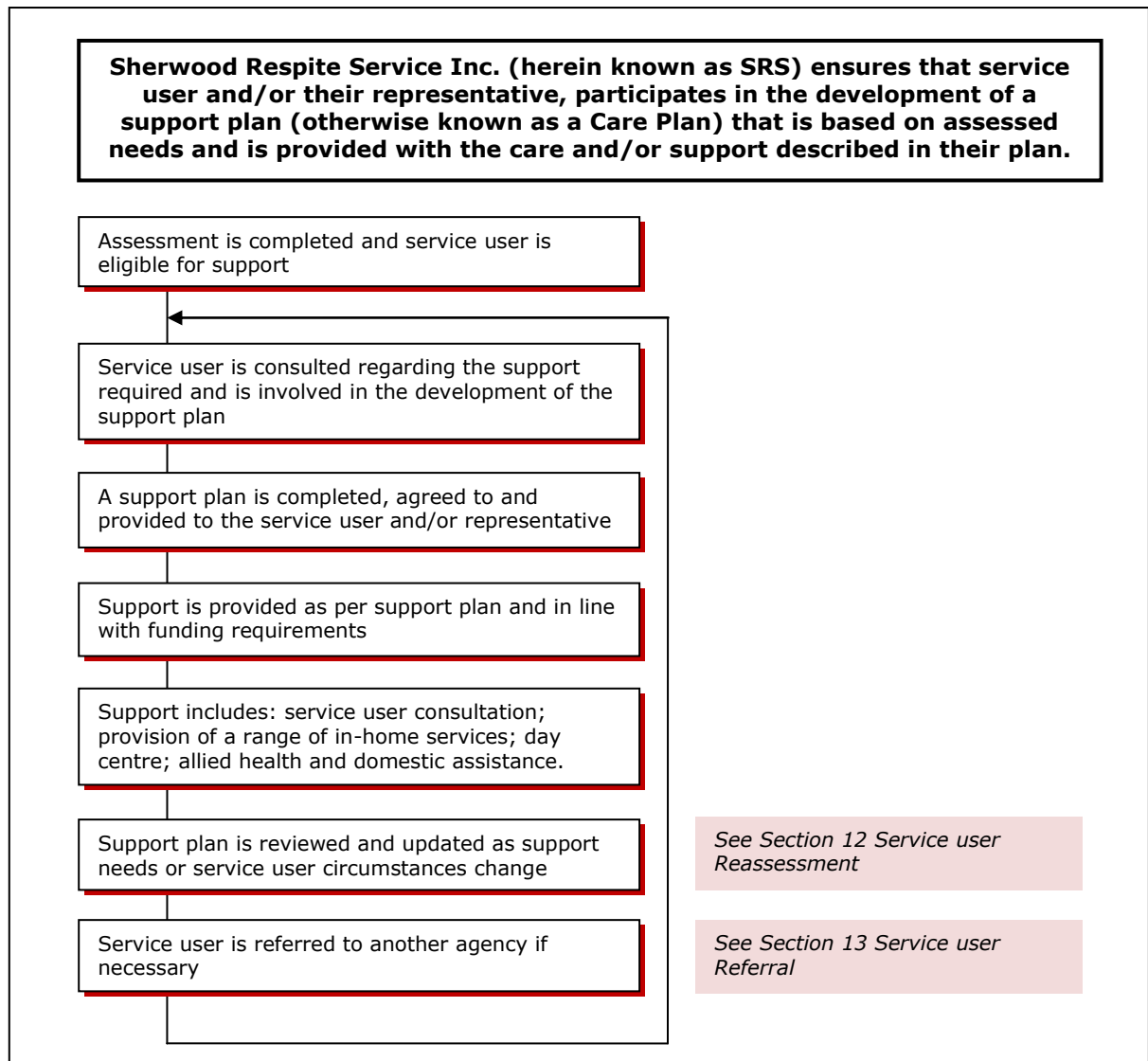


SUPPORT PLANNING AND DELIVERY



FORMS AND RECORDS

Service user Consent Form	Service user records
Service user Management System	Shared Drive
Support Plan	Service user records
Progress Notes	All staff
Hazard Report	WHSO
Tell Us What You Think form	All staff
Adverse Event Report	All staff
Service user Handbook	Shared Drive
Day Centre Attendance Sheet	Bus Folder
Service user Details and Transfer Form	Bus Folder
Kitchen Record Sheet	Coordinator Day Centre and Transport

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11.1 Service user Involvement in Support Planning

11.1.1 SERVICE USER CONSULTATION

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

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

Options for service users may include:

- The day or time of support
- A choice of support worker if necessary and if possible, and
- A choice of activities that most suit the service user's needs and preferences when possible
- Consideration of the service user's independence.

SRS respects each service user's cultural preferences by ensuring staff have an understanding of the culture of the service users and that, where possible, support is tailored to meet cultural needs. We endeavour to recruit staff from a range of cultural backgrounds (if appropriate) to assist in understanding and meeting cultural and linguistic needs relevant to our local demographics.

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

11.1.2 CONSENT

Consent is sought from the service user (and/or carer) for receiving and providing information to other parties. The Assessment Officer explains the extent of consent and completes the [Service user Consent Form](#) which is signed by the service user/carers. If the individuals are unable to sign, verbal consent is received and noted.

11.2 Delivering Support

The Coordinator manages staffing for the services delivered. Staff is rostered to meet the planned support and service needs determined through assessment. In the main, support is provided by suitably skilled Support Workers who follow the [Support Plans](#).

11.2.1 TEMPORARY STAFF SHORTAGES

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

- The service user is advised by telephone and provided with an explanation as to why there is a need to cancel a support visit. Every effort is made to reschedule the support, but this is not always possible
- A case note is made in the Service user files

11.2.2 AGENCY STAFF

If necessary, agency staff is used to replace support workers and other staff as necessary to ensure ongoing service delivery. The Coordinator orientates the agency staff person prior to allocating them service users' to visit. The Coordinator ensures that the agency staff person is familiar with the SRS processes relevant to the support they are required to deliver. Agency staff

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is provided with the contact number of the Coordinator to ensure that they have someone to contact should they require it.

11.2.3 STAFF ACCESS TO SUPPORT

All support workers have access to support, information and advice via telephone to the SRS office. Coordinator and other office staff can provide support as necessary.

11.2.4 ACTION IN THE EVENT OF A SERVICE USER NOT RESPONDING TO A SCHEDULED VISIT¹

Each service user is consulted regarding what they want SRS to do in the event that they do not respond to a scheduled visit. This is documented on their [Support Plan](#) and individual bus mobile telephones so that staff is aware of what action to take. Actions usually include:

- Telephoning the service user
- Telephoning the next of kin
- Notifying the Police who will then initiate the appropriate action if necessary

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

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

The Coordinator maintains a list of codes for clients with key safes as advised to the Coordinator.

11.2.5 STAFF SKILLS

Staff who provide support have the necessary skills and qualifications to carry out their roles. The Coordinator identifies any additional skills or training needs required, if the service users' needs change. Staff is provided with relevant training and support to provide the appropriate services.

11.2.6 FEES

See 14.4 Service user Fees.

11.3 Range of Services Provided by SRS

SRS is funded by both Commonwealth and State Government Departments to fund programs for service users aged 65 and over (50 and over for clients who are either /or Aboriginal / Torres Strait Islander, and service users aged under 65 under 50 for service users who are either / or Aboriginal / Torres Strait Islander) to support their independence. The programs provide a basic level of support to assist service users to remain independent at home and in the community and to reduce the potential for inappropriate admission to residential care.

Services provided by SRS through the Program for service users aged 65 and over (50 and over for clients who are either /or Aboriginal / Torres Strait Islander include:

- Domestic assistance
- Respite care

¹ The organisation uses the Guide for community care service providers on how to respond when a community care service user does not respond to a scheduled visit (Department of Health and Ageing 2009) as a reference.

- Centre based respite
- Allied health.

Services provided by SRS through the Program for service users aged under 65 (under 50 for service users who are either / or Aboriginal / Torres Strait Islander)

- Centre based respite
- Allied health.

Specific information and requirements regarding both Programs is contained in the relevant funded program guidelines.

11.4 Support Planning – In-Home Services

In-home services are planned to meet the assessed needs of the service user and can include:

- Domestic assistance
- Respite

Each service user has a [Support Plan](#) that is developed in consultation with them and/or their representative and reflects the services and support provided.

11.4.1 DEVELOPING A SUPPORT PLAN

In developing the support plan, SRS ensures that:

- Service users/carers are involved in deciding the support they receive and their goals
- Individual needs and preferences are taken into account and may include:
 - Physical needs
 - Emotional needs
 - Cultural needs
 - Promoting service user independence
 - Socio-economic needs
 - Preferred days and times (balanced against the ability of SRS to provide support at specified times)
- The service user is made aware of and able to choose from available support in the community.

11.4.2 SUPPORT PLAN LOCATION

Generally the support plan is kept in the service user's home and a copy kept in the SRS office in the service user's file. Administration posts the support plan to the service user once it is completed (with a prompt for them to sign it prior to putting it in their home notes file) or a support worker takes the support plan to the service user's home on the first support visit.

Sometimes the service user (and/or representative) do not want the support plan to detail all of the strategies used to deliver support (for example, the support plan may detail behaviours displayed by the service user and strategies staff use to support the service user when displaying these behaviours). In these cases, the support plan will contain the basic support and services to be delivered and specific supports will be detailed in a separate Specific Care Plan in the service user's electronic record. Staff is advised of these additional supports verbally and can ring the office for further clarification if unsure when in the service user's home. The in-home support workers read the support plan to identify the support that they provide.

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

11.4.3 IN-HOME FILE CONTENTS

The in-home file may contain:

- The relevant support plan/s including service user details
- [Progress notes](#) (completed if an exceptional event occurs)
- [Hazard Report](#)
- [Tell Us What You Think](#) form and
- [Service user Handbook](#)
- Other documents as required.

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

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

11.4.4 DELIVERING SUPPORT

Located in the home file of each service user receiving services in the home is the SRS Visitor's Record. Support workers are required to sign the individual records each time as services are delivered to the individual service user. The service user also signs for the time spent delivering the service on the Record which contains the date and time the services were delivered.

Support workers deliver the support described in the support plan/s and complete [Progress Notes](#) only if an exceptional event has occurred. For example, if the support worker notices a change in condition or other exceptional event they make a note in the progress notes in the service user's home and notify their Coordinator. The Coordinator follows up as required; any notes of the follow up are recorded in the service user's record in the Service user file. Staff uses the relevant reporting forms to record hazards or adverse events in addition to making a notation in the progress notes.

Support workers are updated on any changes to support plans or service user needs from the weekly staff meeting minutes. An updated support plan is taken to the service user's home if there are significant changes.

11.4.5 SUPPORT PLAN REVIEWS

See Section 12: Service user Reassessment.

11.5 Support Planning – Centre Based Day Care Services

Day centre services are planned to meet the assessed needs of the service user and can include:

- Transport to and from home
- Transport to outings
- In-centre activities.

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Day centre activities are planned to meet the assessed needs of the service users. Each service user has a [Support Plan](#) that is developed in consultation with them and/or their representative and reflects the services and support provided at the day centre. Attendance at the day centre is recorded on the [Day Centre Attendance Sheet](#) that records attendance and transport. This is returned to the Administration to enter into the Service user Management System. Meal provisions (for each individual service) user is recorded in the Service user Management System.

11.5.1 SERVICE USER CONSULTATION

Service users of the day centre are consulted regarding their activity and outing preferences through assessment, 1:1 discussions and group discussions. Consideration is given to the cultural, cognitive and functional abilities and needs of service users in the planning of activities.

Anecdotal feedback is sought after activities and noted by day centre staff to assist in the development of future activity plans. Service users are also surveyed annually to determine their satisfaction with the program.

11.5.2 DAY CENTRE SUPPORT PLANS

A [Support Plan](#) is developed by the Assessment Officer. Support plans are kept in the day centre and copies are maintained in the buses in locked cases so that staff has information to hand should they require it. Support plans are reviewed annually or as required. Administration posts the support plan to the service user once it is completed (with a prompt for them to sign it prior to putting it in their home notes file).

If a day centre service user also receives in-home support, they will have a copy of their Support Plan in the day centre and at home.

11.5.3 PLANNING AND DELIVERING DAY CENTRE ACTIVITIES

The Coordinator and day centre staff use feedback from service users to assist them to plan day centre activities including outings and in-centre activities on a bi-monthly planning cycle; the month's activities are posted on the calendar in the day centre. Outings are planned by the day centre staff and a risk assessment of the outing location is conducted that includes ensuring that the environment, facilities and location are suitable for older people or people with disability (see 8.4.3 Safety Audits External Venues).

11.5.4 PLANNING AND DELIVERY - TRANSPORT

Support worker who hold a current light rigid drivers licence and drivers authorization is accompanied on the bus by a bus assistant to assist in collecting service users. Support Plans containing emergency contact details for each individual service user are maintained in each bus and are contained in a locked case.

Staff must ensure that when collecting or dropping off service users to and from their homes, the utmost safety and care is taken to ensure the safe transporting of service user. It is the obligation of the bus driver to ensure that the vehicle is always pulled up to the left hand side of the road with the service user's home to the left of the vehicle to enable safe and easy access to and from the vehicle.

It is the obligation of the bus driver to ensure the vehicle is inspected daily prior to departure from the Centre to:

- Ensure that the vehicle is tidy inside
- Has sufficient fuel
- Report any damage or issues with the vehicle
- Complete the [Vehicle Log Sheet](#).

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Buses are always refuelled the afternoon prior to an outing. The buses are never refuelled with service users on board. Bus drivers are to ensure the fuel gauge does not drop below ¼ tank mark.

11.5.5 DOCUMENTATION

[Progress Notes](#) are documented if required in the service user file. [Adverse Event Reports](#) and [Hazard Reports](#) are completed as required. Service user satisfaction with activities and their participation is documented at least monthly in the Progress Notes to assist in evaluating the program.

11.5.5 SUPPORT PLAN REVIEWS

See Section 12: Service user Reassessment.

11.6 Meal Service

The Day Centre meals are regenerated as per Nutrifresh guidelines in the oven and served at the Day Centre. Service users have the option of soup, a full cooked meal, tea or coffee and dessert. Cultural and food preferences are given consideration and food allergies and dislikes recorded and considered.

Our organisation only provides pre-prepared food and therefore Standard 3.3.1 Food Safety Programs for Food Services to Vulnerable Persons does not apply [Subclause 1(3b)]. The Respite Care Worker on Kitchen Duty ensures that records of food temperatures for storage, heating of meals are maintained. A Kitchen Record Sheet records the temperature of the refrigerator, freezer, warmed food and temperature of foods to be transported for outings (if appropriate) and cleaning tasks completed each day.

Frozen meals (if required) are provided from the meals service and are heated in the warming oven in the kitchen and provided to service users in the day centre. Frozen meals are heated to above 60 degrees Celsius prior to serving. Desserts are served cold direct (or hot if appropriate) from the refrigerator. The temperatures of meals are recorded on the [Kitchen Record Sheet](#) prior to serving.

Supplies are purchased for in-centre activities such as crafts, games and social interaction. Pre-prepared meals and morning tea (prepared biscuits, cakes or fruit) are provided and are served by the day centre staff, at least one of whom has completed food safety training. Consideration is given to food allergies and dietary and religious requirements and these are recorded on the service user's records and in the daily kitchen service user list.

11.6.1 FOOD SAFETY PROGRAM

Sherwood Respite Service has a food safety program that meets the requirements of Food Safety Standards contained in Chapter 3 of the Australian New Zealand Food Standards Code including Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons, Standard 3.2.2 Food Safe Practices and General Requirements and Standard.

11.7 Transport Service

Transport is provided to service users assessed as requiring it. Transport is provided to and from the Day Centre, to pre-arranged Podiatry and hairdressing appointments and on service user outings. Drivers are scheduled by the Coordinator and positions are rotated on a 4 weekly cycle to alleviate driver fatigue.

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Staff must ensure that when collecting or dropping off service users to and from their homes, the utmost safety and care is taken to ensure the safe transporting of service user. It is the obligation of the bus driver to ensure that the vehicle is always pulled up to the left hand side of the road with the service user's home to the left of the vehicle to enable safe and easy access to and from the vehicle. Vehicle checks are maintained daily by the bus driver who ensures the vehicle is refueled the afternoon prior to outings.

11.7.1 ARRANGING TRANSPORT

Service users who are regular Day Centre attendees have a permanent bus booking for pick up and drop off on their allocated Day Centre day. Cancellations are also notified by service users to the Administration by 8.30 am on the day of the service.

11.7.2 DRIVER ROLE

The drivers are responsible for complying with SRS vehicle policy (see 8.15 Vehicle Policy) and for reporting any issues or concerns to the Coordinator. Each vehicle has a mobile telephone so that the bus can be contacted and a First Aid Kit.

11.8 Infection Control²

Policies and procedures outlined in this section are based on the information contained in the NHMRC Guidelines. Infection control processes are implemented to ensure the safety and wellbeing of service users, staff of SRS and the community as a whole. SRS seeks input and advice from an Infection Control Consultant and/or the local government environmental officer if required (eg if there is an outbreak at day centre or a food-borne infection risk identified).

Other safety information such as manual handling, household safety precautions and first aid are included in Section 9: Physical Resources.

11.8.1 INFECTION PREVENTION AND CONTROL OVERVIEW

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

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

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

Standard precautions

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

Standard precautions include:

- Hand hygiene

² NHMRC 2010 *Australian Guidelines for the Prevention and Control of Infection in Healthcare* Commonwealth of Australia

- Use of personal protective equipment (PPE)
- Waste management including the appropriate handling and disposal of sharps and linen
- Environmental controls such as cleaning and management of spills
- Appropriate cleaning of reusable equipment and the use of single-use only instruments
- Practicing respiratory hygiene and cough etiquette.

These are further discussed below.

Transmission-based precautions

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

Some transmission-based precautions can include:

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

11.8.2 ROUTINE HAND HYGIENE

Hand hygiene must be completed:

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

Hand hygiene solutions

- Soap (liquid or bar soap)
 - Soap does not have to be antibacterial or antiseptic, soap helps to lift soil or organisms from the skin and the water washes them away.
 - If liquid soap is dispensed from reusable containers, they must be cleaned when empty and dried prior to refilling with fresh soap.
 - Bar soap can be used if liquid soap is not available; use running water and rinse hands well after use.
- Alcohol based product
 - Only used if hands are not visibly soiled (alcohol based products are inactivated by any soiling).
 - Alcohol based products kill organisms on the surface of the skin.

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

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

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

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

Hand and nail care

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

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

11.8.3 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Staff uses PPE as they require it; gloves, plastic aprons and goggles are available.

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Use of gloves

- Disposable gloves are provided to all direct support staff to minimise the risk of transmission of infection between staff and service users and must be removed after each task and hands washed or decontaminated with alcohol rub or soap products.
- Disposable gloves must be used when:
 - there is a risk of exposure to blood or body fluids eg whilst emptying commodes
 - when handling chemicals eg when cleaning service user's home
 - handling ready to eat foods, such as sandwiches and salads
 - the service user has suspected or confirmed infection with an organism transmitted via contact.

Staff with latex allergies can notify the Coordinator and latex-free, non-powdered gloves are provided.

Other personal protective equipment

Support workers are provided with other personal protective equipment relevant to their roles as required. These can include goggles or safety glasses (for use with dishwasher or in yard work) aprons (if showering or other duties poses a risk of wetting the support worker's clothing), safety harnesses for use on hoists on buses) or any other personal protective equipment deemed necessary or identified by SRS. If staff believe that additional personal protective equipment is necessary they can talk with the Coordinator or complete a [Hazard Report](#).

11.8.4 WASTE MANAGEMENT INCLUDING SHARPS AND LINEN

General waste

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

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

SRS disposes of incontinence aids via a weekly service of bins provided by Pink Health Solutions.

Clinical waste

Clinical waste is waste that has the potential to cause disease, sharps injury or public offence. SRS provides a sharps container in a service user toilet for the disposal of sharps in the appropriate manner. If a service user requires sharps (eg uses disposable needles for insulin injections) they must provide a sharps container marked with biohazard symbol in their home and they are responsible for disposing of it.

Pharmaceutical waste

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

Linen

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

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11.8.5 ENVIRONMENTAL CONTROLS

General cleaning principles

- Regular cleaning of work areas is important for ensuring infection control precautions. Deposits of dust, soil and microbes on surfaces can transmit infection. Routine cleaning and maintenance is necessary to maintain a safe environment for staff, service users, volunteers and visitors.
- Cleaning equipment used is fit for its purpose, clean and well maintained.
- All support staff undergo mandatory training to ensure they have the knowledge to carry out their duties effectively:
 - cleaning practices
 - equipment use
 - chemical handling and
 - regulatory, infection control and OSH requirements.
- Supervision is in the form of identifying cleaning deficits and bringing these to the attention of the support workers.

Cleaning practices

- Standard Precautions are implemented when cleaning surfaces and facilities. Staff is required to wear suitable gloves and other protective clothing appropriate to the task.
- Hand hygiene is completed prior to cleaning tasks.
- Gloves are worn when handling solutions of detergent and disinfectant products and when cleaning wet areas.
- Other protective clothing (e.g. aprons) are worn wherever soiling is anticipated.
- Protective eyewear is worn where splashing is likely to occur.
- Surfaces are cleaned on a regular basis using only cleaning procedures which minimise dispersal of dust, soil (micro-organisms) and aerosols into the air.
- Safety Data Sheets (SDS's) for all cleaning agents are readily available together with instructions for products' storage and use in Day Centre.
- Standard cleaning equipment, including a designated colour coded mop and bucket, plus cleaning agent, is readily available for blood and body fluids spill management and stored in an area known to all staff.
- Service user care equipment is cleaned in warm, soapy water (if appropriate e.g. for plastic chairs), dried and wiped down with an alcohol wipe to maintain cleanliness. Other medical equipment items are wiped down with an alcohol wipe.

Cleaning agents

- Chemicals used for routine cleaning may be hazardous if used incorrectly.
- A neutral, low irritant detergent and warm water is used for all routine cleaning. No bleach or corrosives are used in the home; service users are advised that staff is unable to use these products.
- Where surface disinfection is required, the manufacturer's instructions are followed.
- All chemicals are stored and used according to the manufacturer's directions which are contained in the SDS.
- Cleaning agents are purchased in small volume disposable containers wherever possible and discarded when empty. Where specified, containers may need to be re-used, they shall be

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washed and dried before refilling. Decanted solutions must never be returned to original containers or "topped up".

- All storage and in-use containers must be clearly and correctly labeled with labels prepared only by the manufacturer.
- Incidents or errors associated with chemical handling or use must be reported immediately to the Coordinator. A Staff Incident/Accident Form must be completed by the end of the shift.
- A register of hazardous chemicals used in the workplace is kept and maintained as relevant and annually at a minimum requirement.

Horizontal surface – work surfaces, ledges and floors

- Clean work surfaces, ledges and floors thoroughly as often as needed depending on the frequency of use. A general purpose neutral detergent is used, following manufacturers' instructions.
- Separate cleaning of clean and dirty areas (eg hand basins and toilets).
- Work from clean to dirty, high to low.
- Damp mopping or damp dusting is the preferred method for cleaning surfaces.
- Change cleaning solution and cleaning cloth on a regular basis when cleaning work surfaces (eg when moving from one area to another). Change cleaning solution when cleaning floors on a regular basis and launder mop head when soiled (if removable mop head). If mop head is fixed, clean mop with detergent and warm water and allow to air dry, standing head end up.
- In the day centre, toilets, sinks, hand wash basins, shower cubicles, all fittings attached to ablution facilities and surrounding floor and wall areas are cleaned at least daily and more frequently as required.
- Carpets/floors are vacuumed according to use. Carpets are steam cleaned on a regular basis depending on use and soiling.

Vertical surfaces – walls, blinds and curtains (day centre only)

- Clean vertical surfaces when visibly soiled (spot cleaning) or when dust is noticeable. Periodic cleaning is good practice and annual cleaning is reasonable.
- Launder or dry clean curtains according to manufacturer's recommendation and as required.

Cleaning equipment

- Cleaning equipment (including solutions, water, buckets, cleaning cloths and mop heads) are changed periodically.
- Equipment is changed immediately following the cleaning of blood and body substance spills.
- Equipment is washed/cleaned in detergent and warm water and stored dry between use.
- Mops with detachable heads and reusable cleaning cloths are laundered between use.

Pest control (day centre)

- Administration is responsible for ensuring the premises are free from pests with the implementation of a pest control program. Regular inspections for pests are carried out and any infestations treated.

Procedure for decontamination of blood and body fluid substance spills (day centre)

Prompt removal and cleaning of the contaminated area following spots or spills of blood and body fluids is sound infection control practice using the following method:

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Spill kit equipment

- Gloves non-sterile examination gloves or household rubber gloves
- Protective eyewear if the risk of splashing exists
- Plastic apron
- Disposable paper towels
- Disposable cleaning cloth/sponge
- Neutral detergent
- Container for rubbish
- Sharps container (if sharps are involved).

Procedure

1. Apply personal protective clothing
2. Pick up any broken glass or other sharps using forceps or scoop onto strong cardboard material and dispose of into a sharps container.
3. Absorb spillage into paper towels and place in leak proof plastic bag for disposal.
4. Clean area thoroughly with detergent, warm water to remove all visible contamination.
5. Dispose of cleaning cloth.
6. Remove and dispose of personal protective equipment.
7. Perform hand hygiene using soap and water or an alcohol based gel.

11.8.6 CLEANING OF REUSABLE EQUIPMENT/SINGLE USE EQUIPMENT

Equipment (such as hoists, shower chairs etc) that is loaned to service users is cleaned on return to the equipment store with a neutral detergent and warm water and dried. Hoist slings are used for one service user only and laundered in hot water once returned.

11.8.7 HYGIENE AND COUGH ETIQUETTE

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

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest bin after use
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

11.8.8 COMMUNICABLE DISEASES

Staff use standard precautions and use hygiene and cough etiquette to reduce the risk of contracting or passing on a communicable disease. Staff who have a communicable disease (such as a heavy cold, flu or gastroenteritis) are not permitted to work as our service user group are vulnerable to such infections. Staff must stay off work until the symptoms have passed.

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11.9 Medication Management

Refer to 14.5.4 SERVICE USER MEDICATIONS POLICY

Support workers are not required to administer medications to service users. The Service User Medications Policy defines medications assistance by a support worker.

11.10 Dealing with Suspected Elder Abuse

Where elder abuse is suspected or alleged to have occurred, or if the Coordinator is unsure of the best course of action to take in a dispute between a service user and a carer, one or more of the specialist agencies listed in 17.5 Advocacy Services is contacted for advice.

If the service user has not consented to this contact it must be made without disclosing the service user's details.

If there are fears for the well-being of the service user due to suspected elder abuse the Coordinator will follow the advice of the specialist agency even where it conflicts with the confidentiality of the service user. In this case the specialist agency may request direct involvement.

11.11 Monitoring Support Planning and Delivery Processes

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

11.12 Service users not responding to a scheduled visit

SRS is committed to ensuring response planning is developed with the involvement of the service user and / or carer to include SRS's actions to service users not responding to a scheduled visit or scheduled service being provided in their home.

SRS staff will collaborate with service users and / or their carer to formulate a planned response to meet the individual procedures and emergency contacts set by the service user and/or their carer. This response plan will be activated in the event the service user does not respond to a scheduled visit or scheduled service being provided by SRS in the service user's home. This is to ensure that appropriate and timely action is taken to manage a situation that may result in, or from, an adverse event. Such a Response Plan will be documented in the service users care plan, service agreement and consent form. The Response Plan will be reviewed for currency on a regular basis at service user assessment reassessment. Service users / carers share the responsibility to ensure updated details are provided to SRS as and when their procedure or emergency contacts change.

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