



Team National

Policies & Procedures

National Healthcare Services 2017
National Community Care 2017

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NATIONAL POLICY AND PROCEDURE FRAMEWORK

POLICY STATEMENT: National Healthcare Services and National Nursing Agency (National) Management are committed to providing its employees and third-party stakeholders with the assurance that National has an effective and robust Policy and Procedure Framework implemented.

PURPOSE: The purpose of National's Policy and Procedure Framework is to have a streamlined process for reviewing current policies and procedures regularly, identifying roles and responsibilities of National's management employees and ensuring appropriate updates are carried out according to industry standards and legislative changes.

SCOPE: National Healthcare Services and National Nursing Agency employees.

POLICY: All policies and procedures are to be reviewed every twenty-four (24) months or as necessary in line with legislative and process changes. The National management Team will manage the review, and employees and associates will be consulted in this process and all updates will be made available with the effective date of any changes noted to the employees and associates. This review will be conducted in collaboration with National's employment legal and workplace relations advisor Employsure. These reviews consider relevant legislation including legislation mandated by Fair Work Australia, the Human Rights Commission and the Information and Privacy Commission such as the Nurses Award 2010/2020, National employment standards, Workplace Health and Safety Regulations and the Privacy Act. In addition, the review will also consider the below industry related standards:

- Aged Care Quality Standards
- National Disability Insurance Scheme (NDIS) Practice Standards

National will also continue to monitor for any other legislative changes that impact any of the contents contained in the policies and procedures through several avenues:

- Advice from National's accounting and taxation adviser, Advice9, in relation to any taxation legislation, superannuation legislation or payroll legislation.
- Advice from our insurance agent, Freedom Finance, in relation to any legislative changes required to our existing insurance covers for Workers Compensation Insurance, Medical Malpractice, Public Liability Insurance and Cyber security.
- Advice and updates as subscribed to from several industry and government bodies both Federal and Territory, such as the National Disability Insurance Agency and Quality Safeguards Commission, the ACT Chief Health Officer, ACT Health – Canberra Health Services and the Aged Care Quality and Safety Commission. These significant and important updates and information about any legislative or process changes are received directly from the source and are updated immediately as required.
- Updates from other business sources such as CPA Australia, Ausmed, Altura Online Learning Platform, Business Chicks, the Canberra Business Chamber, and HESTA superannuation fund, DSC are reviewed on a weekly basis and all information that is available assessed for any changes required.

Effectiveness of the policies will be assessed through:

- Feedback from employees and management,
- Feedback from management at the various sites which staff are deployed (Hospitals and Residential Aged Care Facilities).
- Review of policy by National and committee to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.

- Annual reviews through Employsure and Chamberlain’s Law Firm.

Policy and Procedures Committee:

Nationals Policy Committee review policies within positional scope to ensure a collective approach is taken when implementing relevant policies and procedures. The committee consists of:

- Company Director and or General Manager
- Registered Nurse
- Senior Assistant Nurse
- Governance Lead

Relevant Legislation and References:

- Industrial Award Nurses Award 2020
- Fair Work Act 2009 (Cth)
- Secure Jobs, Better Pay Act 2022
- Work Health and Safety Act 2011 (ACT)

REVIEW OF POLICY: Bi Yearly or as required

INSERT AAA POLICY WRITING FRAMEWORK

Version	Issued	Review Date (2 nd Yearly)	Area Responsible	Pages Reviewed	Pages Amended
1	07/07/2017	07/07/2019	NHS/NNA Management & Employsure	1 of 74	74 to 76
2	20/02/2019	07/07/2019	NHS/NNA/NCC Management & Employsure	1 of 76	Full review 1 of 85
3	07/07/2019	07/07/2021	NHS/NNA Management	1 of 85	Full review 1 of 107
	04/07/2021	04/07/2023	NHS/NNA Management		
	10/04/2023	10/04/2025	NHS/NNA Management		
	13/02/2024	13/02/2026	NHS/NNA Management		

Organisational Overview

NATIONAL NURSING AGENCY & NATIONAL HEALTHCARE SERVICES

National Nursing Agency & National Healthcare Services have been collectively operating in ACT and local surrounds for over 25 years and are ACT's most prestigious healthcare agencies supplying Assistant in Nurses, Personal Carers, Enrolled Nurses and Registered Nurses across public, private hospitals, Residential Aged Care Facilities and niche specialist clinics.

National prides itself on being known for reliability, compassion and quality service delivery. Working closely with the local education providers such as Canberra Institute of Technology (CIT), Australian Catholic University (ACU) and Canberra University (UC) through career fairs to attract future candidates who are nursing students (Enrolled Nurses, Paramedic's, and Registered Nurses). The National Nursing Agency and National Healthcare Services are affiliated to National Community Care whom all share common purposes and values.

REPORTING LINES

POLICY STATEMENT: National has clear and distinguished reporting lines for its employees and external stakeholders for support, advice and escalation. National is committed to providing timely and effective communication, action and response to its employees and external stakeholders through concise reporting lines.

PURPOSE: Provide employees and external stakeholders with clear Non ambiguous reporting and escalation lines for National.

SCOPE: All National Healthcare Services and National Nursing Agency employees

POLICY: National Healthcare Services and National Nursing Agency executive management have developed clear and consistent reporting lines for its employees and external stakeholders to assist with effective communication between service delivery employees and management employees it provides service delivery employees with an escalation pathway for reporting incidents / accidents / complaints / SIRS or mandatory reporting incidents. National's reporting lines provides a Non ambiguous approach to its workforce management, external stakeholders relationships management and overall structure to the operational function of the National entities.

EMPLOYEE IS RESPONSIBLE:

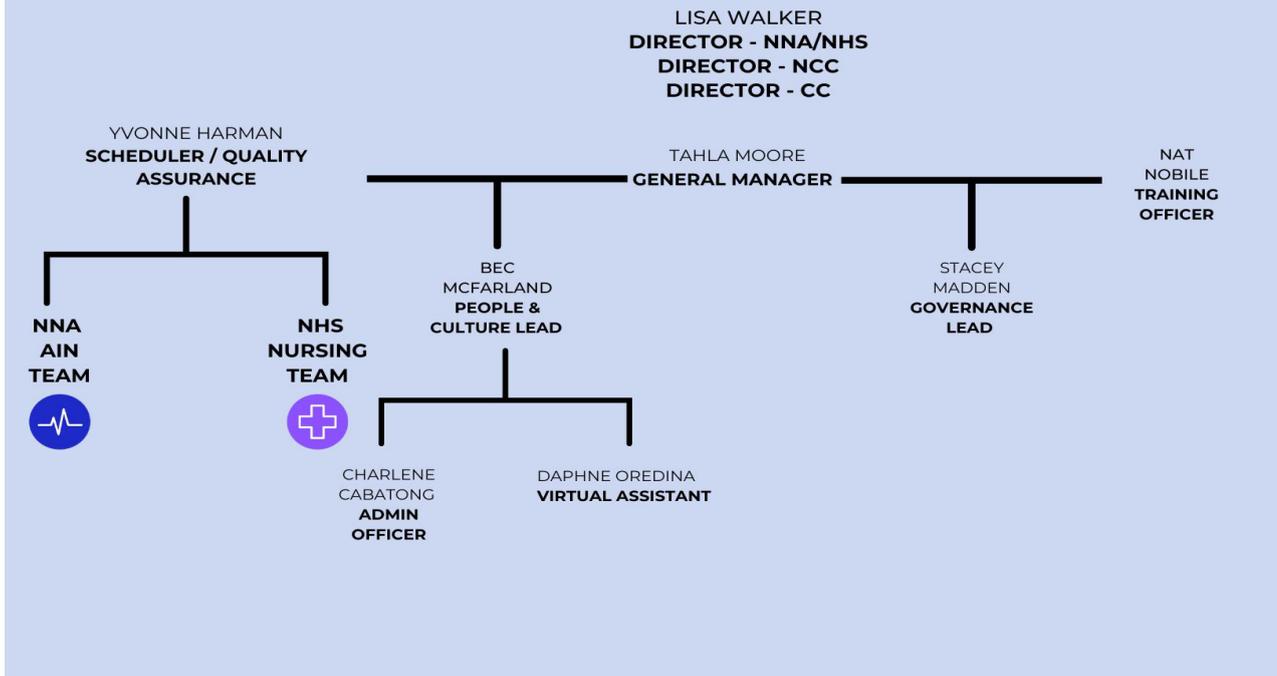
- Adhere to individual contractual reporting line (as started in the schedule page)
- Seek clarification from General Manager or Director in the event of uncertainty around reporting line
- Escalate matters to the appropriate reporting line (Scheduler > General Manager > Director).

NATIONAL IS RESPONSIBLE FOR:

- Providing National Employees upon commencement of employment at induction discuss reporting lines via Induction PowerPoint presentation (see structure below)

National Nursing Agency National Healthcare Services

REPORTING LINES



- Upon employment at 'Onsite Induction' discuss reporting lines for National and when going through new employment contract identifying the schedule page item supervisor.

SECTION 2: **RECRUITMENT & SELECTION**

ADVERTISING EMPLOYMENT OPPORTUNITIES

National advertise employment opportunities through various methods to ensure National's employment opportunities reach a diverse demographic. The following methods implemented by National to promote employment opportunities include;

- Paid advertisements - SEEK platform.
- Registered in the Yellow Pages
- Linked In profiles
- National Website – Employment enquiry portal
- Social Media – Paid Facebook Ads
- Local ACT Career Day
- Social media – Current employees promoting vacancies with National (using National created social media post).
- University open day / CIT open day
- Internal Referral incentive (discretionary bonus clause applies)

CLASSIFICATION DEFINITIONS

Classification Definitions (Position Duties) provide National employees with an overview of their duties and responsibilities required of them to perform their role. The industrial award, National operate all employment types is the Nurses Award 2020. Each employee's classification definition is outlined in their employment contract within the ***schedule Items 5, 6 & 8.***

Employment contracts acknowledge that the classification definitions outlined within the Industrial Nurses Award 2020 are not intended to be an exhaustive list of the duties which employees may be required to perform in their position, rather an indication of the kinds of duties that fall within the scope of the position.

National's two hour onsite paid induction at Head office, read new employee's their contract verbatim and encourage prospective employees to ask questions relating to duties and responsibilities during the induction session prior to signing the employment contract.

Employees are encouraged to notify National if they require further clarification regarding their classification definition and duties pre and post signing of the employment contract, through calling National's 24/7 oncall support line.

SELECTION REQUIREMENTS & PROCESS

National's selection process takes into consideration the nature and type of work of which it is engaged to provide within the public and private health sectors, when determining selection for employment. National are committed to undertaking a robust selection screening within the selection process.

This includes candidates having a minimum of the following outlined in the below table to be considered for employment and or a willingness to obtain within an agreed period at the cost of the candidate, if this is the case National will include this within the candidate's employment contract with specific dates for completion.

PROFESSIONAL QUALIFICATIONS	EVIDENCE	ROLE
Completed Degree / Diploma/ Certificate in Healthcare Sector	Application stage – digital evidence	AIN/EN/RN
Studying Enrolled Nursing or Registered Nursing (Active studies)	Formal evidence from place of study in the form of either an enrollment letter and educational transcripts provided in line with block or term of studies.	EN/RN Students
First Aid Certificate (valid 3 years from issue)	Application stage – digital evidence	AIN/EN/RN
Cardiopulmonary Resuscitation Certificate (Yearly renewal)	Application stage – digital evidence Yearly prior to date of expiry.	AIN/EN/RN
Unconditional Working with Vulnerable People Card (ACT)	Application stage – Sighting of card and colored photocopy. Renewal by candidate prior to expiry – Sighting of new card and colored photo copy.	AIN/EN/RN
National Police Check (Australian issued, valid for 3 years from issue date)	Application stage – Sighting of National Police Check and colored photocopy. Renewal by candidate prior to expiry – Sighting of new Police Check and colored photo copy.	AIN/EN/RN
AHPRA Registration (Yearly)	Application stage – Digital Copy Renewal by candidate prior to 31 st May every year. Digital copy emailed to National Yearly.	EN & RNS
Vaccination Summary - Influenza - Covid 19 1-3rd + booster	Application stage – Digital Copy Annual vaccinations with digital evidence emailed to National post vaccination.	AIN/EN/RN

Furthermore, National consider the below legislation during the selection and recruitment process:

- Industrial Award Nurses Award 2020
- Fair Work Act 2009 (Cth)
- Migration Act 1958 (Cth)
- Secure Jobs, Better Pay Act 2022
- Work Health and Safety Act 2011 (ACT)
- Workers Gender Equality Act 2012 (Cth)

Candidates are required to complete National's application form, available on our website or through contacting National via jobs@teamnational.com.au. National require all candidates to have completed the application form with above referenced supporting evidence of professional Qualifications before application is reviewed and determination (successful or unsuccessful) for interview is made available to the candidate.

The application in full will be reviewed by a member of the executive management team (Director, General Manager, Daily Operations Lead or People and Culture Lead). The candidates qualifications, experience,

SECTION 1: RECRUITMENT & SELECTION

skills and competencies are assessed to determine suitability against National's selection criteria in association with the role and responsibilities set out within the classification/ position description.

Interviews may be conducted face-to-face via telephone or virtually using zoom, Skype or Teams to meet the individual needs of the business / candidate. Face to face interviews are to be conducted with one executive management member and the candidate at National's office during business hours only. Instances where a Telephone or virtual interview is successful National will then proceed with a secondary face to face interview with the applicant before proceeding with reference checks.

If an applicant is found suitable for employment, a minimum of 2 professional referee checks will be undertaken, the reference checks can be completed by either Director, General Manager, Office administrative assistant or by the virtual lead. The purpose of the reference checks is to confirm previous roles and responsibilities and employment dates. Where references are agreeable to additional questions National will ask these based on the key selection criteria, of which will be documented on the candidate's reference check form and saved to the candidates pre-employment file in SharePoint.

The following background checks are also required prior to employment offer:

- **Working with Vulnerable People Card** – Sight physical card, check for 'Restrictions' if restrictions this is escalated to Director level to determine suitability to continue with employment offer.
- **Aged Care Register of Banning Orders** - Review the 'Aged Care Register of Banning Orders in relation to the candidate, if listed on the register employment offer does not proceed and application is escalated to Director level to notify the Aged Care Commission of attempt by candidate to engage in Aged Care activities in violation of the banning order.
- **National 'Advised not to hire register'** – National are to check internal register of candidates 'advised not to hire' prior to proceeding with employment offer.
- **Ahpra (Australian Health Practitioners Regulation Agency)** – Candidates applying for either Enrolled Nurse and or Registered Nurse position with National will have their personal details which are provided on their application pack cross referenced via AHPRA website 'Practitioner check' for validity and to be informed of any restrictions/undertakings or notations applied to their right to practice.

DECISION OUTCOME

The decision to engage a candidate in employment will only be determined once all the above-listed criteria has been met. Decision to employee sits with the following roles:

- Director or General Manager
- People and Culture Lead

Once approval is provided by the authorized National representative listed above, a member of the National administrative / people and culture team will contact the successful candidate via email notification in which the following will be covered:

- Letter of Offer (Position and classification as per Industrial award and remuneration benefits)
- Invitation to onsite induction (details date, time and place of induction)
- Finalising any contract negotiations
- Checking Immigration Law Compliance (if applicable)

INDUCTION

National will then prepare the candidate's employment contract and arrange for it to be signed at the candidate's paid 2-hour onsite induction. Administrative Team arranges the following documentation to be presented in Nationals Induction presentation folder ready for the induction:

- Individualised Employment Contract
- Fair Work Information Statement and Fair Work Casual Employment Statement
- Employment Assistance Program flyer

National arranges for supply of work scrub tops appropriate to the employee's intended availability, a name badge, ID card, and kit bag will also be arranged for the employee upon their induction.

SECTION 3: EMPLOYMENT WITH NATIONAL

Employment Overview

National begin all its successful candidates on a casual basis, due to inability to forecast ongoing employment with the nature of Nationals business unless otherwise contracted, as such casual employees will be required to comply with the following:

- A probationary period of 3 - 6 months commencing from employment start date as outlined in employees employment contract.
- In line with fair work requirements National have a process in place to identify employee's 12-month anniversary with the National which a review of eligibility is undertaken, and notification is delivered to the employee.
- National's workforce is predominantly employees engaged in primary employment within the healthcare sector, employees are required to manage their commitments between their primary employer and National.
- Employees are required to notify National should they accept other employment or professional obligations outside of National that has not previously been advised in writing or disclosed during the requirement / interview process.
- Employees of National are required to negotiate their working hours solely with National, employees are not permitted to negotiate their working hours with Nationals clients/ stakeholders to avoid misunderstandings or rostering conflicts.
- Employees are only required to perform the hours of work allocated to them by National in line with the employees updated availability. In the event the employee's shift time (while on shift) is shortened or extended, the employee is required to call National's 24/7 Oncall support line to advise immediately.

Employment Types & Hours of Work

National may require ongoing employment with individuals to ensure we can meet the needs of the participant and is at the discretion of participant and *National*. As such, contracted employees will be required to comply with the following:

- A probationary period of 3 months from employment start date for all contracted employment
- The employee must negotiate working hours solely with *National* and is expected to meet the contracted hours required.
- A full-time employee is an employee who is engaged to work 38 ordinary hours per week.
- A part-time employee is engaged to perform less than 38 hours per week.
- Changes in hours may only be made by agreement between *National* and employee.
- Any agreed variation to the regular pattern of work will be recorded in writing.
- Work a minimum of three consecutive hours on any shift.

TRANSITIONING CASUAL TO PERMANENT / FULL TIME

POLICY STATEMENT:

National are committed to where operationally practicable and eligible offering in line with Fair Work requirements casual employees 'Casual Conversion' for individuals employed for a minimum of 12 months of and who have had a regular pattern of hours on an ongoing basis for at least the last 6 months and could continue working these hours as full time or part time without significant changes (Fair Work Commission, 2024).

PURPOSE:

Adhere to National Employment Standards and Fair Work Commission, fostering meaningful employment opportunities for people within the local community.

SCOPE:

Applies to all casual employees of National.

POLICY: National have a robust system in place to monitor and manage mandatory obligations regarding casual conversion as per Fair Work requirements. National's People and Culture Lead and administrative employees review anniversary dates of employment weekly, through checking STARS (People Management and Rostering System).

Employees with up and coming 12-month anniversaries have their individual rosters reviewed for the last twelve months to identify eligibility for offer of conversion or letter of non-eligibility.

The below procedure outlines Nationals process for monitoring employment obligations, roles, and responsibilities. National acknowledges an employee's right to make a request for casual conversion to permanent / full time employment from 21 days after their 12-month anniversary. Similar National understand Casual employees who believe they're eligible to become a permanent employee can make a request for conversion every 6 months.

PROCEDURE:

People and Culture Lead and direct reports (virtual assistant and officer administrator) are responsible for attending the following process:

1. Weekly review of STARS system to identify employment anniversaries of 12 months due to occur within next fortnight.
2. Identified employees are then to have their last 12 months of rostered shifts reviewed for the following:
 - has been employed by the employer for 12 months.
 - has worked a regular pattern of hours on an ongoing basis for at least the last 6 months.
 - could continue working these hours as a full-time or part-time employee without significant changes.
3. People and Culture Lead will present executive level management with an overview of those eligible via email or formal discussion. National will then n make a written offer to convert their casual employee to permanent employment within 21 days after the employee's 12-month anniversary.
4. The offer needs to be for the employee to convert to:
 - full-time employment, if the employee's hours worked for at least the last 6 months have been the same as full-time hours, or
 - part-time employment (consistent with the employee's regular pattern of hours worked for at least the last 6 months), if the employee's hours worked for at least the last 6 months have been less than full-time hours.

Secure Local Jobs Code Policy Obligations of a Secure Jobs Code Certified Entity

POLICY STATEMENT:

National Healthcare Services (National) stand committed to ethical, moral, and safe procurement and treatment of its employees engaged in 'Labour for Hire' work within various healthcare setting in ACT and local surrounds. National have implemented strategies and processes to ensure ongoing compliance with the obligations set out in Section 2 and 3 of the Secure Local Jobs Code.

PURPOSE:

This policy has been developed to guarantee that National Healthcare Services complies with the incorporated obligations set out in the Secure Local Jobs Code & Secure Jobs Better Pay Act 2022. This policy will aim to govern operational workplace practices and standards of National to ensure obligations are met as a Code Certified entity.

SCOPE:

Applies to all National Healthcare Services Management, Employees and Subcontractors.

POLICY:

National Healthcare Services as a Code Certified Entity are obligated to have policies and procedures in place which supports its employees and subcontractors in the following areas:

- Remuneration and benefits as per the industrial award (Nurses Award 2020) are upheld.
- National adhere to Fair Work Employment Requirements and NES Standards.
- National where possible recruit suitability qualified candidates whom live locally providing access to employment and remuneration according to the role and responsibilities of the employee.
- National uphold a high level of workplace safety standards and reporting culture.

EMPLOYEES AND SUBCONTRACTORS ARE RESPONSIBLE FOR:

National employees or subcontractors are responsible for signing a statement of advice regarding having been provided a copy of the Nationals workplace induction policy and are aware and understand the obligations of the secure local jobs code.

NATIONAL HEALTHCARE SERVICES ARE RESPONSIBLE FOR:

National Healthcare Services is responsible for adhering and implementing the Requirements for Territory Funded Work and the SLJC obligations as per the tables below.

Part 2 Requirements for Territory Funded Work

7 Code Certification

- (1) A contractor, or Subcontractor, must hold a valid secure local jobs code certificate:
- (a) at the time it submits a response to any request for quote, request for proposal, request for establishment of a panel arrangement, work orders or request for tender (howsoever described), but not including market soundings, for territory-funded work;
 - (b) at the time of entering into any contract, agreement or other arrangement with a territory entity, or subcontract, for territory-funded work; and
 - (c) for the term of the relevant contract, agreement or other arrangement with a territory entity, or subcontract, for territory-funded work.

8 Subcontractors

- (1) Prior to engaging any Subcontractor in relation to territory-funded work, a Code Certified Entity (in contract with a territory entity) must provide details of the proposed Subcontractor to the Territory.
- Note: If a form is approved by the Minister for this section, the form must be used.
- (2) A Code Certified Entity that is in contract with a territory entity) must ensure that any Subcontractors engaged in connection with territory-funded work have a valid secure local jobs code certificate and comply with the Code in relation to that work.

9 Contact Persons for territory-funded work

- (1) A Code Certified Entity must provide the territory entity with a person or persons, workforce locations and working hours for territory-funded work for the purposes of assisting the exercise of a lawful right of entry in accordance with Part 3-4 of the *Fair Work Act 2009* (Cth) or Part 7 of the *Work Health and Safety Act 2011*.
- (2) A Code Certified Entity must provide the information required under subsection (1) to the territory entity prior to the commencement of territory-funded work.
- (3) A Code Certified Entity must advise the territory entity within 14 days if there is a change to the information provided in accordance with subsection (1).
- (4) The registrar is responsible for maintaining the information provided in accordance with subsection (1).
- (5) A request to the registrar to access the information provided under subsection (1) must specify that it is required for the purposes of exercising a lawful right of entry in accordance with Part 3-4 of the *Fair Work Act 2009* (Cth) or Part 7 of the *Work Health and Safety Act 2011* and be made in writing.
- (6) The person requesting information in accordance with subsection (5) must:
 - (a) if the request is made for the purposes of exercising a lawful right of entry in accordance with Part 3-4 of the *Fair Work Act 2009* (Cth), be a permit holder under the *Fair Work Act 2009* (Cth); or
 - (b) if the request is made for the purposes of exercising a lawful right of entry in accordance with Part 7 of the *Work Health and Safety Act 2011*, be a WHS entry permit-holder under the *Work Health and Safety Act 2011*.
- (7) The registrar must release information requested under subsection (5) if satisfied that:
 - (a) the applicant is a permit holder under the *Fair Work Act 2009* (Cth) or a WHS entry permit-holder under the *Work Health and Safety Act 2011*; and
 - (b) the applicant requires the information for the purpose of exercising any right of entry under the *Fair Work Act 2009* (Cth) or the *Work Health and Safety Act 2011*.

10 Requirements of territory entities

- (1) A territory entity must, subject to any exemptions granted under the GPA:
 - (a) require compliance with the Code by any Code Certified Entity with whom it contracts or enters into an agreement or arrangement to undertake territory-funded work;
 - (b) ensure that any request for quote, request for proposal, request for establishment of a panel arrangement, work orders or request for tender (howsoever described), but not including market soundings, issued by a territory entity for territory-funded work requires respondents to confirm that they:

- i. will comply with the Code if engaged for the territory-funded work; and
 - ii. will comply with the Code during the currency of any secure local jobs code certificate; and
 - iii. will comply with Code related terms and conditions in contracts for territory-funded work; and
 - iv. will comply with reasonable requests or directions from authorised personnel in connection with monitoring and investigating compliance with the Code, including but not limited to officers of the registrar;
- (c) take into account in its evaluation of responses to a request for quote, request for proposal, request for establishment of a panel arrangement, work orders or request for tender (howsoever described), but not including market soundings, the labour, relations, training and workplace equality plan where required by the GPA.
- (d) take into account in its evaluation of responses to any request for quote, request for proposal, request for establishment of a panel arrangement, work orders or request for tender (howsoever described), but not including market soundings, any report from the registrar about a Code Certified Entity's past conformance with the Code or terms of a labour relations, training and workplace equity plan included in a contract for territory-funded work.

Part 3 Obligations of a Code Certified Entity

11 Adherence to the Law

- (1) A Code Certified Entity must comply with:
- (a) applicable Industrial Law, including but not limited to, the Prescribed Legislation;
 - (b) all applicable orders, directions and decisions of any court, tribunal, board, commission or other entity (including but not limited to the Fair Work Commission) with jurisdiction to consider the interpretation, breach or any other matter concerning the Prescribed Legislation; and
 - (c) any Industrial Instrument that applies to that entity.
- (2) A Code Certified Entity must notify the registrar in writing of any Adverse Ruling made against it, or its Subcontractors, or it becoming aware of a failure to comply with Code obligations, within 5 working days of such a ruling being made or such awareness arising.

12 Requests for information

- (1) A Code Certified Entity must, subject to law, comply with any reasonable request for information, access to records and directions given by the registrar or an approved auditor for the purposes of investigating Code compliance pursuant to this Code and the GPA.
- (2) Without limiting section 12(1) of this Code, a Code Certified Entity must provide the registrar with a declaration in a form approved by the registrar regarding the entity's compliance with the Code within 5 working days (or such longer time approved by the registrar) of a written request from the registrar.

13 Workplace Representation

- (1) A Code Certified Entity must if requested by two or more employees facilitate the conduct of an election amongst its employees to elect whichever of the following is requested:
 - (a) a union workplace delegate; or
 - (b) other employee representative.
- (2) Where a union workplace delegate or other employee representative has been elected, the Code Certified Entity must ensure:
 - (a) there is no unlawful discrimination against the union workplace delegate or employee representative in their employment;
 - (b) there is no Adverse Action taken by the Code Certified Entity as an employer against a union workplace delegate or employee representative who is an employee on the basis that they are a union workplace delegate or employee representative;
 - (c) reasonable requests from a union workplace delegate to represent an employee, who is an employee eligible to be a member of the union workplace delegates Eligible Union, in relation to a grievance, dispute or discussion with another employee of a Code Certified Entity are not refused; and
 - (d) reasonable requests from an employee representative to represent an employee, who is an employee who participated in the election of the employee representative, in relation to a grievance, dispute or discussion with another employee of a Code Certified Entity are not refused.
- (3) Code Certified Entities must ensure that their employees have a right to decide whether or not they will be represented in grievance or dispute procedures (whether or not pursuant to an Enterprise Agreement), and, if so, by whom.
- (4) If a union workplace delegate or employee representative is elected under subsection (1) for a Code Certified Entity, the Code Certified Entity must put in place practices and procedures to facilitate the conduct of union workplace delegates' or employee representative's roles at the workplace level, and which recognise that the rights of a union workplace delegate or employee representative (where in place) include but are not limited to:
 - (a) the right to be treated fairly and to perform their role without any discrimination in their employment;
 - (b) recognition by the Code Certified Entity that union workplace delegates or employee representatives elected under subsection (1) speak on behalf of employees who elected them;
 - (c) the right to participate in collective bargaining on behalf of those whom they represent, as per the *Fair Work Act 2009* (Cth);
 - (d) the right to reasonable paid time to provide information to and seek feedback from the employees that elected them on workplace relations matters during normal working hours of the Code Certified Entity;

- (e) the right, subject to law, to email employees who they represent to provide information and seek feedback, subject to individual employees exercising a right to opt out;
- (f) reasonable access to Code Certified Entity facilities (including telephone, facsimile, photocopying, internet and email facilities, meeting rooms, lunch rooms, tea rooms and other areas where employees meet) and relevant information for the purpose of carrying out work as a union workplace delegate or employee representative, including meeting and consulting with employees who elected them or any other interested employee, subject to the Code Certified Entity's policies and protocols;
- (g) the right to reasonable paid time for union workplace delegates or employee representatives to attend accredited union training (in the case of a union workplace delegate) or other relevant training (in the case of employee representatives); and
- (h) the right to reasonable paid time for union workplace delegates or employee representatives to represent the interests of those that elected them, to the employer, or before industrial tribunals.

14 Employee Representation and Workplace Inductions

- (1) A Code Certified Entity must understand and respect their employees' rights, including in relation to freedom of association and the right to representation at work as required by Part 3-1 of the *Fair Work Act 2009* (Cth). This includes acknowledging employees' right to join or not to join a union and be represented at work.
- (2) For the purposes of the Code, subsection (1), will be considered met if a Code Certified Entity:
 - (a) informs all new employees who are eligible to become members of Eligible Union(s) at the commencement of employment, about their right to choose to join or not join an Eligible Union, including providing information about the Eligible Union(s) and an application form for membership of the Eligible Union(s);
 - (b) informs all new employees that they have the right to elect an employee representative.
- (3) A Code Certified Entity must make copies of the applicable Industrial Instrument(s) available to all employees in the most accessible format.
- (4) A Code Certified Entity must ensure new employees receive induction training from an appropriately skilled and experienced person and that the training is tailored to their specific duties and workplace(s).
- (5) Employees must receive induction training while on paid time at the commencement of employment and/or the commencement of a project.
- (6) Induction training should be held on a group basis where practicable and provide training and information on:

- (a) the Code Certified Entity's employment policies; and
- (b) conditions of employment and service, including consultation and dispute resolution procedures and the employees' ability to have a representative of their choice (if they first elect to have a representative) in attendance during the dispute resolution process; and
- (c) lines of authority and accountability; and
- (d) health, safety, emergency and security procedures, including all hazards and risks associated with the tasks and the control measures to be used and procedures for reporting hazards and incidents.

15 Recognition of the Right to Collectively Bargain

- (1) For this section:
 - bargaining representatives* is defined in section 176 of the *Fair Work Act 2009* (Cth).
 - employee organisation* means an organisation of employees.
- (2) Code Certified Entities must make their employees aware of:
 - (a) their employment rights, including the right to collectively bargain; and
 - (b) their right to freely choose a bargaining representative for a proposed Enterprise Agreement; and
 - (c) the default status of unions as bargaining representatives for union members in a manner consistent with s 176 of the *Fair Work Act 2009* (Cth).
- (3) Section 15(2) will be satisfied if the Code Certified Entity gives the registrar a written declaration that the Entity has:
 - (a) invited, with a reasonable period of notice of the time and location of the meeting, its employees and representatives of Eligible Unions to attend a meeting; and
 - (b) allowed invited employees and representatives of Eligible Unions to attend and participate in the meeting; and
 - (c) at the meeting, made employees aware of the matters in section 15(2) or allowed representatives of an Eligible Union to do so;
 - (d) any meeting held for the purpose of this clause must take place in paid time for the employees.
- (4) For new employees, section 15(2) will also be satisfied if the Code Certified Entity provides a Fair Work Information Statement in accordance with section 125 of the *Fair Work Act 2009* (Cth) and provides induction training in accordance with section 14 of this Code.
- (5) Where a Code Certified Entity has employees that are eligible to be members of an Eligible Union they must make such arrangements as are necessary to allow their employees', bargaining representatives from the Eligible Union(s) and all other bargaining representatives to participate in negotiations to develop Enterprise

Agreements that are appropriate to the circumstances of the individual enterprise or industry.

- (6) In undertaking negotiations related to the development of an Enterprise Agreement, a Code Certified Entity must recognise that employees are free to choose their bargaining representatives and must not adopt or implement policies or practices that seek to encourage their employees to appoint a particular entity or person as their bargaining representative.
- (7) A Code Certified Entity must not adopt or implement policies or practices that seek to encourage their employees to revoke the status of an employee organisation as their bargaining representative for a proposed Enterprise Agreement.
- (8) A Code Certified Entity shall make reasonable allowances for their employees and their bargaining representative (where in place) to participate in negotiations to develop Enterprise Agreements, including but not limited to:
 - (a) allowing employees paid time to meet with their bargaining representatives regarding Enterprise Agreement negotiations;
 - (b) meeting regularly with bargaining representatives in good faith for the purpose of enterprise bargaining negotiations; and
 - (c) allowing a union workplace delegate or employee representative to distribute material to the workplace concerning bargaining.
- (9) In the course of collective bargaining, a Code Certified Entity, or their representative or agents, must not:
 - (a) advise, encourage, incite or coerce an employee to revoke the bargaining status of the bargaining representative; or
 - (b) hold negotiations, including any meeting for the purpose of providing the information described in section 15(2), with relevant employees regarding the Enterprise Agreement without first providing bargaining representatives a reasonable opportunity to attend the negotiation.

16 Freedom of Association

- (1) A Code Certified Entity must respect employee rights in relation to freedom of association by adopting and implementing policies and practices that ensure employees are:
 - (a) free to become members of Eligible Unions; and
 - (b) free to be represented by Eligible Unions; and
 - (c) free to participate in lawful industrial activities; and
 - (d) not discriminated against in respect of benefits in the workplace because they are, or are not, members of an Eligible Union.
- (2) A Code Certified Entity will provide all protections in relation to freedom of association as required by the Fair Work Act and shall give full recognition to an employee's rights by:

- (a) not preventing or deterring an employee from joining and participating in the Eligible Union; and
- (b) allowing for payroll deduction or facilitating direct debit of union membership fees; and
- (c) not advising, encouraging, inciting or coercing an employee to resign their membership of an Eligible Union.

RELEVANT LEGISLATION AND REFERENCES:

- Fair Work Act 2009 (Cth)
- National Employment Standards (NES)
- Secure Jobs, Better Pay Act 2022
- Industrial Award Nurses Award 2020
- Work Health and Safety Act 2011 (ACT)

REVIEW OF POLICY:

National Healthcare will review this policy annually.

Policy approved by:

Name: Tahla-Jane Moore

Position: General Manager – National Healthcare Services

Signature:



Date: 16/02/2024



Receiving Shifts & Availability

All National employees must update their availability with the *Agency* by each Friday via the employee login function for the following week from Monday to Sunday.

It is the employee's responsibility to keep their availability updated through their login on National's website at all times. If an employee is available and an available shift comes in, the employee is expected to undertake the shift in line with their availability. These updates are time and date stamped by the National server to ensure accuracy and security of the system. The website is available 24 hours a day, seven days a week unless otherwise notified, via any internet connection, through the employee's login so there is no reason why availability should not always be current. If the employee is found to update their availability after receiving a request for a shift, it may be counted towards the Three Strike Policy.

All National employees will receive their one off shifts in two ways – via text message or phone call. It is expected that these are answered as soon as possible. Employees are expected to be available if they have so indicated (refer to the Three Strike policy). The Agency will try to contact the employee on three occasions (via phone or text message) for the requested shift and a nil response may result in a formal strike.

Once confirmed with the employee a confirmation text message will be sent to the employee with the full details of the shift. It is the employee's responsibility to read this confirmation text message thoroughly and follow all instructions as it may contain additional or shift specific important information. IF a confirmation text message is not received, the employee needs to notify the Agency that they have not received their message. The Agency will clarify the situation and provide the message again should it be required.

NCC employees may also receive an emailed roster with shifts assigned in line with their availability prior to the commencement of the roster period, being Monday of each week. These rosters are to be confirmed in writing via reply email within 12 hours of receipt of the email. Non-acceptance of these rosters will count towards the National Three Strike Policy, as availability should be updated at all times.

The employee is are required to CALL the office to notify the *Agency* as soon as possible:

- if your availability changes;
- if you are running late; and
- If you have accepted a shift and cannot attend that shift.

Do NOT send a text message as it may not be responded to immediately. A CALL is required to notify the *Agency*.

Commencing Shifts and Services

On commencing the shift the employee is to present at the arranged location where undertaking the shift/service. Further instruction may be given at time of shift allocation if applicable. Such as knock and enter, or wait to be let in, security codes etc. Please ensure that you have noted these details so as not to delay the start of your shift.

The employee is to remain in the allocated area of work unless otherwise directed. If for any reason the employee needs to leave the area prior to the completion of their shift, they are required to advise the *Agency* prior to leaving – DO NOT LEAVE UNTIL YOU HAVE CALLED THE AGENCY.

If circumstances change and the client shift runs behind the scheduled period, or the employee will be running late to next service, it is the employee's responsibility to contact the *Agency* immediately and notify management to ensure management can notify clients of situation. This is to ensure the *Agency's* integrity is not brought into disrepute.

At the completion of the shift the employee is to complete the *Agency* docket book, have it signed by the client or carer and provide the white copy to the client/carers. If a signature is unable to be obtained, please document this in your docket book and inform the *Agency* when appropriate. You are required to text message a copy of the shift/service docket at the completion of the shift to the *Agency*. It is your responsibility to ensure you have enough docket slips to cover your current booked shifts and notify the *Agency* to organise further books.

Night Duty

The *Agency* has a strict no sleeping policy for night duty shifts. If you are required to work a night shift, the employer expects that you do not sleep during the night duty shift. If you sleep on duty, then you may be subject to disciplinary action. The ONLY exception to this is if you are undertaking a sleepover shift in the community and you are paid accordingly. This will be clearly noted in the shift details for you.

Rostering and Shift Principles

Once employed by the *Agency*, the employee's name will be added to the deployment list, which is sorted by priority. The agency will offer shifts to those on the top of the list first.

The order of priority in the employment list will be merit-based, including but not limited to the following factors:

SECTION 2: CONDITIONS OF EMPLOYMENT

- Reliability in answering requests from the *Agency*;
- Reliability in attending shifts;
- Performance, judged by the factors listed in the Performance Review policy;
- Availability and communication of availability to the *Agency*.

Periods of absence will not necessarily affect an employee's position in the priority order so long as the employee provides reason for and notice of the absence to the *Agency*.

The priority list operates in conjunction with the Equal Employment Opportunity Policy and only factors of merit will determine an employee's place in the priority order.

Three strikes

On the third instance of non-compliance with the *Agency's* policies, such as where an employee does not take a shift offered but was on the roster as available, or does not contact the agency to advise of changes to availability the *Agency*, employment may be terminated.

Immigration/Visa Holders

It is the employee's responsibility to manage and maintain their visa with work rights. Should their visa status change at any time they need to notify us or be in breach of the terms of their employment contract. It is the employee's responsibility to ensure that they are managing any other hours of work performed for the *Agency* and other companies. Each employee needs to update their availability to manage their hours and any other employment to ensure they are not in breach of their own visa.

Pays & Pay Records

Remuneration

The *Agency* will pay wages into the bank account nominated and verified by the employee according to the Payment Arrangement specified in the Schedule. The employee is responsible for ensuring all details provided to the *Agency* are accurate. The employee's nominated bank must verify the details provided by the employee and the *Agency* accepts no responsibility for any error in those details.

The *Agency* will provide the employee with an electronic payslip at the end of each fortnightly pay period to the provided email address.

Bonuses

Employees may be eligible for a bonus. The *Agency* currently pays three types of bonuses, at their discretion. This includes:

- Referral bonus: paid to an existing employee who has referred a new, experienced, qualified employee and the new employee has adhered to the *Agency's* policies and worked for the *Agency* for a minimum of 6 months.
- Loyalty bonus: paid to an employee who has maintained regular employment with the *Agency* for 12 months, adhered to the *Agency's* policies and contributes to the greater outcomes of the *Agency*.
- Training/skills bonus: paid to an existing employee who undertakes skills assessment for new employees or provides training to new employees.

Payment and eligibility for a bonus remains at the discretion of the *Agency* and depends on the future forecasts and profitability of the *Agency*.

Tax File Numbers

The *Agency* will deduct taxes prior to payment in line with the information each employee includes in the Tax Declaration Form prior to commencing work with the *Agency*.

Unless the *Agency* receives the employee Tax File Number within 28 days from the start date, tax at the highest tax rate will be deducted from the employee's salary.

Personnel Files

The *Agency* maintains all employee records and treats the handling of your personal information very seriously.

The *Agency* may collect and maintain the following records for each employee:

- full name, date of birth, address of the employee and personal and emergency contact details;
- the date of commencement of employment;
- termination of the employment of the employee;

SECTION 2: CONDITIONS OF EMPLOYMENT

- terms and conditions of the employment of the employee;
- employee's performance and conduct;
- employee's hours of work, salary or wages;
- employee's member of professional or trade association;
- employee's trade union membership;
- employee's recreation, long service, sick, personal, maternity, paternity or other leave;
- employee's professional Registration records; and
- employee's taxation, banking or superannuation affairs.

It is the employee's responsibility to notify the *Agency* of any changes in the personal information listed above or change it directly through the website (www.nationahealthcare.com.au OR www.nationalcommunitycare.com.au).

The *Agency* will not release employee information to third parties unless the recipient has a business reason to know. The *Agency* will take all reasonable steps to keep personnel files confidential to the extent permitted by law.

Termination of Employment

Termination of employment is the permanent end of a working relationship or loss of employment from the Agency. Termination may be initiated by the employee through resignation; may come about through the normal course of events, as with retirement or the expiration of a contract; or may be initiated by the Agency.

It is the policy of the Agency to retain the services of all team members who perform their roles and responsibilities efficiently and effectively. However, it may become necessary under certain conditions to terminate employment.

Involuntary separation may occur due to, but not limited to, poor quality of work, misconduct, or wilful negligence in the performance of the job duties. Nothing in policy affects the Agency's right to dismiss an employee without notice for serious misconduct, and if so dismissed the employee shall only be entitled to be paid for the time worked up to the time of dismissal.

Abandonment of Employment

In the event that an employee is uncontactable, does not provide availability and is not in contact without prior arrangement, the Agency will conclude that the employee has abandoned their employment and after 21 days employment will be automatically terminated with a separation letter provided to the employee.

Notice

Notice by the Employee

Employees are required to give notice in writing, in accordance with the period specified in the Industrial Award or Agreement. If the employee fails to give adequate notice, then forfeiture of some benefits may occur.

Once a resignation is accepted, an employee cannot withdraw notice without the agreement of the Agency.

The Agency has the right to accept resignations immediately rather than wait for the expiration of the notice.

Voluntary Resignation/Retirement

Most employees end their employment by advising the Agency in writing of the intention to resign or retire. A resignation must be a voluntary decision of the employee. The notice of resignation must indicate the proposed date of resignation or retirement.

Employees may apply for a Certificate of Service which confirms the period of their employment with the Agency.

Upon receipt of a written, signed request, the Agency will issue a certificate which provides details of the employee's service during employment with the Agency.

Privacy & Confidentiality Policy

POLICY STATEMENT

The *Agency* is committed to providing quality; person centred health care in an environment that is respectful of the individual's right to privacy and confidentiality. The *Agency* respects the privacy of employees and the privacy of patients.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

The *Agency* requires employees to sign a confidentiality clause as a condition of employment, to ensure understanding of and commitment to the *Agency's* obligation to protect the rights of patients and the *Agency's* own confidential information.

COLLECTION OF INFORMATION

Personal information will only be collected

1. As is necessary for function of employment with the *Agency*.
2. By lawful and fair means, and not in an unreasonably intrusive way.

On collecting information, the individual giving the information must be made aware of who is collecting the information, for what purpose, consequences if the information is not provided and to whom the information may be disclosed.

Personal information will be gathered only from the person the information relates to.

USE AND DISCLOSURE

The *Agency* will not disclose personal information without the express consent of the employee unless otherwise authorised by law. Personal information collected by the *Agency* which is no longer required by the *Agency* and which need not be retained by law will be destroyed.

Personal information will not be disclosed to another party except

1. to those the person would reasonably expect the information to be disclosed to AND if a secondary purpose is related to the primary purpose of collection
2. if the information is relevant to public health or public safety or for the compilation of statistics
3. To those government or regulatory authorities and other organisations, as required or authorised by law.

DATA QUALITY

The *Agency* will take all reasonable steps to ensure that personal information it collects uses or discloses is accurate, complete and up to date.

DATA SECURITY

The *Agency* will take all reasonable steps to ensure that the personal information it collects uses or discloses, from misuse, and loss and from unauthorised access, modification or disclosure.

The *Agency* will take reasonable steps to destroy or de-identify personal information if it is no longer needed for any purpose.

OPENNESS

This policy document will be made available to all staff on request.

The *Agency* will take reasonable steps to disclose to any individual on request what personal information it holds, for what purposes and how it collects, holds and uses that information.

ACCESS AND CORRECTION

The *Agency* will provide employees with access to their information on reasonable request and will provide opportunity to amend information that is not accurate or correct

Patient Confidentiality

The *Agency* is committed to safeguarding the privacy and confidentiality of patient information. Employees are required to comply with their obligations under the [Health Records \(Privacy and Access\) Act 1997 \(ACT\)](#).

This obligation includes:

- only obtaining information about patients and their health with the patient's consent
- keeping patient health information secure
- not disclosing patient information without the patient's consent
- allowing the patient to withdraw consent at any stage
- ensuring a process for working with the Office of the Privacy Commissioner to resolve any complaints that cannot be resolved directly with the patient.

The *Agency* and all employees of the *Agency* are bound by law, by this policy and by the *Agency* Code of Conduct to maintain the privacy and confidentiality of patient information.

Failure to comply with this policy could result in disciplinary action, up to and including termination.

Relevant Legislation and Information

[Health Records \(Privacy and Access\) Act 1997 \(ACT\)](#).

[National Privacy Principles](#)

Phone and Other Devices

The Employer and clients of the Employer's phones, computers, laptops and other devices are to be used for business purposes and unless otherwise approved, strictly NO incidental personal use.

Any unauthorised personal use may be repayable by you and may result in disciplinary action up to and including termination. The Employer reserves the right to deduct the appropriate sums from your salary in the event that repayments are not made.

Personal mobile phones, mp3 players and other personal devices should not be used during work time, other than in emergencies.

For safety reasons you are requested to have your phone on your person and turned to silent in case the Agency needs to contact you urgently. Any employee abusing this privilege may be dealt with through disciplinary action up to and including termination.

Social Media Policy

Any work related issue or material that could identify an individual who is a customer/client or colleague, which could adversely affect the Employer, a customer/client or the Employer's relationship with any customer/client must not be placed on any social networking site.

This means that, unless otherwise authorised, work related matters must not be placed on any such site at any time either during or outside of working hours and this includes access via any mobile computer equipment, including mobile phone or other devices.

Likewise, all employees are strictly prohibited from using social media (whether on the Employer's devices or their own personal device) during work time.

You may be granted access to the Employer's social media in order to complete your duties as directed by the Employer. Any access to the Employer's social media must be approved, in writing, by management prior to any work performed. During this access, you must not bring the Employer, its clients, suppliers, contractors or any other associated parties into disrepute through the content of your usage. While representing the Employer on social media, it is expected that you will exhibit a professional and courteous attitude with customers, your colleagues, suppliers and other members of the public and ensure that you act in the Employer's best interests at all times.

Any breach of this policy will be considered serious and may result in disciplinary action.

Uniform Policy

POLICY STATEMENT

The *Agency* is committed to providing quality; person centred health care in an environment of positive culture, professional practice, sound stewardship, integrity and respect.

Employees are to be professionally presented and well-groomed at all times they represent the *Agency*. Employees are to dress in accordance with their professional position, with workplace health and safety standards and infection control standards.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

The *Agency* will provide the required uniform shirt, ID card and name badge. White or nude are the only acceptable colours to be worn underneath the white *Agency* shirts. Employees are required to wear the uniform shirt and issued name badge with own black pants or skirt to every shift, unless otherwise notified. There are STRICTLY no tracksuit pants, jeans of any type, yoga pants or gym tights to be worn. Shoes are to be black, with a closed toe and low or flat heels. The employee is responsible for keeping the uniform clean and in good condition. Should there be an issue with wearing uniform to a shift you are required to contact the *Agency* and discuss the issue for approval, prior to the shift starting.

General Appearance & Hygiene

Employees are required to maintain a physically clean and well-groomed appearance and be neatly and professionally dressed for every shift.

- Hair should be neat and clean.
- Minimal jewellery should be worn (for example a watch, studs or sleeper earrings).
- Make-up should not be excessive.
- Perfume should not be overpowering.
- Closed-in toe and heel footwear need to be worn in clinical areas to comply with Workplace Health and Safety Regulations.
- No long sleeves to be worn while delivering care
- No eating or chewing gum while undertaking care.
- Ensure all cuts and abrasions are covered with a waterproof dressing.

Employees must comply with any request by the facility if dress is deemed hazardous and/or unsuitable in any way.

English Language Proficiency Policy

POLICY STATEMENT

The *Agency* is committed to providing quality; person centred health care in an environment of positive culture, professional practice, sound stewardship, integrity and respect.

The *Agency* considers proficiency in the English language – written, spoken, reading and comprehension – to be essential for effective communication and the delivery of safe patient care. Demonstrated English language proficiency is a requirement for employment as a registered nurse or midwife, enrolled nurse or as a personal carer.

PURPOSE

Health care providers, patients and their families need to be confident that nurses, midwives and assistants in nursing can communicate safely and effectively. In accordance with the Nursing and Midwifery Board of Australia *English Language Skills Registration Standard*, all nurses and midwives are required to demonstrate they meet the English Language Proficiency articulated in the Standard so as to meet the requirements for registration.

All applicants, including internationally qualified applicants, who seek initial registration as a nurse or a midwife in Australia, must demonstrate that they have the necessary English language skills as articulated in the standard.

SCOPE

This policy applies to all employees of the Agency.

POLICY

The following English language requirements for internationally qualified applicants seeking employment with the *Agency* are essential, and stipulated by the Nursing and Midwifery Board of Australia for the English language Skills registration standard:

- Evidence of completion of five years full time or equivalent study taught and assessed in English of tertiary and secondary, tertiary and vocational or a combination of both.
- The applicant was taught and assessed in English for five years or equivalent in the following countries: Australia, Canada, New Zealand, Republic of Ireland, South Africa, United Kingdom and the United States of America.
- Completion of the *International English Language Testing System (IELTS)* examination (Academic) with a minimum score of 7 in each of the four components of listening, reading, writing and speaking.
- Completion of the *Occupational English Test (OET)* with an overall pass, and with grades A or B only, in each of the four components of listening, reading, writing and speaking.
- If an applicant has completed an *Occupational English Test (OET)* with an overall pass with A or B grades, they meet the English language requirements.
- English proficiency test results must have been received in the two years prior to registration.
- A *IELTS* or *OET* over two years old will be accepted if the applicant can also prove that they have either maintained continuous employment as a registered nurse/ midwife with English being the language practiced or has been enrolled in a program of study taught in English.

SECTION 2: CONDITIONS OF EMPLOYMENT

Registered nurses, midwives and enrolled nurses are expected to achieve a minimum score of 7 in each of the four components of listening, reading, writing and speaking - Proficient English level - in the IELTS. This is a minimum requirement for an applicant seeking registration with the Nursing and Midwifery Board of Australia. New Zealand registered nurses are exempt from this requirement under the Trans-Tasman Mutual Recognition Act 1997.

Assistants in Nursing

The *Agency* has set the minimum standard of 5 in each of the four components of listening, reading, and writing and speaking - Vocational English - of the IELTS as the requirement for any applicant seeking employment as an assistant in nursing.

RESPONSIBILITIES

It is the responsibility of the prospective employee to ensure they fulfil the requirements of the English Language proficiency as per the position applied for. The employee must provide evidence of the acquired English Level and submit with the application for employment.

APPENDICES

[Acacia Immigration Australia](#)

[Australian Nursing & Midwifery Accreditation Council](#)

[International English Language Testing System](#)

[Nursing and Midwifery Board of Australia](#)

Personal Leave Policy

POLICY STATEMENT

The Agency is committed to ensure, as far as is reasonably practicable, the health, safety and welfare of its employees and others. Employees also have a duty to co-operate with and implement the Agency's policies in this respect.

SCOPE

This policy applies to all employees of the Agency.

POLICY

Casual employees do not have access to paid sick leave.

An employee should notify the Agency as soon as possible if they are unable to attend work due to illness or injury. The notification to the Agency should include where able the likely timeframe for the absence.

The Agency, at its discretion, may request evidence such as a medical certificate or a statutory declaration showing that the employee was entitled to take personal leave during the relevant period.

If the employee is unable to work for a period of greater than two (2) weeks due to illness or injury, the Agency, at its discretion, may request evidence such as a medical certificate showing that the employee is fit and well to return to work.

If an employee notifies the Agency they are unable to attend a shift due to illness or injury, the Agency, in the interest of the employee's health and safety, is unable to allocate the employee to another facility for that shift.

Casual employees are entitled to take up to two days unpaid carer's leave for each occasion of family or household member illness or unexpected emergency.

Long Service Leave Policy

POLICY STATEMENT

The Agency is committed to ensure compliance with relevant long service leave legislation such as the Long Service Leave Act 1976 and the Long Service Leave (Portable Schemes) Act 2009.

SCOPE

This policy applies to all employees of the Agency.

POLICY

From 1 July 2016 the Agency has registered with the Community Sector Industry Long Service Leave Portable Scheme (the Long Service Leave Portable Scheme) under the Long Service Leave (Portable Schemes) Act 2009 (ACT).

The Long Service Leave Portable Scheme provides a portable long service leave entitlement to employees undertaking relevant work across the community and aged care sector industry for any employer within the industry.

Under the Scheme, employees are entitled to 8.67 weeks leave after 10 years of service in the Industry.

Existing employees will have their long service leave entitlements accrue under a combination of the Long Service Leave Act 1976 (ACT) and the Long Service Leave Portable Scheme. All new employees will accrue long service leave under this scheme.

APPLICATION

On commencement of employment with the Agency employees are required to provide their member number from the ACT Long Service Leave Authority. For any employee who has not previously been enrolled with the Authority, the Agency will enrol the employee and the employee will receive their information from the Authority.

In line with the Authority's requirements, the Agency will make quarterly contributions for employees who have met the required criteria.

Where an employee has accrued an entitlement through service that is covered by a combination of the Long Service Leave Act 1976 and the Long Service Leave (Portable Schemes) Act 2009, the payment to the employee is to be made by the Agency, in accordance with the Long Service Leave Act 1976 and the employee is required to apply for long service leave in writing to the Agency.

All payments to employees based solely on service accrued after the commencement of the portable scheme will be made directly by the Authority under the Long Service Leave (Portable Schemes) Act 2009. Employees who wish to access this long service leave need to contact the Authority directly to apply.

SECTION 3: PERFORMANCE, LEARNING & DEVELOPMENT

The *Agency* recognises education and training as a core component of developing the capability of all employees and is committed to providing learning and development opportunities for employees in support of growth of their practice.

Performance Reviews

The Employer's policy is to monitor your work performance on a continual basis so that we can maximise your strengths, and help you with any development areas.

We have an employee appraisal scheme in place for the purpose of monitoring employee performance levels with a view to maximising the effectiveness of individuals.

Quality Assurance reviews

Regular and random Quality Assurance reviews will be undertaken to ensure employees are undertaking the appropriate care, and that they are being provided the appropriate information and equipment to ensure they can undertake the work they have been engaged to do. Any feedback including training or supports that the employee needs will be provided following these reviews. Any formal feedback will be documented and provided to the employee in writing if required.

Capability procedure

Introduction

We recognise that during your employment with us you may find yourself less capable of conducting your duties. This might commonly be because either the job changes over a period of time and you fail to keep pace with the changes, or you change (perhaps because of health reasons) and you can no longer cope with the work.

Job changes/general capability issues

If the nature of your job changes, or if the agency has general concerns about an employee's ability to perform their job, the agency will try to ensure that employees understand what is expected of them and receive adequate training and supervision. Concerns regarding capability will normally first be discussed in an informal manner and the employee will be given time to improve.

If an employee's standard of performance is still not adequate, you will be warned in writing that a failure to improve and to maintain the performance required could lead to your dismissal. We will also consider the possibility of a transfer to more suitable work if possible.

If there is still no improvement after a reasonable time and we cannot transfer you to more suitable work, or if your level of performance has a serious or substantial effect on the Employer to its detriment, you will be dismissed with the appropriate notice.

Personal circumstance/health issues

Personal circumstances may arise which do not prevent an employee from attending for work but which prevent them from carrying out normal duties (e.g. a lack of dexterity or general ill health). If such a situation arises, we will normally need to have details of your medical diagnosis and prognosis so that the agency has the benefit of expert advice.

Under normal circumstances, this can be most easily obtained by asking a doctor for a medical report. An employee's permission is needed before the agency can obtain such a report and the agency expects employees to co-operate in this matter should the need arise. When the agency has obtained as much information as possible and after consultation, a decision will be made about the employee's future employment in the current role or, where circumstances permit, in a more suitable role.

There may also be personal circumstances which prevent an employee from attending work, either for a prolonged period or for frequent short absences. Under these circumstances, the agency will need to know when you will become available. This may again mean asking a doctor for a medical report or by making whatever investigations are appropriate in the circumstances. When the agency has obtained as much information as possible regarding an employee's condition, and after consultation, a decision will be made about future employment with the agency.

Short service staff

The agency retains discretion in respect of the capability procedures to take account of length of service and to vary the procedures accordingly. An employee with a short amount of service may not be in receipt of any warnings before dismissal but will retain the right to a hearing.

Learning & Development Policy

POLICY STATEMENT

The *Agency* supports opportunities for professional development and fosters an environment of lifelong learning.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

Learning & development covers both development and training. Training focuses on skills and knowledge directly connected to a particular position or occupation, whereas development refers to learning or the acquisition of skills that may or may not be related specifically to the employee's role.

Types of Development

Development activities can be categorised according to the needs they meet:

- *Organisational needs*: inducting employees, promoting links between employees in different locations, recognising excellent employees, preparing employees for change, training employees for new duties and positions, learning from external experts and legislative requirements.
- *Occupational needs*: skills and knowledge connected with performing the duties of a specific position, maintaining professional expertise in the relevant occupation or discipline, extending professional expertise to encompass new developments in the area, and maintaining current professional registration.
- *Individual needs*: job satisfaction, skill development and professional career paths.

If training is considered mandatory for the successful completion of the employee's role, then this time will be counted as time worked.

The *Agency* recognises that responsibility for performance and development lies with the individual employee and with the *Agency*.

Employee responsibilities are to:

- take ultimate responsibility for professional development
- seek and use opportunities for development and learning
- develop training and development goals that meet the *Agency's* and the employee's needs, in consultation with the *Agency*
- Assist as required, with workplace training and development initiatives, which may involve coaching other colleagues through on-the-job training.

The *Agency's* responsibilities are to:

- ensure equity in the management of employee development
- discuss development needs with individual employees
- influence performance with mentoring and support

SECTION 3: PERFORMANCE, LEARNING & DEVELOPMENT

- provide feedback on performance
- through the Performance Review process, identify training and development needs, in consultation with the employee
- Ensure that relevant information arising from audits, grievances and disciplinary procedures are, in consultation with the employee concerned, incorporated into training.
- ensure the effective implementation, co-ordination and monitoring of this policy, including the provision and distribution of resources to support employees development
- Maintain records relating to external training activities, including the cost and duration of the training.

Mandatory Training Policy

POLICY STATEMENT:

The *Agency* is committed to providing the highest quality care to all patients. To foster a culture of delivering safe, effective care all employees are required to attend training and education that is identified as Mandatory.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

During the employment process, employees are requested to provide evidence of currency of mandatory training. Where there are gaps identified education and training are arranged as a priority. The *Agency* outsources mandatory training to a Registered Training Organization. This is generally the Professional Development Unit at one of the major hospitals or nursing homes.

Where an employee's primary employment is the agency mandatory training is compulsory training required to be delivered to all employees as mandated by relevant: Commonwealth or state legislation, Code of Practice or regulation linked to legislation and *Agency* policies.

Where the agency is an employee's secondary employment, and the employee receives training through other means such as primary employment or study, evidence must be provided to show the training has been undertaken.

In-house training is delivered by the coordinators, who have either qualification in training or related experience. The *Agency* will audit employee completion of Mandatory Training and support employees to complete training and education as per the schedule articulated in this policy.

Additional training

Other training can be attended and may be funded through the *Agency* if it is found that the particular training will enhance the practice of the employee in their workplace. Individual applications from employees are to be referred to the *Agency* for approval and will be decided on merit, taking into consideration employee length of service, the number of shifts worked regularly and whether the course will enhance performance for the employee.

MANDATORY TRAINING SCHEDULE	FREQUENCY
Registered Nurses/Midwives/Enrolled Nurses	
Degree or Diploma	Required prior to employment
Induction including OH&S presentation	On commencement
Senior First Aid Certificate	Required prior to employment and updated every two years
Manual Handling	Annually
Elder Abuse	Annually
Fire Safety	Annually
Infection control	Annually
Food Handling	Annually
Effective Documentation	Annually
Assistants in Nursing/Community Support Worker/ Disability Support Worker	
Certificate III or working towards Degree/diploma	
Induction including OH&S presentation	
Senior First Aid Certificate	Required prior to employment and updated every two years
Manual Handling	Annually
Infection Control	Annually
Food Handling	Annually
Elder Abuse	Annually
Fire Safety	Annually
Effective Documentation	Annually

SECTION 4: BEHAVIOUR & CODE OF CONDUCT

Equal Employment Opportunity Policy

POLICY STATEMENT

The *Agency* is committed to the principles of Equal Employment Opportunity and supports the creation of working environments that ensure all employees have an equal chance to seek and obtain employment, promotion, training and the benefits of employment.

The *Agency* is an equal opportunity employer and all employees are treated on their merits, without regard to race, age, gender, marital status or any other factor not applicable to the position.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

The *Agency* does not tolerate any form of discrimination. The *Agency* fosters an environment whereby all employees have the right to work in an environment free of discrimination and harassment.

Under Commonwealth and State and Territory anti-discrimination laws, discrimination against team members, clients or suppliers on the following grounds is against the law:

- gender
- relationship or parental status
- race
- religious belief or activity
- political belief or activity
- impairment
- family responsibilities
- sexuality
- Age.

All patients and employees are to be treated equitably and are not subject to unlawful discrimination. Any reports of discrimination or harassment will be treated seriously and investigated promptly, confidentially and impartially.

Disciplinary action will be taken against anyone who unlawfully discriminates against a colleague or patient. Discipline may include a warning, counselling or up to and including dismissal, depending on the circumstances.

Relevant legislation

[Discrimination Act \(1991\) ACT](#)

Workplace Bullying & Harassment Policy

INTRODUCTION

The Agency is committed to the provision of a fair, healthy and safe workplace in which everyone is treated with dignity and respect and in which no individual or group feels bullied, threatened or intimidated.

Bullying or harassment in any form is unacceptable behaviour and will not be permitted or condoned.

We recognise that bullying and harassment can exist in the workplace, as well as outside, and that this can seriously affect workers' working lives by detracting from a productive working environment and can impact on the health, confidence, morale and performance of those affected by it, including anyone who witnesses or has knowledge of the unwanted or unacceptable behaviour.

HARASSMENT

The intention of these procedures are to inform workers of the type of behaviour that is unacceptable and to provide procedural guidance.

We recognise that we have a duty to implement this policy and all workers are expected to comply with it.

Harassment is any unwanted physical, verbal or non-verbal conduct based on grounds of age, disability, gender identity, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation which affects the dignity of anyone at work or creates an intimidating, hostile, degrading, humiliating or offensive environment.

A single incident of unwanted or offensive behaviour can amount to harassment.

Harassment can take many forms and individuals may not always realise that their behaviour constitutes harassment. Examples of harassment include:

- insensitive jokes and pranks;
- lewd or abusive comments about appearance;
- deliberate exclusion from conversations;
- displaying abusive or offensive writing or material;
- unwelcome touching; and
- abusive, threatening or insulting words or behaviour.

These examples are not exhaustive and disciplinary action at the appropriate level will be taken against employees committing any form of harassment. Appropriate action in relation to an employee will include disciplinary action in accordance with the Agency's disciplinary and disciplinary termination procedure. For other workers, appropriate action may include termination of their engagement with the Agency.

BULLYING

Bullying is repeated, offensive, abusive, intimidating, insulting or unreasonable behaviour directed towards an individual or a group, which makes the recipient(s) feel threatened, humiliated or vulnerable. Note single incidents of bullying will not be tolerated.

Bullying can occur in the workplace and outside of the workplace at events connected to the workplace, such as social functions or business trips.

Bullying can be a form of harassment and can cause an individual to suffer negative physical and mental effects.

Bullying can take the form of physical, verbal and non-verbal conduct. As with harassment, there are many examples of bullying, which can include:

- abusive, insulting or offensive language or comments;
- unjustified criticism or complaints;
- physical or emotional threats;
- deliberate exclusion from workplace activities;
- the spreading of misinformation or malicious rumours; and
- the denial of access to information, supervision or resources such that it has a detrimental impact on the individual or group.

These examples are not exhaustive and disciplinary action at the appropriate level will be taken against employees committing any form of bullying. Appropriate action in relation to an employee will include disciplinary action in accordance with the Agency's disciplinary and disciplinary termination procedure. For other workers, appropriate action may include termination of their engagement with the Agency.

BULLYING AND HARASSMENT COMPLAINT PROCEDURES

i) Informal complaint

We recognise that complaints of bullying, harassment, and particularly of sexual harassment, can sometimes be of a sensitive or intimate nature and that it may not be appropriate for you to raise the issue through our normal grievance procedure. In these circumstances you are encouraged to raise such issues with a senior colleague of your choice (whether or not that person has a direct supervisory responsibility for you) as a confidential helper.

If you are the victim of minor bullying or harassment you should make it clear to the alleged bully or harasser on an informal basis that their behaviour is unwelcome and ask the individual to stop. If you feel unable to do this verbally then you should hand a written request to the individual, and your confidential helper can assist you in this.

ii) Formal complaint

Where the informal approach fails or if the bullying or harassment is more serious, you should bring the matter to the attention of management as a formal written complaint and again your confidential helper can assist you in this. If possible, you should keep notes of the bullying or harassment so that the written complaint can include:

- the name of the alleged bully or harasser;
- the nature of the alleged incident of bullying or harassment;
- the dates and times when the alleged incident of bullying or harassment occurred;
- the names of any witnesses; and
- any action already taken by you to stop the alleged bullying or harassment.

On receipt of a formal complaint we will take action to separate you from the alleged bully or harasser to enable an uninterrupted investigation to take place. This may involve a temporary transfer of the alleged bully or harasser to another work area or suspension of employees (with contractual pay) until the matter has been resolved.

The person dealing with the complaint will invite you to attend a meeting, at a reasonable time and location, to discuss the matter and carry out a thorough investigation. You have the right to be accompanied at such a meeting by your confidential helper or another work colleague of your choice and you must take all reasonable steps to attend. Those involved in the investigation will be expected to act in confidence and any breach of confidence will be a disciplinary matter.

On conclusion of the investigation which will normally be within ten working days of the meeting with you, a report of the findings and of the investigator's decision will be sent, in writing, to you and to the alleged bully or harasser.

GENERAL NOTES

If the report concludes that the allegation is well founded, appropriate action will be taken against the bully or harasser.

If you bring a complaint of bullying or harassment you will not be victimised for having brought the complaint. However, if the report concludes that the complaint is both untrue and has been brought with malicious intent, appropriate action will be taken against you. Appropriate action in relation to an employee will include disciplinary action in accordance with the Agency's disciplinary and disciplinary termination procedure. For other workers, appropriate action may include termination of their engagement with the Agency.

Code of Conduct

To ensure the best possible care to patients, the public and to provide a positive work environment, the *Agency* expects employees to comply with *the Code of Conduct*. The *Agency Code of Conduct* articulates the following:

Respect for Ourselves and Others

- Treating others with respect and dignity
- Embracing diversity and respecting the dignity, culture, ethnicity, values and beliefs of the patients we care for and the colleagues we work with.
- Working respectfully, cooperatively and collaboratively with colleagues to best meet patient needs.
- Not acting in a way which is intended to bully; harass or intimidate our colleagues or others.

Respect for the Law and Lawful Instructions

- Maintaining current registration with the Australian Health Practitioner Regulation *Agency* where applicable.
- Complying with Professional Codes of Conduct and Ethics
- Complying with any laws relating to work undertaken by the *Agency*.
- Complying with the *Agency* policies and procedures.
- Complying with reasonable and lawful instructions of a Manager.
- Complying with workplace health and safety regulations.

Integrity

- Maintaining trust by providing safe and competent care.
- Maintaining currency of professional knowledge and skills.
- Recognising and practicing within our scope of practice.
- Declaring any real or perceived conflict of interest.

Diligence

- Exercising due care, diligence, responsibility and sound judgment when carrying out our roles and responsibilities.
- Providing care based on best available evidence and best practice.
- Correctly reporting work hours, being punctual and reliable.
- Not carrying out our duties if we are under the influence of alcohol or any other drug that inhibits performance.
- Maintaining the privacy, confidentiality and security of patient information.

Discipline Policy

POLICY STATEMENT

The *Agency* promotes high standards of behaviour and conduct for all employees and takes appropriate corrective action where those standards are not met. The *Agency* believes that to promote good employee relations it is necessary to demonstrate that employees will be treated fairly, reasonably, promptly, impartially and consistently in matters relating to discipline.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

In managing instances of unsatisfactory work performance, misconduct or serious misconduct, the principles of natural justice will underpin all actions undertaken by the *Agency*.

- All parties have the right to be heard and judged without bias.
- All issues are investigated thoroughly and justly.
- The standards of conduct or job performance required will be made clear to the employee by documentation or during interviews.
- The employee will be made aware of the likely next steps in the event that satisfactory performance or conduct is not maintained.
- The employee will be afforded the right to be accompanied at discussions or interviews at any level of the discipline process.
- When a complaint about performance or conduct is brought to the *Agency's* attention by a third party, the substance of the complaint will be verified before any action is taken on the matter.
- Where an employee is identified as not performing to an acceptable standard, the employee will be placed on Unsatisfactory Work Performance. This identification can occur as part of a Performance Review process or as another process.

Procedural Matters

Degrees of discipline are generally progressive and are used to ensure that employees have the opportunity to correct performance. There is no set standard of how many verbal warnings must be given prior to a written warning or how many written warnings must precede termination. Any step or steps of the disciplinary process may be skipped at the discretion of the *Agency* after investigation and analysis of the total situation, past practice and circumstances.

Factors which will be considered are:

- the number of different offences involved
- the seriousness of the offence
- the time interval and response to prior disciplinary action(s)
- Previous work history.

The *Agency* requires employees to carry out their roles and responsibilities in accordance with the relevant legislation, the *Agency's* Code of Conduct and policies and procedures.

Where an act or omission of an employee relates to misconduct or poor performance (except in cases of serious misconduct where summary dismissal is warranted) the process by the *Agency* will be as follows:

Verbal Warning

Concerns about under performance or misconduct will be raised by the *Agency* with the employee at the time that the concerns arise. The *Agency* will provide advice and support to the employee to overcome these concerns. A verbal warning will be given either by phone or by interview. The verbal warning is the opportunity to explore reasons for the issues identified and develop an action plan to address these issues. A written copy of the verbal warning will appear on the employee's personal file as a record of the conversation.

Written Warning

This step involves a formal meeting between the *Agency* and the employee about misconduct or underperformance. A written warning is then issued. This step is appropriate for a more serious misconduct or underperformance, or repeated breaches. The written warning shall address the following:

- * A statement identifying the issue of underperformance or misconduct
- * Outline any consequences which may result from the underperformance or misconduct
- * The corrective action required of the employee to rectify the issues
- * The proposed action by the *Agency* if the employee's performance or conduct does not improve
- * A reference to the previous verbal warning(s) and the date(s) given.

FINAL WARNING OR DISMISSAL

If there is a failure to improve conduct or performance after a written warning has been issued, or if the issue is sufficiently serious to warrant only one written warning, a final written warning may be given to the employee.

Such a final written warning will set out details of the issue and will also warn the employee that dismissal will result if there is no satisfactory improvement. The final warning makes it very clear that no further warning shall be given; the next step is dismissal and the nature of the next infraction which could result in dismissal (e.g. any further incidents of misconduct).

A copy of any final written warning will be placed on the employee's file.

Dismissal is a step that is only taken when an employee has been through all of the above disciplinary process and no improvement has resulted, or when an employee commits an offence so serious that suspension, investigations or dismissal should result. The *Agency* may withhold monies due to the Employee equal to the pay for the period of notice.

- a. Upon receipt of a request by the employee, the *Agency* will provide a written statement specifying the period of employment and the classification or type of work performed by the employee.
- b. Upon termination the Employee shall immediately deliver up to the *Agency* all records, equipment, any outstanding property belonging to the *Agency* to the satisfaction of the *Agency*.

Serious & Wilful Misconduct

The following are examples of behaviours which are regarded as serious and wilful misconduct justifying the summary termination of employment – that is, immediate termination, without formal warnings and without notice or any payment in lieu of notice. This list is not exhaustive.

- Fraud including:
 - forgery of documents
 - misrepresentation of information on documents; misappropriation of funds, supplies, or other assets,
 - improprieties in handling or reporting of financial transactions,
 - authorising/receiving payments for goods not received or services not performed, or
 - Violation of Commonwealth, State, or local laws.
- Being under the influence of illegal drugs or alcohol during work hours.
- Breach of duty regarding non-disclosure of confidential information.
- Serious act of insubordination.
- Threatening physical violence.
- Serious breach of Workplace Health and Safety rules.
- Dishonesty including theft.
- Serious neglect of duty.
- Misrepresentation of key facts in seeking employment.

Relevant Legislation

[Fair Work Act 2009](#)

Smoking, Alcohol & Drugs Policy

POLICY STATEMENT

SCOPE

This policy applies to all employees of the Agency.

POLICY

Whilst working or on meal breaks the *Agency* expressly prohibits employees to be under the influence of, or in possession of illegal or non-prescription drugs of any kind. If an employee is taking medication, either prescription or over the counter medication, that has the potential to adversely impact on safety, they must notify the Agency. The employee is not required to reveal the nature of the condition being treated or the type of medication, only that they are taking medication that has the potential to adversely impact upon safety.

The *Agency* prohibits all employees to smoke on any client premises and compulsory work uniform must be removed or covered.

The consumption of alcohol during work hours (including meal breaks and rest pauses) is not permitted. Breaching these provisions can result in dismissal or disciplinary action.

The *Agency* does not support the use of alcohol or drugs outside working hours where the effects of these substances may result in impaired work performance. If an employee arrives at work under the influence of drugs or alcohol, they will be sent home for the day without pay. Repeated instances of arriving at work under the influence of drugs or alcohol may result in termination.

Incident and Accident Reporting:

POLICY STATEMENT:

In fostering a safe and harmonious work environment, the *Agency* seeks to provide support for employees in all circumstances in the workplace.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

In the event of an accident or incident, where it is safe to do so, employees will take appropriate immediate action to minimise the risk of further injury or damage (for example, isolating the hazard, first aid, evacuation, containing spills).

In a case of injury, depending on the severity of the injury and the injured worker's preference, appropriate first aid or medical attention should be sought immediately.

At the time of the incident/accident Employees and Associates are required to notify The *Agency* and to complete the National Incident and Accident Form and documentation identifying the nature of the incident/accident, time, place, any injuries sustained and treatment administered as soon as practical. For insurance purposes, employees are responsible in ensuring documentation is complete and have it sent to the office within 24hours of said event.

Within the *Agency* employees are required to report critical incidents defined where there is "reasonable grounds to believe there is a serious risk to the life, health or safety of the person" this can include but is not limited to the following: the death of, or serious injury to a client, allegations of abuse, significant damage to property or serious injury to another person by a client, MVA, medication error, client money discrepancy or an event that has the potential to subject client or relevant "Contacts" to a high levels of adverse public scrutiny.

MANDATORY REPORTING:

All Employees or Associates are required to complete Incident Report and any relevant documentation as requested by the *Agency* and/or relevant authorities listed in this Policy "Contacts" with as much of the following information as possible. The *Agency* is to ensure the following detail has been obtained:

- Name of the person(s) involved and contact details
- Clearly record the initial and any incident(s)
- Include when and how you became aware of the information
- Document the planning process
- Ensure all records are legible, signed, designated and dated
- Confirm accuracy and consistency
- Avoid subjective language
- Include all notes (however rough) in the file
- Document all discussions and place on file (including all emails sent and received)
- Document all advice, both given and received
- Document all decisions and their rationale
- Issue clear guidelines for staff about record keeping
- Be mindful of confidentiality. Determine who should be able to access the records
- Keep records in a safe and secure place for the required period

CONTACTS:

The Agency Contacts

Lisa Walker 0413 955 956
Natashia Telfer 0401 439 798

ACT Police

6256 7777

Work Safe ACT

6207 3000
Worksafe.act.gove.au

Work Cover NSW

13 10 50
Website not applicable

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

Human Services Registrar Contact (NDIS Participants)

In line with the Disability Services Regulation 2014; Section 10, National Community Care is required to report critical incidents defined where there is “reasonable grounds to believe there is a serious risk to the life, health or safety of the person” this can include but is not limited to the following: the death of, or serious injury to a NDIS participant, allegations of abuse, significant damage to property or serious injury to another person by NDIS participant or an event that has the potential to subject participant or NDIS to a high levels of adverse public scrutiny.

Reporting to the DG Community Services Directorate is done through the Human Services Registrar, via the DSA mailbox dsa.registrar@act.gov.au <http://www.legislation.act.gov.au/sl/2014-12/current/pdf/2014-12.pdf>

ACT Care & Protection Services

Centralised Intake Service: 6207 6956
Mandated Reporters: 1300 556 728 / childprotection@act.gov.au
General Public after Hours: 1300 556 729
Crisis Service: 1300 556 729

To be notified of any serious/critical incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

(DSS) Aged Care Complaints Scheme

1800 550 552
[Agedcarecomplaints.govspace.gov.au](http://agedcarecomplaints.govspace.gov.au)

To be notified within 24hours (after police) of any serious suspicion or allegation of abuse, incident reporting such as the death of, or serious injury to a aged care participant, significant damage to property or serious injury to another person by participant.

Relevant Legislation and References:

SECTION 4: BEHAVIOUR & CODE OF CONDUCT

Freedom of Information Act 1989

Health Records (Privacy and Access) Act 1997 Working with Vulnerable People Act 2011 Human Rights Act 2004

Human Rights Commission Act 2005

National Disability Insurance Scheme Act 2013

Discrimination Act 1991 Fair Work Act 2009

Work Health & Safety Act 2011 Health Professionals Act 2004 Territory Records Act 2002

Information Privacy Act 2014

Disability Services Act 1991

Official Visitor Act 2012

Disability Services Regulation 2014

National Standards for Disability Services - <https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The Agency Policy Team will manage the review, and Employees and Associates will be consulted in this process.

APPENDIX

Appendix 1: Incident and Accident Form

Appendix 2: Reportable Assaults Flowchart

Grievance Procedures Policy

POLICY STATEMENT

The *Agency* is committed to providing a harmonious work environment and will actively work to resolve grievances and complaints as quickly if possible.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

Most routine complaints and grievances are best resolved informally in discussion with the *Agency*. Dealing with grievances in this way can often lead to a rapid resolution of problems.

Where the grievance cannot be resolved informally, it should be dealt with under the formal grievance procedure outlined in the relevant Industrial Award or Agreement (*the Award*).

The procedures for settlement of grievances while in the employ of the *Agency* are as follows:

- The employee shall contact the *Agency* and advise of the grievance or dispute in question. The *Agency* will record all relevant details in writing and attempt an immediate resolution of the issue. The details of the discussion will be placed on file and a copy provided to the employee.
- If the dispute remains unresolved both parties will meet with a third party as mediator. A record of the meeting will be placed on file and a copy provided to the employee.
- If resolution is not achieved, then another meeting will be held with a mediator present. A record of the meeting will be placed on file and a copy provided to the employee.
- At all stages of the resolution process either party has the right to appoint another party to act on their behalf in an effort to resolve the matter.
- All parties commit to the pursuit of resolution of any matter in dispute in good faith and will continue to fulfil their respective obligations during the dispute resolution process.

Relevant references:

[Nurses Award 2010](#)

Complaints Handling and Management Policy:

POLICY STATEMENT:

The purpose of this policy is to deliver a high quality complaints management service for the participants of National services within the ACT and surrounding regions.

SCOPE:

This policy applies to:

- National Employees
- National Associates

This includes board members, directors, volunteers, trainees/students, suppliers and subcontracted service providers

POLICY:

The *Agency* welcomes and values complaints and recognises that a strong commitment to responding to and resolving complaints allows clients, stakeholders and employees to contribute to the improvement of the services it delivers.

Each person is encouraged and supported to make a complaint in a way that is comfortable for them, their family, and carer or advocate so that services and supports better meet their needs, expectations and outcomes.

Properly handled complaints about our work are important to our performance. Complaints which are not promptly resolved or responded to can generate unwarranted work and impact heavily on staff morale and service to participants. Complaints also give us ideas for changing the way we work, deliver services and develop policies, aiming to constantly be evolving.

We understand that some complaints will involve multiple parties or interests; such as parents, carers, participants or community organisations. In these circumstances, although it may not be possible to meet everyone's expectations, the principles outlined in this platform will apply a "participant centred approach"

Our Responsibilities and Commitment:

Committed to providing and delivering high quality services to all members of the Canberra community and surrounding regions. The central feature of Strategic Plan is Participation. This is reflected in the way the *Agency* manages and handles complaints.

Participation includes any feedback about any aspect of the services that we provide or the way we provide them. Let the *Agency* know if you feel:

- We have done something well
- We have made a mistake
- We have treated you badly or unfairly
- We have made a wrong decision
- We can do something better or differently

Employees Responsibilities:

- Employees are required to respond to complaints according to the principles and guidelines outlined in the policy and the Complaints Handling and Management Platform which provides guidelines for staff.

The Agency Responsibilities:

- Make sure that clients know how to contact us to tell us what they think
- Listen to what they have to say
- Do our best to understand stated concerns or issues
- Investigate those concerns in a fair and impartial manner
- Do our best to resolve the issue or fix the problem, although this may not always be possible
- Acknowledge any mistakes or errors we may have made
- Provide clear explanation for all our decisions unless limited by law
- Ensure mandatory reporting this is to be completed promptly and appropriate channels listed in Mandatory Reporting Policy at to be notified immediately. Refer to National Community Care Mandatory Reporting Policy.

STANDARDS:

Committed to providing a high quality response to complaints regardless of whom the complainant is, what the complaint is about or where and how the complaint is made. The following standards will guide the response, handling and management of all complaints brought to the attention on the *Agency*.

- *Respect*- all complaints will be received respectfully
- *Timely*- All complaints will be acknowledged and managed within reasonable timeframes
- *Transparency*- All decisions will be explained in clear simple language (except where this may be restricted by law)
- *Natural Justice*- All complaints will be afforded the principles of natural justice

What the Agency expects of a complainant:

- They talk to our staff respectfully
- They provide as much information about the complaint as possible
- They let us know of any special needs or if extra help is needed in understanding or accessing our complaints service

MANATORY REPORTING:

All Employees or Associates are required to complete Incident Report and any relevant documentation as requested by the *Agency* and/or relevant authorities with as much of the following information as possible. The *Agency* to ensure the following detail has been obtained:

- Name of the person(s) involved and contact details
- Clearly record the initial and any incident(s)
- Include when and how you became aware of the information
- Document the planning process
- Ensure all records are legible, signed, designated and dated
- Confirm accuracy and consistency
- Avoid subjective language
- Include all notes (however rough) in the file
- Document all discussions and place on file (including all emails sent and received)
- Document all advice, both given and received
- Document all decisions and their rationale
- Issue clear guidelines for staff about record keeping
- Be mindful of confidentiality and determine who should be able to access the records

- Keep records in a safe and secure place for the required period

DEFINITIONS:

Complainant: A person who has made a complaint about a service provided by the *Agency*.

Complaint: An expression of dissatisfaction in relation to a service provided on behalf of the *Agency*.

Natural Justice: That a person, including employees, who might be adversely affected by a decision or process must be given an opportunity to a fair hearing before the decision is made.

Mandatory Reporting: Section 356 of the *Children and Young People Act 2008* outlines the legal requirement of a Mandated Reporter to report suspected cases of child abuse when they believe, on reasonable grounds, that a child or young person has experienced, or is experiencing, sexual abuse and/or non-accidental physical injury.

Critical Incident: Section 10 of the Disability Services Regulation 2014 requires specialist disability service providers to report critical incidents defined where there is “reasonable grounds to believe there is a serious risk to the life, health or safety of the person”.

Relevant Legislation and References:

ACT Civil & Administrative Tribunal Act 2008	Ombudsman Act 1989
Freedom of Information Act 1989	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
Disability Services Regulation 2014	Official Visitor Act 2012
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The *Agency* Policy Team will manage the review, and Employees and Associates will be consulted in this process.

APPENDIX

Appendix 1 : Incident and Accident Form

Appendix 2: Reportable Assaults Flowchart

Relationships at Work Policy:

INTRODUCTION:

It is the expectation of the Employer that you will carry out your duties with integrity and avoid conflicts between any private interests, specifically personal relationships, and workplace responsibilities.

POLICY STATEMENT:

This policy provides guidelines for family members, domestic partners, significant others, and/or similar personal and consensual relationships, in the workplace.

Personal relationships should not interfere with, be seen to interfere with, or influence practices in the workplace. The Employer expects you to avoid and minimise the likelihood of conflicts arising due to personal relationships.

PERSONAL RELATIONSHIPS AND THE WORKPLACE:

Personal relationships can include:

- family relationships (including spouse, children, siblings, cousins, relations by marriage, parents or other close relatives)
- emotional relationships (including sexual relationships and friendships)
- financial relationships (including commercial relationships where pecuniary interest is present)
- Personal relationships may involve you, clients, potential clients, business associates and work colleagues.

Personal relationships must not interfere with decisions or processes associated with the following:

- selection and promotion of staff
- confirmation of appointment
- performance review
- staff development opportunities

CONFLICTING EMPLOYMENT RELATIONSHIPS:

The Employer permits the employment of qualified family members, domestic partners, significant others and/or similar personal relationship of employees as long as such employment does not create a conflict of interest.

In accordance with the Employer's standard employment policies, the basic criteria for employee selection or promotion shall be appropriate qualifications in terms of education, experience, training and performance, consistent with organisational needs.

Relationships by family, marriage, domestic partnership and/or similar personal relationship shall constitute neither an advantage nor a disadvantage to selection, promotion, salary, or other conditions of employment.

DECLARING RELATIONSHIP STATUS AND/OR POTENTIAL CONFLICT OF INTEREST:

The Employer values an environment of inclusion, trust and respect as beneficial for the working and learning environment for all. The Employer acknowledges that romantic or sexual, business and other intimate relationships may develop and/or exist in a work environment. All relationships must be consensual but, even though the relationship is consensual, it can raise serious concerns about the validity of the consent, conflicts of interest, and favouritism.

If you become involved in a situation where a personal relationship may be a source of conflict you should declare any such possible conflict of interest to management. A source of conflict can include where you engage in a relationship with another employee who is in either a direct or indirect supervisory role.

If you become family members, domestic partners, significant others and/or a similar personal relationship, with another employee you may retain your position, provided that you are not the direct or indirect supervisor or under the supervision of the other employee.

If you are involved in a personal relationship and you are in a supervisory position to the other employee, it is your responsibility to advise management. A management plan must be formulated to address the supervisory relationship.

UNAVOIDABLE CIRCUMSTANCES:

If you are unavoidably assigned to a position that creates a co-worker or supervisor-subordinate relationship, the Employer will use its discretion and sound judgement in order to avoid creating a conflict of interest.

RELATIONSHIPS WITH CLIENTS:

When you interact with clients, you are frequently in a position of trust and influence. These relationships must not jeopardise the effective functioning of the Employer or by the appearance of either favouritism or unfairness in the exercise of professional judgment, boundaries, confidentiality and decision making.

ALLEGATIONS AND INVESTIGATIONS:

If you, whether or not involved in a personal relationship, believe you have been, or are being, adversely affected you are to raise concerns with management. If you are in a relationship that may be viewed as harassment or discrimination you should refer to the Grievance and Bullying and Harassment policies or consult management.

Duty of Care in a Community Setting

POLICY STATEMENT:

The *Agency* is committed to maintaining and protecting the rights, dignity and interests of clients, whilst providing a high standard of quality care.

PURPOSE:

There are ethical and legal obligations imposed upon both *Agency* and Employees concerning duty of care. The purpose of this policy is to ensure all parties are reminded of their obligations

SCOPE:

This policy applies to all employees of the *Agency*

POLICY:

Duty of Care refers to the legal obligation to take responsible care to avoid injury to a client whom, it can be reasonably foreseen, might be injured by an act or omission. A duty of care exists when someone's actions could reasonably be expected to affect other people. Failure to exercise care in that situation may lead to foreseeable injury and liability against the employee.

Employee is responsible:

- Conducting self responsibly by complying with all policies
- Always be mindful to involve the client and significant others in the decision-making process and to document the action you decide to take, either in case notes or in the form of a report, if appropriate. You are accountable, as a professional worker, for the decisions that you make.
- Documentation is required for all care, to fulfil legal and professional practice requirements it is to be clear and accurate, stating the facts, the date and time, employee signature and designation. E.g. Jane Doe, AIN (or CSW – Community Support Worker/ DSW- Disability Support Worker etc)
- Employees must understand documentation is a permanent record on the interaction between client and carer, this aids in communication between client and families, other service providers, case managers etc and that the employee can be held accountable in a court of law.
- Inform the *Agency* of any client changes. This can include but is not limited to the following: The timeframe allocated for service is not substantial, the resident has incurred an injury or illness prior to your arrival or during the time of service delivery, medication mishaps, if the client is out of character, if the client or employees are at risk whether it be environmentally, physically, mentally etc.

Relevant Legislation and References:

Freedom of Information Act 1989	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Working with Vulnerable People Act 2011	Work Health & Safety Act 2011
Human Rights Act 2004	Health Professionals Act 2004
Human Rights Commission Act 2005	Territory Records Act 2002
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012
Disability Services Regulation 2014	

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The *Agency* Policy Team will manage the review, and Employees and Associates will be consulted in this process

SECTION 5: WORKPLACE HEALTH & SAFETY

Workplace Health and Safety Policy

POLICY STATEMENT

The *Agency* is committed to providing a safe workplace environment and ensuring the safety, health and wellbeing of all employees shall be a key underpinning factor supporting the provision of quality healthcare services.

PURPOSE

ETHICAL OBLIGATIONS

It is desirable for employees of the *Agency* to work in an environment that is conducive to their safety and health at work.

LEGAL OBLIGATIONS

The law imposes duties upon both *Agencys* and employees concerning Workplace Health and Safety

FINANCIAL OBLIGATIONS

The cost of workplace injuries both in insured losses and uninsured losses makes it absolutely imperative that steps be taken by all levels of management and employees, whether they are from the *Agency* or the facility where work is being undertaken, to achieve the aims of the Workplace Health and Safety Policy.

If an employee has any concerns in relation to their safety or the safety of others in the workplace, the employee is required to report them to the *Agency* and the relevant Facility, who will take all practicable steps to provide and maintain a safe work environment.

SCOPE

This policy applies to all employees of the *Agency*

POLICY

The *Agency*

The *Agency* is responsible for all aspects of Workplace Health and Safety including:

- Compliance with appropriate legislation, codes of practice and *Agency* policy.
- Implementing the *Agency* Workplace Health and Safety policy and procedures and insisting on safe and environmentally responsible work practices at all times.
- Providing and maintaining a safe work environment, including work conditions, practices and procedures for all employees
- Assisting in the identification and preparation of safe work procedures.
- Ensuring employees are not exposed to risks to their health and safety.
- Monitoring and reviewing compliance with procedures and working conditions on a continuing basis.

- Preparing and participating in Workplace Health and Safety meetings and Workplace Health and Safety programs.
- Ensuring the Workplace Health and Safety of each of employee.
- Ensuring employees are competent to carry out the tasks requested of them.
- Providing and maintaining adequate safety equipment.
- Assisting the investigation of near misses, hazards, accidents and injuries to ensure identification of hazards and correction of unsafe practices and methods.
- Reviewing and actioning Workplace Health and Safety reports and inspections and initiating rectification where necessary.

Employees

The employee is responsible for:

- Working safely and observing all Workplace Health and Safety instructions from the *Agency*, and relevant policies, procedures and directions from the Facility.
- Using safety devices, manual handling equipment and personal protective equipment as directed by the *Agency* and complying with relevant policies, procedures and directions from the Facility.
- Maintaining safety devices and personal protective equipment in an operational and hygienic condition at all times.
- Promptly reporting to the *Agency* and the Facility any work accident, injury or Workplace Health and Safety concerns.
- Reporting to the *Agency* and the facility any situation the employee believes is a work hazard or an unsafe practice.
- Not wilfully or recklessly interfering with, or misusing anything provided for Workplace Health and Safety at the workplace.
- Not wilfully placing at risk the Workplace Health and Safety of either themselves or any other person, at the workplace.

If an employee has an accident, they are required to notify the *Agency* as soon as practical and complete an *Accident Form*.

If an employee is injured at work, or travelling to or from work, the employee must notify the *Agency* as soon as possible. If there are medical expenses involved due to the injury or time lost from work, these costs may be recovered by Work Cover upon lodging a claim form. A doctor's certificate is required when Workers' Compensation is claimed.

Manual Handling Policy

POLICY STATEMENT

The *Agency* is committed to providing a safe workplace environment for all employees and applying a safe system of work to all manual handling situations. The aim is to eliminate hazardous handling and reduce risk to employees from such activities to the lowest level, in so far as is reasonably practicable.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

Manual handling of patients should be eliminated or minimised wherever possible. The *Agency* is committed to a 'No Lifting' approach. A 'No Lifting' approach is one where employees are not asked to physically support the weight of those that they are assisting to transfer or move.

Mechanical hoists and other aids such as slide boards and slide sheets, are to be used at all times.

If staff at a facility request an employee to manually lift any patient for any reason, the employee must decline and immediately report to the supervisor and contact the *Agency*.

Employees are required to complete induction training and education in Manual Handling at the commencement of employment with the *Agency*.

Employees are required to complete refresher training and education in Manual Handling annually.

The *Agency* is responsible for:

- Complying with relevant Work Health and Safety legislation, codes of practice and *Agency* policy.
- Implementing the *Agency* Manual Handling policy and procedures and insisting on safe and environmentally responsible work practices at all times.
- Ensuring all employees complete the relevant Manual Handling education and training when commencing employment and complete updated annual education and training as articulated in this policy.

The employee is responsible for:

- Taking reasonable care for their own health and safety and that of colleagues and patients
- Working safely and observing all Workplace Health and Safety instructions from the *Agency*, and relevant policies, procedures and directions from the Facility.
- Making full and proper use of equipment provided as directed by the *Agency* and complying with relevant policies, procedures and directions from the Facility.
- Completing appropriate Manual Handling training and education as articulated in this policy.

Relevant legislation

[Work Health and Safety Act 2011](#)

Infection Control Policy

POLICY STATEMENT

The *Agency* is committed to fostering a culture of safe care practices including effective infection prevention and control.

Employees are required to understand the rationale and comply with the responsibility to maintain high standards of infection prevention and control at all times to ensure the safety of those being cared for and staff and visitors in the care environment.

SCOPE

This policy applies to all *Agency* employees.

POLICY

Standard infection prevention and control precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of micro-organisms from recognised and unrecognised sources of infection.

The standard precautions to be implemented by employee's as a critical part of their practice, in order to reduce the risk of infection, transmission and environmental contamination from micro-organisms from recognised and unrecognised sources and so protecting themselves, patients and others from the risk of infection.

Employee responsibilities in Community Settings:

- In community care, employees are required to bring their personal protective equipment to each shift, a client is within their rights to refuse your care if you attend ill-equipped
- Employees are to immediately report to the *Agency* of any concerns for their safety regarding Infectious control breaches.

All National Employees responsibilities:

Standard precautions include:-

- Effective hand hygiene practices
- Maintenance of skin integrity
- The appropriate use of Personal Protective Equipment (PPE)
- Safe management of blood and body fluid spillages
- Safe use, disposal and management of sharps
- Appropriate cleaning/decontamination of equipment
- Maintaining a clean environment
- Safe waste management
- Safe handling and laundering of used linen.

Employees are to implement standard precautions at all times when in the care setting.

Employees are to utilise additional precautions as indicated by local infection control policy and as appropriate and clinically indicated in the care setting.

Employees are to comply with facility infection control policies.

Schedule Hand hygiene

The most effective way to prevent healthcare acquired infections is by undertaking effective hand hygiene. Hands must be decontaminated before and after each episode of direct patient contact, including before and after glove use as articulated in the World Health Organisation 'Your 5 moments for hand hygiene' initiative (Appendix 1).

Before performing hand hygiene:

- uncover forearms
- remove all hand/wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- Cover all cuts or abrasions with a waterproof dressing.

To perform hand hygiene:

Alcohol based hand rubs must be available for staff as near to point of care as possible.

Perform hand hygiene:

- before touching a patient
- before clean/aseptic procedures
- after body fluid exposure risk
- after touching a patient
- After touching a patient's immediate surroundings.

Wash hands with non-antimicrobial liquid soap and water if:

- hands are visibly soiled or dirty
- Caring for a patient with a suspected or known gastro-intestinal infection such as norovirus or a spore forming organism such as Clostridium difficile.

Supporting information:

[WHO Hand Hygiene Techniques](#)

[WHO 5 moments of Hand Hygiene](#)

[Australian Commission on safety and Quality in Health Care NSQHC National Standards](#)

Working with Vulnerable People Policy

POLICY STATEMENT

The *Agency* is committed to protecting the rights, dignity and interests of all. The protection of the rights of children and vulnerable people within the community is ensured by compliance with the legislated checking systems with appropriate safeguards for people who work with, or who want to work with vulnerable people.

The Working with Vulnerable People Policy articulates the principles by which the *Working with Vulnerable People (Background Checking) Act 2011* is to be managed within the Agency.

SCOPE

This policy applies to all *Agency* employees

POLICY

It is a requirement for employees to hold a current registration issued under the *Working with Vulnerable People (Background Checking) Act 2011*.

The employee must provide a certified copy of the Working with Vulnerable People registration to the *Agency* prior to commencing.

The employee is responsible for obtaining, maintaining and payment of the Working with Vulnerable People registration. The cost incurred by the employee may be claimed as a tax deduction as it is an expense incurred in the course of employment.

Failing to provide evidence of suitability to work with vulnerable people, in the form of the Working with Vulnerable People registration may be irreconcilable with employment with the Agency. If the employee ceases to hold the registration or the registration becomes conditional, the employee must notify the Agency immediately and a decision about ongoing employment may be required.

Relevant Legislation:

Working with Vulnerable People Act 2011	Discrimination Act 1991
Health Records (Privacy and Access) Act 1997	Fair Work Act 2009
Human Rights Act 2004	Work Health & Safety Act 2011
Human Rights Commission Act 2005	Health Professionals Act 2004
National Disability Insurance Scheme Act 2013	Information Privacy Act 2014
Disability Services Act 1991	Official Visitor Act 2012
Disability Services Regulation 2014	

www.legislation.act.gov.au/a/2011-44

www.ors.act.gov.au/community/working_with_vulnerable_people.

[http://www.legislation.act.gov.au/Human Rights Act 2004](http://www.legislation.act.gov.au/Human_Rights_Act_2004)

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>

Food Handling & Preparation Policy

POLICY STATEMENT:

High standards of hygiene and product protection will be maintained in relation to food handling throughout services of the *Agency* in accordance with all relevant regulations, acts and standards.

SCOPE:

All *National* Employees participating in meal preparations

POLICY:

Client/Facility Responsibilities

- To provide employee with safe working area
- To ensure all electrical/gas top equipment is in good working condition
- To provide the correct ingredients for all meal preparations
- To provide a list of any food allergies

Employee Responsibilities

- That all employees working in areas where food is prepared or served will recognise and understand the important role of maintaining good personal hygiene and sanitation practices. (*See Infectious Control Policy*)
- Employees understand their responsibilities for undertaking Food Safety Training as defined by legislation

The Agency's Responsibilities

- Provide adequate training to employees
- Follow up any reported incidents promptly

PROCEDURES

- Where staff or volunteers observe any practice by any other person that they believe to be in conflict with general hygiene standards, this should be reported to the Care Coordinator immediately, in order to rectify the problem.
- Staff and volunteers are expected to report to work each day in clean clothing.
- Hair should be clean, tidy and hair should be tidied back
- Clean gloves must be worn at all times while preparing food and should be changed regularly. Gloves should not be used when handling money
- Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate (e.g. taking foods from an oven tray)
- Smoking, eating & drinking is not allowed in areas where food is stored, prepared or served.
- Hands must be kept clean and must be washed regularly with soap and hot water, or approved hand sanitization gel, especially;
- When entering food handling area
- Before touching any cooked or prepared food and after handling raw food.
- After using the toilet

- After having a cigarette
- After handling garbage or cleaning equipment and chemicals
- After using a handkerchief or tissue or stifling a sneeze or cough
- After handling money and prior to food preparation
- Before resuming work after any break or change in work area
- After touching hair, face or other parts of the body

Report to the Case Manager/ Care Coordinator –

- Any stomach complaints or bowel conditions
- When you feel generally unwell (e.g. colds etc)
- Any changes in health which may affect your ability to perform duties
- All accidents, injuries, hazards and near misses as soon as practicable
- All cuts, scratches and wounds which may contaminate food must be dressed and bandaged immediately

It will then be the responsibility of the Case manager or Care Coordinator to reallocate services if necessary

In addition to the Policy employees shall be required to follow those guidelines described in the Australia New Zealand Food Standards Code and the guide accompanying this Act called 'Safe Food Australia'. Employees to undertake an annual training review of guidelines and this should be recorded in database.

Quality checks must be conducted as required per procedures. These include – time and temperature checks (if applicable) and sanitation and cleaning schedules. Corrective action should be taken immediately to eliminate or reduce any identified hazards.

Relevant Legislation and References:

Food Safety Standards 2014
Work Health & Safety Act 2011

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The Agency Policy Team will manage the review, and Employees and Associates will be consulted in this process.

Death of a Client Policy in Community Care

POLICY STATEMENT

The Agency is committed to managing the death of a client in a smooth and dignified manner ensuring appropriate procedures are carried out and the employees receive support

SCOPE

This policy applies to all employees of the Agency

POLICY

The employee is responsible for:

- Phone 000 for an ambulance as soon as possible
- Check their vital signs and be prepared to perform resuscitation.
- If the person is deceased and cannot be revived you should still call 000 straight away, ask for the police and await any further instruction from emergency services
- Employee to notify National at the most immediate convenient time
- Employee must document event accordingly and lodge "Incident and Accident form" within 24hours of event occurring, being sure to document date, time, how the situation was discovered, who was present at the time, action taken, outcome and signature and designation on report.
-

The Agency is responsible for:

- Reporting the death to the appropriate authorities, family and employees
- Counselling services to be offered to employees and family
- Ensure all Agency mandatory documentation, an Incident and Accident form is completed and submitted to the appropriate channels

CONTACTS:

The Agency contacts

Lisa Walker 0413 955 956

Natashia Telfer 0401 439 798

Work Safe ACT

6207 3000

Worksafe.act.gove.au

ACT Police

6256 7777

Work Cover NSW

13 10 50

Website not applicable

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

Human Services Registrar Contact (NDIS Participants)

In line with the Disability Services Regulation 2014; Section 10, National Community Care is required to report critical incidents defined where there is "reasonable grounds to believe there is a serious risk to the life, health or safety of the person" this can include but is not limited to the following: the death of, or serious injury to a NDIS participant, allegations of abuse, significant damage to property or serious injury to another person by NDIS participant or an event that has the potential to subject participant or NDIS to a high levels of adverse public scrutiny.

Reporting to the DG Community Services Directorate is done through the Human Services Registrar, via the DSA mailbox dsa.registrar@act.gov.au <http://www.legislation.act.gov.au/sl/2014-12/current/pdf/2014-12.pdf>

ACT Care & Protection Services

Centralised Intake Service: 6207 6956

Mandated Reporters: 1300 556 728 / childprotection@act.gov.au

General Public after Hours: 1300 556 729

Crisis Service: 1300 556 729

To be notified of any serious incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

(DSS) Aged Care Complaints Scheme

1800 550 552

agedcarecomplaints.govspace.gov.au

To be notified within 24hours (after police) of any serious suspicion or allegation of abuse, incident reporting such as the death of, or serious injury to an aged care participant, significant damage to property or serious injury to another person by participant.

Canberra Grief Centre	0409 966 515 / 0401 344 577
Beyond Blue	6287 8066
Lifeline	131 114

Relevant Legislation and References:

Health Records (Privacy and Access) Act 1997
Human Rights Act 2004
Human Rights Commission Act 2005
National Disability Insurance Scheme Act 2013
Disability Services Act 1991
Disability Services Regulation 2014

Work Health & Safety Act 2011
Health Professionals Act 2004
Territory Records Act 2002
Information Privacy Act 2014
Official Visitor Act 2012
Working with Vulnerable People Act 2011

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality- assurance/national-standards-for-disability-services>

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The Agency Policy Team will manage the review, and Employees and Associates will be consulted in this process.

Medical Emergency Policy

POLICY STATEMENT

The *Agency* is committed to providing the best possible Emergency response care for clients.

SCOPE

This policy applies to all employees

POLICY

Employee is responsible:

- Assess client and situation, employees must take appropriate and immediate action to minimise the risk of further injury or damage to self and client and administer first aid where appropriate.
- Call for ambulance: remain calm and provide adequate information to 000
- Apply first aid or any other directive given to you over the phone by emergency services.
- Ensure client is safe and comfortable until emergency services arrive
- Employee to notify National at the most immediate convenient time
- Employee must document event accordingly and lodge "Incident and Accident form" within 24hours of event occurring

The *Agency* is responsible:

- Ensuring employees have adequate and up to date Senior First Aid Training
- Ensure the appropriate channels are notified (case manager/primary carer etc)
- The *Agency* must ensure all documentation is completed by employee and the *Agency* lodged appropriate. (Copies to case manager/carers/GP/insurance etc)

CONTACTS:

The Agency Contacts

Lisa Walker 0413 955 956

Natashia Telfer 0401 439 798

ACT Police

6256 7777

Work Safe ACT

6207 3000

Worksafe.act.gove.au

Work Cover NSW

13 10 50

Website not applicable

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

Human Services Registrar Contact (NDIS Participants)

In line with the Disability Services Regulation 2014; Section 10, National Community Care is required to report critical incidents defined where there is "reasonable grounds to believe there is a serious risk to the life, health or safety of the person" this can include but is not limited to the following: the death of, or serious injury to a NDIS participant, allegations of abuse, significant damage to property or serious injury to another person by NDIS participant or an event that has the potential to subject participant or NDIS to a high levels of adverse public scrutiny.

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To be notified of any serious incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

(DSS) Aged Care Complaints Scheme

1800 550 552

Agedcarecomplaints.govspace.gov.au

To be notified within 24hours (after police) of any serious suspicion or allegation of abuse, incident reporting such as the death of, or serious injury to a aged care participant, significant damage to property or serious injury to another person by participant.

Canberra Grief Centre

0409 966 515 / 0401 344 577

Beyond Blue

6287 8066

Lifeline

131 114

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Human Rights Act 2004

Human Rights Commission Act 2005

National Disability Insurance Scheme Act 2013

Disability Services Act 1991

Disability Services Regulation 2014

Work Health & Safety Act 2011

Health Professionals Act 2004

Territory Records Act 2002

Information Privacy Act 2014

Official Visitor Act 2012

Working with Vulnerable People Act 2011

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality- assurance/national-standards-for-disability-services>

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The *Agency* Policy Team will manage the review, and Employees and Associates will be consulted in this process.

Medication Support and Administration in Community Setting:

POLICY STATEMENT:

The *Agency* has established a written policy and procedures that outline the decision of this Agency regarding the role of support workers in the management of client medication and any relevant risk management policy and practice issues.

SCOPE

This policy applies to all employees of the *Agency*.

POLICY

At the *Agency*, we believe frail/aged people, people with disabilities and their carers have a right to remain living in the community for as long as possible. Clients should be encouraged to maintain their independence as long as possible including managing their own medicines in a safe and effective manner.

In endorsing these beliefs, our support staff will provide medication support and/ or administration and will abide by the policy and procedures outlined in this document. Support workers will have access to training to ensure that they have appropriate skills and knowledge to support and/or administer client medication.

DEFINITIONS

Client: Person receiving service

Carer: A person such as a family member, friend or neighbour, who provides regular and sustained care and assistance to another person, without payment for their caring role other than a pension or benefit.

Primary Carer - The person who provides the most informal assistance to the care recipient.

Container: A container includes any receptacle used for the storage of medication and all dose administration aids such as dosette box, blister pack, Webster pack, sachets and other medication aids.

Medication: medication includes medicines prescribed for the client by a doctor or health professional and medicines purchased over the counter. These medicines include capsules, eardrops, eye drops, inhalants, liquid, lotion and cream, nose-drops, patches, powder, tablets, wafers, suppositories, oxygen, pessaries, nebulisers, schedule 8 drugs, vaginal cream by applicator, sprays (e.g. nitro lingual spray) and insulin (by pen or pre-filled syringes).

(Source: Adapted from the Certificate III CHCCS303A Module Provide Physical assistance with medication within the Australian Qualification Framework).

Medication Administration is the actual giving of medication and may involve:

- storing the medication
- opening the medication container
- removing the prescribed dosage
- And giving the medication to the client as per instructions.

Medication support is the prompting and/or assisting the client with self-medication and may involve:

- reminding and/or prompting the client to take the medication
- assisting (if needed) with opening of medication containers for the client
- and other assistance not involving medication administration.

Pro Re Nata (PRN) Medication: is medication that is not needed or taken on a predetermined regular schedule but is taken in response to particular symptoms or complaints.

Support Worker: A support worker is an employee employed to provide personal care services, which shall include assisting clients with hygiene and grooming, dressing and undressing, fitting of appliances, mobility and exercises, toileting, fluid intake, feeding and preparation of meals, assisting enrolled nurses, registered nurses or others to manage clients where necessary, socialisation including talking with client and family and managing and or administering (*in line Medication Policy Framework*) prescribed medications as per client service plan; and environmental services, which shall include limited housekeeping, bed making, laundry, shopping, sewing, transport, assistance with correspondence, care of pets and pot plants and basic home maintenance; but does not include an employee who is substantially employed to perform domestic housekeeping work.

Client Responsibilities:

- Clients receive individual medication assessment (where appropriate) and where appropriate this assessment is in conjunction with the client, family, doctor and other health professionals.
- Clients have a clear, individual medication support plan.
- A consent form is completed by the client or carer, family, or guardian.
- Clients with more complex health care needs have access to an appropriate health professional to provide back-up advice and support, as and when needed. There is an organisational commitment to ongoing assessment and monitoring of staff practices.
- When possible, Client/carer is responsible for organising appropriately packaged medications. (Webster packs/one dosage liquids etc) as well as signing sheets from their pharmacy

The Agency Responsibilities

- Regularly liaises with case manager, or if applicable- general practitioners, pharmacists and other health professionals with regard to medications as required.
- Ensure clients have a clear, individual medication support plan, signing sheets and obtain a consent form is completed by the client or carer, family, or guardian.
- Provide employees with access to training that provides them with the necessary skills and knowledge to confidently assist clients with medication support and/or administration.
- Report any critical incidents to appropriate channels.

Employee Responsibilities

- Understand your legal obligations
- Work within your scope of practice and legal boundaries
- Attend all mandatory training and updates
- Report any incidents or accidents immediately (*see Incident and Accident Policy and Medication Mishap Form*)
- Follow “Medication Procedures” accordingly
- Document accordingly, signing sheet required

If medication support is being provided, the client retains all responsibility for their medications.

If medication administration is being provided, the support worker is responsible for ensuring that the client takes their medications.

Note: Before involvement in the administering or support of client medication a support worker must have achieved the medication competencies (*See Mandatory Training Policy*)

Medication Procedure:

Administering Medication

Medication is administered by the support worker/s on shift at the time the medication is required.

Medication must be administered to one client at a time.

Medication must be administered immediately after it is dispensed.

Medication must be administered by the support worker who dispenses it.

Wherever possible, medication should be administered by two support workers as a confirmation of the process and steps.

Medication Dispensing – Steps

- Support worker must read from the CLIENT MEDICATION SHEET and check against the WEBSTER PAK INFORMATION SHEET on the Webster Pack.
- Before dispensing anything, ensure all future medications in pack are intact, unbroken and are being administered in order and ensure all of the following details must be checked:
 1. Name of the person.
 2. Name of the drug.
 3. Dosage prescribed.
 4. Time/frequency to be taken.
 5. Route of administration.
 6. Any special instructions i.e. before meals.
- Dispense the medication into a medication cup. Ensure the client has a glass of water for tablets.
- Ensure that the client has swallowed all oral medication.
- The support worker should administer the medication and sign in the “given by” space on the CLIENT MEDICATION SHEET immediately after it is given.
- The CLIENT MEDICATION SHEET should be signed in blue or black biro. Do not use pencil. Whiteout should not be used.
- The CLIENT MEDICATION SHEET will be kept in the Client Medication Folder and stored with the medication.
- At the beginning and end of each shift, all staff should check that medication has been given and signed for.
- In the event of missing signatures, the support worker responsible will be contacted to confirm that the medication was given and asked to return to the house to sign the CLIENT MEDICATION SHEET. Under no circumstances can support workers sign for each other.

Self-Administration

If a client can participate in any of the steps, such as holding the medicine cup to receive the medication, and/or, taking the medication themselves, this should be encouraged. However, support workers are to be present throughout the entire process.

Support workers are responsible for all steps in this process.

Medication Error

In the event of any medication error, the support worker should do the following:

- Identify the error, i.e. incorrect medication has been given or medication has been missed.
- Contact NCC immediately to report the error and for further instruction. Do not administer any medications until notified otherwise.
- Observe the client for signs of distress. Apply first aid and call the ambulance if the client is in distress

or showing signs as described by the Doctor/RN or Poisons Information Centre. If in doubt, call an ambulance.

- Record the error on the CLIENT MEDICATION SHEET and the incident details/medication incident report are to be emailed to the Care Coordinator asap.

Refusal to Take Medication

- A client must not be forced to take medication against his or her wishes. However; every effort must be made to give medication as prescribed.
- If a Client refuses to take their medication, the support worker administering the medication must:
- Ask the client why they do not wish to take their medication.
- Explain to the client the reason for taking the medication and the possible effects on their health if medication is not taken.
- Wait 15 minutes and ask the client to take the medication again.
- Contact NCC to report the problem and await further instruction.
- Observe the client for changes in behaviour or wellbeing as a result of the medication mistake and report these to the Supervisor or Doctor.
- Record all details.

24 hour NCC Contact:

Natashia Telfer - 0401 439 798 / 6242 4978

Guiding Principles

Information resources

All health care professionals and care workers should have access to current, accurate and balanced information about medicines. This will assist health care providers and care workers to provide consumers with appropriate information, including Consumer Medicine Information (CMI), and advice about medicine use, in a timely manner.

Self-administration

Consumers should be encouraged to maintain their independence for as long as possible, including managing their own medicines in a safe and effective way.

Dose Administration Aids

Dispensed medicines should be retained in the original manufacturers' or other dispensed packaging unless a Dose Administration Aid (DAA) could help to overcome specific problems that a consumer or care worker might face.

Administration of medicines in the community

Health care professionals, care workers and service providers all play an important role in making sure that consumers who live at home receive suitable information and/or assistance so that they take their medicines correctly.

Medication lists

Consumers should be supported in maintaining a current list of all their medicines. This list should be available and easily accessible to the consumer and all those involved in the consumer's care guiding principles for medication management in the community

Medication review

Consumers are encouraged to have their medicines reviewed by members of the health care team. These reviews should follow the relevant professional guidelines.

Alteration of oral formulations

Some consumers might need to have oral formulations altered, for example, tablets broken or crushed to aid administration. However, some medicines cannot be altered and the consumer might need alternative formulations or different medicines instead. These consumers should be given the help they need to guarantee their medicines are managed safely and effectively.

Storage of medicines

Consumers using medicines in the community should be encouraged to store their medicines in a manner that maintains the quality of the medicine and safeguards the consumer, their family and visitors in their home.

Disposal of medicines

Consumers and/or their carers should be encouraged to return any unwanted, ceased or expired medicines to their local community pharmacy for safe disposal.

Nurse-initiated

Non-prescription medicine Service providers should develop policies and procedures about the safe practices related to nurse initiation of non-prescription medicines.

Standing orders

The use of standing orders in the community for the administration of prescription medicines is generally discouraged. However, where standing orders are required in special circumstances, service providers should have policies and procedures in place for their use.

Risk management in the administration and use of medicines in the community

Health care professionals, care workers, service providers, and consumers and/or carers should work together to manage risks and incidents associated with medicine use in the community.

Relevant Legislation and Guidelines

Poisons Act 1964; and
Poisons Regulations 1965.
Medicines, Poisons and Therapeutic Goods Act
2008
Freedom of Information Act 1989
Health Records (Privacy and Access) Act 1997
Working with Vulnerable People Act 2011
Human Rights Act 2004
Human Rights Commission Act 2005
National Disability Insurance Scheme Act 2013

Discrimination Act 1991
Fair Work Act 2009
Work Health & Safety Act 2011
Health Professionals Act 2004
Territory Records Act 2002
Information Privacy Act 2014
Official Visitor Act 2012
Disability Services Act 1991
Disability Services Regulation 2014

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality- assurance/national-standards-for-disability-services>

Use of Client Equipment in Community Setting

POLICY STATEMENT:

The *Agency* is committed to providing a safe workplace environment for all employees and ensuring the safety health and wellbeing of all employees and participants is upheld within any community setting whilst utilising client equipment with the most upright respect.

SCOPE:

This policy applies to all employees of The *Agency*

POLICY:

The *Agency* is responsible for:

- Compliance with appropriate legislation, codes of practice and *Agency* policy
- Monitoring and reviewing compliance with procedures and working conditions on a continuing basis
- Ensuring employees are competent to carry out the tasks required

The employee is responsible for:

- Working safely and observing all Workplace Health and Safety instructions from the *Agency*, and relevant policies, procedures and directions from the client.
- Using safety devices, manual handling equipment, cleaning products and personal protective equipment as directed by the *Agency* when undertaking services that require use of client equipment. Equipment can include, but are not limited to the following: lifters, cleaning appliances, kitchen appliances, cleaning products etc.
- Under no circumstances are employees authorised to supply their personal electrical equipment and/or cleaning products. All equipment/products to be utilised must be supplied by the client with exception of Personal Protective Equipment (*see The Agency Infectious Control Policy*) unless previously authorised by the *Agency*.
- Promptly reporting any work accident, injury or Workplace Health and Safety concerns regarding client equipment to the *Agency*.
- Reporting to the *Agency* and the client of any situation the employee believes is a work hazard or an unsafe practice or any damaged equipment not safe for use.
- If an employee has an accident, incident or near miss, they are required to notify the *Agency* as soon as practical and complete an Incident and Accident Form and returning to management within 24hrs of event. (*See Incident and Accident Policy*)

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The *Agency* Policy Team will manage the review, and Employees and Associates will be consulted in this process.

Use of Personal Vehicle Policy

POLICY STATEMENT

The *Agency* is committed to providing quality care in an environment of professional practice, ensuring the safety, health and well-being of staff and clients when staff are required to use personal vehicles for client transportation

SCOPE

This policy applies to all The Agency employees that partake in transport/escort services.

POLICY

The Agency

While the *Agency* will provide clients with transportation services, it will be staff responsibility to ensure their vehicle is kept clean and meets ACT Road Transport Authority guidelines.

The Agency is responsible for the following:

- Providing employees with adequate information regarding the *Agency* protocol in the event of a motor vehicle accident.
- Ensuring staff are given location details, picking the client up and destination
- Staff allocated a transport shift have a vehicle and can complete the transport shifts
- In the event of a motor vehicle accident the *Agency* is required to notify relevant third parties (case managers, carers, family, relevant authorities etc) and keep a record of accident.
- The *Agency* to keep a copy of employee driving details for the duration of their employment.

The employee is responsible for:

- A full ACT drivers licence, a copy to be provided to Agency
- Up to date Comprehensive insurance policy, a copy to be provided to Agency
- The maintenance of their vehicle, including current registration of vehicle
- Abiding by ACT and surrounding NSW region road rules
- Recording kilometres on correlating docket between your first and last clients for Km reimbursement. 30 minutes or more between clients is considered a break- unless previously approved by management. You are responsible for ensuring kilometres are truthful. If you are participating in a client transport/escort or social support activity where you are travelling with the client in your vehicle, you are required to document the kilometres travelled on your docket book, it is then signed by the client and submitted to NCC. Failure to declare your kilometres travelled by the end of each day is deemed forfeited.
- To notify the Agency of driving infringements as they occur or may be pending court dates.
- Should an employee incur any traffic infringements during a rostered transport service, they are responsible for this infringement and liable for payment and any charges incurred.
- Abiding by manual handling polices (see Manual Handling Policy) and assisting clients safely in and out of vehicle

Motor Vehicle Accident Procedure

In the event of a Motor Vehicle Accident, where it is safe to do so, employees must take appropriate and immediate action to minimise the risk of further injury or damage to self, client and/or other road users.

- Call emergency services, ACT law requires police presence to 2+ car accidents.
- Make an assessment to determine if an ambulance should be called for medical attention and assessment.
- Employee will notify the *Agency* as soon as possible, and supply updates as requested.
- Employee must lodge Incident & Accident form to the *Agency* within 24 hours of occurring, unless medical circumstances prevent you from doing so. (*Refer to Incident and Accident Reporting Policy*)

- Upon returning to work after a motor vehicle accident the *Agency* may require the employee to obtain a medical clearance

CONTACTS:

The Agency Contacts

Lisa Walker 0413 955 956

Natashia Telfer 0401 439 798 / 6242 4978

ACT Police / Emergency Services

6256 7777 / 000

Work Safe ACT

6207 3000

Worksafe.act.gov.au

Work Cover NSW

13 10 50

Website not applicable

To be notified of the death of a person, a serious illness/injury, a dangerous incident arising out of work carried out by business, undertaking or workplace.

Human Services Registrar Contact (NDIS Participants)

In line with the Disability Services Regulation 2014; Section 10, National Community Care is required to report critical incidents defined where there is “reasonable grounds to believe there is a serious risk to the life, health or safety of the person” this can include but is not limited to the following: the death of, or serious injury to a NDIS participant, allegations of abuse, significant damage to property or serious injury to another person by NDIS participant or an event that has the potential to subject participant or NDIS to a high levels of adverse public scrutiny.

Reporting to the DG Community Services Directorate is done through the Human Services Registrar, via the DSA mailbox dsa.registrar@act.gov.au <http://www.legislation.act.gov.au/sl/2014-12/current/pdf/2014-12.pdf>

ACT Care & Protection Services

Centralised Intake Service: 6207 6956

Mandated Reporters: 1300 556 728 / childprotection@act.gov.au

General Public after Hours: 1300 556 729

Crisis Service: 1300 556 729

To be notified of any serious incident reporting such as claims of abuse, the death of, or serious injury to a child/youth participant.

(DSS) Aged Care Complaints Scheme

1800 550 552

agedcarecomplaints.govspace.gov.au

To be notified within 24hours (after police) of any serious suspicion or allegation of abuse, incident reporting such as the death of, or serious injury to a aged care participant, significant damage to property or serious injury to another person by participant.

Relevant Legislation and References:

(Canberra Connect – reporting accident online form)

(ACT Road Transport Authorities)

Health Records (Privacy and Access) Act 1997

Working with Vulnerable People Act 2011

Human Rights Act 2004

Human Rights Commission Act 2005

National Disability Insurance Scheme Act 2013

Disability Services Act 1991

Work Health & Safety Act 2011

Health Professionals Act 2004

Territory Records Act 2002

Information Privacy Act 2014

Official Visitor Act 2012

Disability Services Regulation 2014

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>

REVIEW OF POLICY

This policy is to be reviewed every three (3) years. The Agency Policy Team will manage the review, and Employees and Associates will be consulted in this process.