethical requirements. The Complaints Form should be used to document complaints from staff, residents, clients, representatives, visitors and volunteers.

Procedure

To deal with complaints, either face to face or on the telephone, use the following steps:

- Be polite and empathise (put yourself in the complainant's shoes). How you react, is as important as what you do. Believe the person who discloses information about abuse.
- Your responses should honour residents/clients and respect the rights of staff and others involved.
- Identify yourself and your position, listen carefully and record details on the complaints form.
- Make sure all evidence is kept confidential and that you have determined the mental status of the person to give evidence (you may need to confirm with a supervisor/manager whether the mental status of the resident/client has been documented).
- Determine the nature and degree of abuse (ie the frequency, how long it lasted and the severity).
- Look for proof such as actual physical proof (ie bruising or the emotional state of the person).
- Confirm the details by repeating the information and gaining agreement.
- Explain what action can be taken and how long this will take.
- If possible agree on a solution.
- Make sure you follow up with the person complaining. Agree with them on a time frame.
Confidentiality and Privacy of Information Policy

Policy

Individuals have the right to access information about themselves held by Fitzroy Falls Aged Care Facility. Fitzroy Falls Aged Care Facility protects privacy by keeping personal information secure from unauthorised access, use or loss. Each care recipient has a central file that is stored securely in the administration offices. Their care files are stored in the residential facility if in residential services and, in their own homes if in community care. In community care clients are responsible for keeping this information secure from unauthorised access, use or loss.

All staff employed by Fitzroy Falls Aged Care Facility have a duty to protect the privacy of personal information.

Procedure

Resident's/clients are asked to give the names of next of kin or other family or non family members who they wish to have access to their personal information. If they have no known next of kin or are unable to provide a name, the Guardianship and Administration Board can assist with appointment of a person as guardian. The role of the guardian is to make personal and lifestyle decisions on behalf of a person with a decision making disability. The person appointed as guardian can be granted a power of attorney over the affairs of that care recipient.

It is a requirement for staff to sign an agreement saying that they will not disclose any details about residents or clients they are caring for to anyone who is not authorised to have the information. The only person able to say who can have access to the information is the resident or client themselves or, where they are unable, their appointed guardian.

If information about a care recipient is disclosed without his or her authority, then that care recipient may be able to sue for breach of confidence if:

- the information has the necessary quality of confidence about it
- the information was provided by a patient to a doctor in circumstances which indicated that it was to be treated in confidence
- there was an unauthorised use of the information to the detriment of the individual.

This policy effectively means:

- staff are not to disclose or discuss any information about a care recipient without the necessary authority except where it relates to their daily care of that individual during the course of their work to another member of staff
- breaching confidentiality can result in criminal as well as civil action if it is suspected that the reason for the disclosure was to make personal profit or do harm.
Privacy of and Access to Personal Information

Policy

Personal information will only be collected from individuals with their informed consent.

Fitzroy Falls Aged Care Facility will ensure that personal information collected or held:

1. is accessible only to staff who have a need for access in order to perform their duties;
2. is not made available to third parties without the express consent of the individual, except where this is necessary to achieve the primary purposes for which the information was given to us; and
3. is destroyed or de-personalised when we no longer have either an operational need or statutory obligation to hold the information.

Subject to any restrictions permitted by law, individuals will be given reasonable access to the personal information we hold about themselves and an opportunity to add their comments on that information to our records.

Background

The proclamation in 2001 of amendments to the Privacy Act and the National Privacy Principles (NPPs) created obligations for, among other things, public statements concerning our privacy practices, access to personal information etc which necessitate a more formal approach to policy and procedure.

Hence this policy and its associated documents.

Procedure

This privacy policy has implications for most of our business activities and compliance is achieved by setting out suitable policy and procedure in all Manuals.

It is the responsibility of managers and staff involved in any working groups to ensure that this policy and the provisions of the Privacy Act and NPPs are implemented in any policy and procedure or documentation that the working groups produce.

The following general principles should be applied by managers and staff involved in the development of the above documents throughout Fitzroy Falls Aged Care Facility:

1. The Fitzroy Falls Aged Care Facility Privacy Statement required by National Privacy Principle 5, will be given to anyone who asks for information about any aspect of our management of privacy and personal information.
2. All forms, applications and data collection instruments (hard copy or electronic) with which we collect personal information must include a privacy statement.

3. No personal information on any person will be given to a third party unless it is necessary to achieve the primary purpose for which it was given to us. (For instance, we may identify a person to a pharmacist and give them information about the medication needed by the person in order to enable us to assist the person in managing their medication.)

4. Any agreements or contracts for supply of goods or services (e.g., pharmacists, staffing agencies) to include a statement imposing our standards of privacy of personal information on the supplier should they be given or in any way acquire personal information about any person affiliated with Fitzroy Falls Aged Care Facility.

5. When any person asks for access to the personal information about themselves which we hold they are to be advised that the access will be granted usually within 10 working days, is subject to the qualifiers contained in national Privacy Principle 6, and may involve payment of a fee to cover reasonable costs incurred by Fitzroy Falls Aged Care Facility in granting that access. (This advice should be given verbally and by letter advising of information access provisions.) Any Fitzroy Falls Aged Care Facility requests should be referred to the Privacy Officer or the relevant Executive Manager.

Note: Where a person asks about the information we are holding with respect to things like their nominated contact people, next of kin, doctors etc in order to check its accuracy and/or provide updates it is not necessary to invoke the provisions of this policy. Simply provide them with a copy or print out of the information we hold, ask them to mark up any required changes, update the information in our systems and record the action in their personal file.

Where a third party has established that they have a legitimate advocacy or care responsibility for a person (e.g. via a Power of Attorney document) we may treat that third party as if they were the person for the purposes of this policy. (Note: We need to check the terms of any Power of Attorney document to ensure that the access to personal information which we give to the attorney is consistent with the authority granted to them by the primary client.)

Legislation

Privacy Act 1988 (as amended) and National Privacy Principles
Aged Care Act - Principles 1997: Quality of Care Principles - Standards 1.2, 2.2, 3.2 and 4.2.
Community Transport Policy

Transport Definition

- Transport: Agreed method of transport utilising accredited transport company between clients home to another location and return. Transport is arranged as part of the care/service plan to attend community services, shopping, enjoyment or recreation.

Background/Principle

- Home and Community program guidelines are non-specific about how “transport” is provided. In line with meeting duty of care for all clients and maintain a safe environment for staff and clients, it is necessary to establish transport guidelines for Community clients who require this service.
- Staff or volunteers utilizing their own car for transport of clients do not require an additional licence if in the course of their employment they drive passengers as part of their duties and the vehicle does not carry more than 8 passengers.
- However, from a risk management and “duty of care” perspective it is the policy of Grange Home Care that staff will not transport residents/clients in personal vehicles. Issues arise with transferring residents, motor vehicle accidents and workers compensation. The staff member's car becomes a "workplace" under the definition.
- Staff have also noted the added concern and responsibility of driving clients in their cars. If a Community Care Worker is allocated to the client, the duty of care is to the client and it would be difficult legally to measure this duty if the Community Care Worker is responsible for driving a vehicle at the same time. Staff vehicles would also need to be checked for roadworthiness on a regular basis.
- Any persons transporting clients in a company vehicle/bus of eight seats or more will need F Class endorsement on their drivers licence which will involve a medical assessment. Grange Home Care will pay the cost of this assessment.
- Two options exist for the transport of clients that will maintain safety standards for the organisation, employee and client.
- Option 1: Use of approved transport service (example: Taxi service)
- Option 2: Employee (with F Class licence endorsement) utilising a company vehicle of eight seats or more approved for client transport (this includes any Grange Home Care buses)

Option 1
1. Assessment of clients requirements in own home after receiving completed referral
2. Consultation with client as to service requirements
3. Transport requirement identified by client and manager or co-ordinator
4. Care/service plan written and signed by client and manager or co-ordinator
5. Explanation of transport process to client
6. Community Support Worker to attend client home as scheduled
7. Pre-book or call accredited transport service
8. Prepare for transport. Pack bag or purse as required. Ascertained if medication is required.
9. Remind client to bring discounted taxi voucher (if supplied)
10. Remain with client at all times until vehicle arrives
11. Assist client to vehicle when arrived
12. Assist client to sit in back of vehicle. (Use safe practice principles- see attached)
13. If using wheelchair transport, observe client until securely restrained in vehicle by driver
14. Remind and assist client to apply seatbelt
15. Ask driver to place safety lock onto door
16. Community Support Worker to sit in back of vehicle for close observation of client
17. Upon arrival at location client to pay for service (using discount voucher if supplies) before disembarking from vehicle
18. Client to provide receipt to Community Support Worker to return to facility administration for direct credit re-imbursement within 7 working days to bank account
19. Community Support Worker to get out of the car first and then open client's door. This maybe undertaken by driver.
20. Observe for oncoming traffic.
21. If safe assist client from vehicle, utilizing safe practice principles
22. On return journey- above steps to be followed

**Option 2**

Steps 1-9 as above
10. Assist client into back seat of vehicle utilising safe transfer techniques
11. Remind and assist client to apply seatbelt
12. Apply safety lock to the door
13. Write in commencement mileage
14. Apply ACROD parking notice to dashboard
15. Commence journey as planned
16. Upon arrival at location, park in disabled parking bay.
17. Get out the car first, remove ambulatory aids and then open the clients door
18. Unlock seatbelt
19. Assist client from vehicle utilising safe practice principles
20. Lock car and continue journey
21. On return follow above steps
Advocacy Policy and Procedure

1. Policy

Fitzroy Falls Aged Care Facility will respect and preserve residents/clients rights to advocacy services for those unable to represent themselves.

2. Procedure

- Determine if resident/client is able/willing to participate in care plan.

- If the resident/client is not deemed competent then the legally appointed representative must be consulted. Where there is no legally appointed guardian, the Guardianship and Administration Act allows the following in order:
  - spouse, then the nearest relative in close personal contact, then someone who is in close personal contact but who is not a relative. If there is a conflict or none of the above, contact the Guardianship and Administration Board.

- Provide information to residents/clients/representatives during consultation regarding the development and regular review of care plans.

- If resident/client has given permission inform the family of resident/client health status. Respect residents/clients wishes not to inform others. If resident/client is not able to give permission follow Decision Making Policy.

- If resident/client has given permission (as above) inform and involve family and friends in resident/client activities.

- Residents/clients representatives will be assisted to access advocacy services. See Complaints Policy.

- Inform family and friends of available internal and external support services.

- Advocare will be booked to speak with staff and residents/clients at least every two years. Literature will be available on site for residents/clients/staff.
Protection of Rights and Interests Policy

1. Policy

Fitzroy Falls Aged Care Facility upholds the protection of rights and interests for care recipients.

2. Procedure

The Commonwealth Government recognises that care recipients have substantial rights. Through legislation, the government aims to promote and protect the civil, common, human and legal rights of care recipients. The legislation, through a Charter of Rights and Responsibilities, affirms social justice principles. It recognises that care recipients have specific rights and responsibilities that balance the needs of the individual against the needs of the nursing home and community as a whole.

At Fitzroy Falls Aged Care Facility, physical, verbal, psychological, financial, harassment, retaliation and victimisation of care recipients by staff or others will not be tolerated.

Abuse of care recipients by Fitzroy Falls Aged Care Facility staff may lead to instant dismissal and possible criminal charges.

Fitzroy Falls Aged Care Facility will respect and preserve a care recipient's rights to make decisions and choices, take risks, maintain external contacts and be as independent as possible. Fitzroy Falls Aged Care Facility acknowledges the care recipient's rights to representation and a safe environment.

Care recipients are presumed to be competent and capable of making their own decisions unless proven otherwise. They are encouraged to make decisions and staff must work to ensure maximum independence and choice and that care recipients and their family, where appropriate, are fully involved in the care planning process. Their goals, expectations, preferences for care are identified and they are kept informed of changes. Care recipients have the right to refuse treatment and activities.

Each care plan has to reflect the individual needs and aspects of care of that care recipient. Besides medical and nursing information it should include: food preferences, time of day preferred for shower or bath, and, cultural and or religious beliefs and practices. The development of the care plan should begin from the moment the care recipient first has access to the service. Before any change or addition is made to a care plan, the care recipient should always be consulted. If the care recipient is not competent to make their own decisions, a relative or nominated person should speak for them.

Care recipients assessed as capable can be encouraged to complete an enduring power of attorney (EPA). This will allow the appointment of a substitute decision-maker. The terms and conditions under which their attorney will take over the management of their affairs must be clearly established. If there is not an obvious guardian/administrator who is willing to take on this role, or there is family/friend conflict, then the appointment of a legal guardian/administrator may resolve any problems.
Cultural and Spiritual Policy and Procedure

1. Policy

The diverse cultural, linguistic and spiritual requirements of resident and clients will be acknowledged and addressed throughout all care provision.

2. Procedure for admission of client/resident with cultural needs

Resident/client/family complete Social History prior to admission or Carer obtains information about the specific cultural lifestyle practices, customs, beliefs and individual interests of each resident/client on admission using the Social History Screening Form.

Action further assessment and referral if needed.

Access Multicultural Aged Care Association or specific cultural associations for information or assistance. Determine the need for and organise access to translators/interpreters as required. This may be:

- Skilled interpreters on site
- Professional interpreter service
- Offer the assistance of translating and interpreting to resident/client and/or representatives.

Arrange with kitchen appropriate meals for the specific ethnic customs and resident/client's likes and dislikes.

Record necessary information in care plan.

Inform Chaplain or Social Worker of all new admissions. Arrange visit if indicated on Social History Screening Form and record in the progress notes.

Liaise with resident/client/family regarding their input into relevant cultural activities.

Organise appropriate ethnic groups within facility. Liaise with other Fitzroy Falls Aged Care Facility facilities to foster clustering.

Set up activity program that incorporates appropriate cultural events, themes and celebrations. This can include organising appropriate decorations, posters, memorabilia and music/video.

Advertise activity in facilities program and newsletter.

Facilitate staff training in cultural awareness and culturally appropriate service delivery.

Display relevant contact numbers in public places.

Residents/clients may include religious or cultural practices from their past and integrate them into their lifestyle. These practices may include preparing cultural
food or beverages, completing cleaning tasks and celebrating cultural events in their own special way. It is important to acknowledge these practices and to ensure that you take into consideration their requirements when planning and providing services.
Policy and Procedure for Admission of Resident/Client with Cultural Needs

1. Policy

The diverse cultural, linguistic and spiritual requirements of resident and clients will be acknowledged and addressed throughout all care provision.

2. Procedure for admission of client/resident with cultural needs

Resident/client/family complete Social History prior to admission or Carer obtains information about the specific cultural lifestyle practices, customs, beliefs and individual interests of each resident/client on admission using the Social History Screening Form.

Action further assessment and referral if needed.

Access Multicultural Aged Care Association or specific cultural associations for information or assistance.

Record necessary information in care plan.

Determine the need for and organise access to translators/interpreters. Offer the assistance of translating and interpreting to care recipients and/or their representatives, as required. Services may include:

- skilled interpreters on site
- professional interpreter service.

Arrange with kitchen appropriate meals for the specific ethnic customs and resident/client's likes and dislikes.

Inform Chaplain or Social Worker of all new admissions. Arrange visit if indicated on Social History Screening Form and record in the progress notes.

Liaise with resident/client/family regarding their input into relevant cultural activities.

Organise appropriate ethnic groups within facility. Liaise with other Fitzroy Falls Aged Care Facility facilities to foster clustering.

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Advertise activity in facilities program and newsletter.

Facilitate staff training in cultural awareness and culturally appropriate service delivery.
Display relevant contact numbers in public places.

Residents/clients may include religious or cultural practices from their past and integrate them into their lifestyle. These practices may include preparing cultural food or beverages, completing cleaning tasks and celebrating cultural events in their own special way. It is important to acknowledge these practices and to ensure that you take into consideration their requirements when planning and providing services.

**Resident/Client Risk Taking Policy**

1. **Policy**

   Fitzroy Falls Aged Care Facility will respect and preserve client/resident's rights to take risks and to be as independent as possible, acknowledging rights to represent and maintain a safe environment.

2. **Procedure**

   - Clients/Residents who are able to judge risk to themselves are encouraged to make their own, informed, decisions, providing the resultant activity does not threaten others or their lifestyle.
   - Use Fitzroy Falls Aged Care Facility Risk Assessment Tool for general risks
   - Staff have a duty of care to client/residents and must inform them or their representative if, in the staff member's judgement, an activity may place the client/resident at risk of injury.
   - If a client/resident is not competent to decide. Staff must liaise with the client/resident's representative to ensure the client/resident's safety and wellbeing. Further assessments in other areas may be required.
   - If a client/resident chooses to participate in an activity which staff consider may place the resident at risk, document fully in Progress Notes about the activity and the advice provided. Provide written advice to the client/resident about the possible risks.
   - If an incident arises from a client/resident's decision, for which advice was given, full documentation of that incident must be recorded. (Progress Notes and Incident Form)

3. **References**

   - Policy Decision Making
   - OHS Risk Assessment Tool
   - Client/Resident/Visitor Incident/Accident Form

4. **Legislation**

   - Aged Care Act 1997
   - 3.7 - Leisure Interests and Activities
   - 3.5 - Independence
   - 3.9 - Choice and Decision Making