

HLTAHA001

Assist with an allied health program

Release 1



Learner guide

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Aspire Version 1.1



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Before you begin

This learner guide is based on the unit of competency *HLTAHA001 Assist with an allied health program*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Icon	Feature	How you can use each feature
	Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
	Examples	▶ These highlight key learning points and provide realistic examples of workplace situations.
	Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
	Summaries	▶ Key learning points are provided at the end of each topic.
	Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress ▶ Reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution
Numeracy	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Prepare for the therapy session	1A Providing information to clients	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Confirming therapy and treatment plans	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Working in a safe manner	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Provide assistance with therapy sessions	2A Following instructions to assist with therapy	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Reinforcing and clarifying therapy goals with clients	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Using equipment safely and correctly	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Providing feedback and completing documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Assisting in adjusting materials and equipment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2F Completing administration duties	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Working with a primary healthcare approach	3A Promoting health through a preventative approach	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Supporting access and equity	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn about:

- 1A Providing information to clients**
- 1B Confirming therapy and treatment plans**
- 1C Working in a safe manner**

Prepare for the therapy session

Before working with a client, you need to ensure a safe working environment.

Allied health workers focus on promoting and enabling clients to have a healthy lifestyle and gaining or maintaining independence. The care they provide can not only assist with physical health, but also psychological, cognitive and social health.

Allied health professionals work in a range of settings, including acute and primary care, aged care and rehabilitation. They work with clients from childhood through to adulthood and the ageing population. These professionals provide services to enhance and maintain the function of clients in hospitals, private practice, community health and in-home care.

Allied health assistants (AHAs) always work under the instruction of an allied health professional (AHP). Therefore, you must seek guidance and clarification from them if you are unsure of any aspect of the therapy session.

In allied health, a therapy session can refer to:

- ▶ a program (such as an exercise program)
- ▶ a treatment or procedure (such as removal of corns from a client's foot).

1A Providing information to clients

You need to understand the operations of the organisation in order to work effectively.

To provide relevant and useful information to clients, you must understand what allied health involves, including the role of the different health professions that you will support and assist. Allied health professionals include several different areas of specialty. AHPs include occupational therapists, physiotherapists, podiatrists and speech pathologists. Each of these professionals have different roles in providing healthcare.



In many health organisations, a team of people will collaborate and exchange information to provide healthcare to clients. Depending on the size of the organisation, you may need to work with a range of people performing different roles. As well as working with your supervising AHP, you may be required to exchange information with nurses, medical professionals and specialists. In addition, there is likely to be a team of people who provide administrative support to enable the service to function efficiently. This includes receptionist staff in a private practice and staff who take care of housekeeping, bring meals or transport equipment and supplies, and porters who lift and transport patients in a hospital setting.

Ensuring clients understand information

Clients need to be given a basic understanding of the care they will be provided and their journey through the health system.

Health is commonly described as the 'absence of illness and disease'. However, in 1946, the World Health Organization (WHO) said that 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.' Health is not considered to be a state that is unchanging, but a process of continuous adjustment to the changing demands of living and the changing meanings we give to life.

Every client should be encouraged to participate in the decisions that need to be made concerning their health. You may need to provide information on the benefits, limitations and risks of some therapies or programs, or refer these questions to the AHP. Accurate information needs to be provided so the client is fully informed. You have a responsibility to communicate health information to clients in a way that they understand. You may have several opportunities to provide this information for clients, such as when you need to inform them about a treatment or program and when you need to obtain information on their health needs.

The service where you work may provide information:

- ▶ on their website
- ▶ via email when responding to an enquiry
- ▶ in printed brochures in different languages
- ▶ face to face with clients
- ▶ over the phone
- ▶ via an interpreter if required.

Needs of particular client groups

Healthcare involves the resources needed to promote and meet a person's optimum health.

This includes the prevention of illness and injury, and both curative and palliative interventions aimed at improving quality of life. Allied health workers are trained to provide therapies and programs to suit a variety of client populations, including:

- ▶ older or aged clients
- ▶ young children or babies
- ▶ people living in remote areas of Australia with limited access to health resources
- ▶ people who have complex or chronic health conditions
- ▶ people recovering from injury, illness or surgery.



Depending on their health needs, a client may require a variety of different specialist services from health practitioners.

For example, a person who has had surgery for a hip replacement might receive care from an orthopaedic surgeon, a pain specialist, a physiotherapist, an occupational therapist and perhaps a pharmacist.

A client who has had a stroke may need to see a neurologist, a neurosurgeon, a pain specialist, a physiotherapist, an occupational therapist, a speech therapist and perhaps also a social worker.

In addition, they would likely require blood tests, imaging to diagnose their complaint, or may require aids to be fitted to assist their mobility. These services are provided by healthcare professionals such as the following.

Radiographers	People who provide and analyse X-rays
Sonographers	People who provide and analyse ultrasounds
Phlebotomists	People who are trained to draw blood and other samples
Orthotists/prosthetists	People who assess and treat a person with functional limitations, such as a limb amputation
Optometrists	People who examine and treat visual defects

Roles, responsibilities and limitations of roles

A position description document will define your role and responsibilities.

These documents are usually discussed during a job interview, or during your induction or orientation as a new employee. In your role as an assistant that supports an allied health professional, you need a clear understanding of the limits and responsibilities of your job role. This information should reduce the risk of misunderstandings because a list of tasks is explained. On some occasions in the course of your job, it may be necessary for you to respectfully say no to people who request you to do tasks beyond your training and skills. This will ensure your safety and that of your clients.

Policies and procedures help organisations outline tasks and set limits on the actions of their staff. Policies are designed to influence decisions and actions taken by staff. Procedures are the specific methods or processes you must follow in your daily routines, and will reflect the policies of the organisation. These ensure the correct, safe and legal delivery of services to clients. Your supervisor can answer questions and clarify the boundaries of your work role because they are the person responsible for overseeing your tasks.

For example, in podiatry, some diseases such as diabetes can directly affect the feet and lower limbs. These clients may be identified as being high risk. As a result, an AHA would not be expected to perform foot skin and nail care on these clients. They may, however, be asked to perform other tasks, such as making padding when requested by the treating podiatrist.

Multidisciplinary teams

A group of health professionals with different training and experience will often work together to provide a holistic approach to the healthcare of a client.

The following table outlines some key responsibilities and limitations of various health professionals.

Role	Key responsibilities	Limitations
Doctor	<p>Medical doctors assess and manage medical care. Their role depends on their level of training and experience. For example:</p> <ul style="list-style-type: none"> ▶ A consultant (specialist) sees clients for specific conditions or diseases in accordance with their speciality (e.g. a gastroenterologist diagnoses and treats illness in the stomach and intestines, while an orthopaedic surgeon operates on bones and muscles). ▶ Registrars are senior doctors who supervise residents, interns and medical students. ▶ Residents look after clients in the ward and are in training for specialisation. ▶ Interns have completed their studies and are in their last year working in a hospital under supervision. 	<p>Doctors are unable to perform major surgery unless trained to do so.</p> <p>Limitations are defined by scope of practice (registration) and level of education.</p>

Role	Key responsibilities	Limitations
<p>Nurse</p>	<p>In general, nurses provide ongoing daily care to patients.</p> <p>Nurses carry out different roles based on their experience and specialist training. For example:</p> <ul style="list-style-type: none"> ▶ A nurse unit manager is responsible for running the ward. ▶ An associate nurse unit manager helps the nurse unit manager to run the ward and acts as the manager when the nurse unit manager is offsite. ▶ Nurse practitioners are highly skilled nurses with an advanced level of training in a particular area, such as mental health. ▶ Registered nurses provide a high level of day-to-day care and perform some minor procedures, such as dressings. ▶ Enrolled nurses provide basic medical care under the supervision of more senior nurses. <p>There are also specialist nurses, such as:</p> <ul style="list-style-type: none"> ▶ clinical nurse specialists, consultants and educators ▶ triage nurses ▶ emergency department nurses. 	<p>Nurses are unable to prescribe medication or alter medication orders.</p> <p>Limitations are guided by scope of practice and level of education.</p>
<p>Allied health professional (AHP)</p>	<p>Diagnose and provide services to enhance and maintain function of their clients within a range of settings, including hospitals, private practice, community health and in-home care.</p>	<p>Cannot prescribe medications.</p> <p>Limitations are guided by scope of practice and vary with each AHP and level of education within the role.</p>
<p>Allied health assistant (AHA)</p>	<p>Provide therapeutic and program support to a variety of roles, such as physiotherapy, occupational therapy, podiatry and speech pathology.</p>	<p>Must work under supervision of healthcare professionals.</p>

Example

Limitations of a role

Speech Pathology Australia outlines the limitations of allied health assistants (AHAs) when they are working with a speech pathologist. Here is an extract from their website:

'The Association asserts the following tasks are NOT suitable for delegation to AHAs:

- ▶ assessment
- ▶ differential diagnosis
- ▶ clinical problem solving
- ▶ therapy planning.

In addition, a support worker may not:

- ▶ select clients for assessment or intervention
- ▶ perform definitive assessment procedures
- ▶ change any treatment
- ▶ independently plan or alter a plan of care or treatment goals
- ▶ independently draft reports
- ▶ discharge clients from treatment.'

Source: Speech Pathology Australia, <https://www.speechpathologyaustralia.org.au/>

Types of allied health resources

Allied health professionals are not part of the medical, dental or nursing profession.

The Council of Australian Governments (COAG) agreed in July 2006 to seven AHP groups as part of a National Registration and Accreditation Scheme (NRAS). This includes the following health professions.

Chiropractor	Diagnose and treat neuromuscular disorders, mainly through manual adjustment and/or manipulation of the spine.
Optometrist	Perform eye examinations and vision tests to determine if a client has visual, ocular or other abnormalities. Optometrists also prescribe lenses and other optical aids or therapies.
Osteopath	Use techniques such as stretching, massage and mobilisation of specific joints and soft tissue to treat injuries and illnesses.
Pharmacist	Prepare and supervise the dispensing of medicine, ointments and tablets, as well as advising clients and other health professionals about appropriate selection of medicine, dosage and drug interactions, side effects and therapeutic effects of such medicine.
Physiotherapist	Assess, treat and prevent disorders in human movement caused by injury or disease.
Podiatrist	Prevent, diagnose and treat health conditions of the lower limbs, including those resulting from bone and joint disorders, muscular pathology, neurological disease or disease of the circulatory system.
Psychologist	Treat individuals to address issues of memory, learning, human development and the process of determining feelings, behaviour and reactions.

In 2012 this list was expanded by adding the following four professions.

Aboriginal and Torres Strait Islander health practitioner	Provide clinical and primary care for Aboriginal and Torres Strait Islander individuals, families and communities.
Chinese medicine practitioner	Provide holistic healthcare, which may include acupuncture, herbal medicine, Chinese massage and breathing exercises, focusing on prevention and treatment of disease.
Medical radiation practitioner	Operate x-ray and other radiation-producing imaging equipment for diagnosing, monitoring and treating injuries and diseases. They work under the direction of a radiologist or other medical practitioner.
Occupational therapist	Assess clients' impaired functions to help them participate in activities of daily living.

Some people who consider themselves to be allied health professionals are not included under the NRAS. These include people in the following professions.

Audiologist	Diagnose and treat hearing defects.
Dietitian/nutritionist	Assist clients to maintain and promote health through good diet and nutrition.
Exercise physiologist	Specialise in clinical exercise interventions for people with a broad range of health issues with the aim of preventing or managing acute, sub-acute or chronic disease or injury, and assist in restoring the client's optimal physical function, health or wellness.
Genetic counsellor	Provide information to individuals and families about genetic conditions. Work as part of a team, usually with medical specialists such as clinical geneticists, oncologists, obstetricians, neurologists and cardiologists.
Sonographer	Operate high frequency ultrasound (sonography) to assist in the diagnosis of a range of conditions from pregnancy to more complex health conditions.
Speech pathologist	Assess and treat clients with communication disorders, including speech, language, noise fluency and literacy difficulties. Speech pathologists also assess and treat eating and swallowing difficulties.

Differences between therapies

Occupational therapy, physiotherapy and speech therapy each use different approaches in the care and support of clients.

Here is an overview of the services and support they can provide to clients.

Job title	Overview	Assessment and treatments
Physiotherapist	Physiotherapy is a holistic approach to the prevention, diagnosis and therapeutic management of disorders of movement or optimisation of function to enhance the health and welfare of clients.	<ul style="list-style-type: none"> ▶ Physical assessment ▶ Muscle tone, power, sensation, joint position and coordination ▶ Joint range of motion, muscle length and strength ▶ Body alignment ▶ Balance ▶ Mobility ▶ Prescription and application of aids and equipment, such as walking aids, splints, etc. ▶ Use of electrophysical agents, such as ultrasounds, heat and cold therapy, etc. ▶ Exercise prescription, such as stretching, strengthening, transfer practice, balance work and breathing exercises
Occupational therapist	Occupational therapists promote health and wellbeing with the primary goal of enabling people to participate in activities of everyday life.	<ul style="list-style-type: none"> ▶ Assessments can be functional, assessing how well the client can do the task at hand, such as dressing, showering and vacuuming ▶ Treatments may include: <ul style="list-style-type: none"> – relearning and modifying physical, cognitive, sensory and/or social skills through activity and practice – building and maintaining a sense of mastery, competence and self-esteem through activity – promoting the use of meaningful, purposeful, goal-directed activity – balancing time use; for example, between work, rest and play

Job title	Overview	Assessment and treatments
<p>Podiatrist</p>	<p>Podiatrists are foot health experts who prevent, diagnose and treat medical and surgical conditions of the feet and lower limbs. Often, these conditions stem from other underlying health issues, such as diabetes, stress fractures and arthritis.</p> <p>The podiatrist's scope of practice includes areas such as paediatrics, diabetes, sports injuries, structural problems, treatment of the elderly as well as general foot care.</p>	<ul style="list-style-type: none"> ▶ Diagnosis of day-to-day foot conditions and other complications, such as arthritis, soft tissue and muscular pathologies ▶ Diagnosis of systemic overall health conditions that present with foot or lower limb symptoms, such as diabetes and vascular diseases or neuropathy (nerve pain) ▶ Diagnosis or history of foot or lower limb deformity ▶ Biomechanical assessment of the feet and lower limbs to determine the effects of the force applied by muscles and gravity on the body ▶ Assessment of gait and impact on other parts of the body, such issues with alignment and structure of the hip ▶ Determine treatment plans, including treatment of fungal nail infections or ingrown toenails, corns and calluses
<p>Speech pathologist</p>	<p>Speech pathology involves the diagnosis, management and treatment of individuals who are unable to communicate effectively. They may have problems with speech, voice, using and understanding language, fluency, reading or writing, or have difficulty eating and swallowing.</p>	<ul style="list-style-type: none"> ▶ Depending on the presenting difficulties, an assessment may involve: <ul style="list-style-type: none"> – language – speech (articulation/ phonology) – voice – fluency – social communication (pragmatics) ▶ A swallowing or mealtime assessment may involve conducting a physical examination of the mouth and throat muscles, and observing the eating and swallowing patterns

Example

Determining suitable health professionals

Angie is a physiotherapist who works at a stroke rehabilitation ward. She is currently treating George, a client who has had a stroke. His symptoms include:

- ▶ paralysis on his right side (hemiplegia)
- ▶ difficulty with speech and language (dysphasia)
- ▶ difficulty with swallowing (dysphagia)
- ▶ problems with short-term memory and remembering things he has just been told.



George also has problems with organising information in chronological order, and this is affecting his understanding of how to dress, cook and eat a meal.

George has not seen any other health professionals at this stage. At the weekly team meeting, Angie discusses George's case with the rest of the team. It is suggested that George is also consulted by an occupational therapist and speech pathologist.



Practice task 1

Question 1

Match each allied health therapy program to the appropriate client need.

- | | |
|------------------------|--|
| * Podiatry | * Client requires assistance to participate in activities of daily living. |
| * Physiotherapy | * Client requires treatment for bone and joint disorders in the lower limbs. |
| * Speech pathology | * Client requires assistance to process feelings, behaviour and reactions. |
| * Occupational therapy | * Client has difficulties swallowing. |
| * Psychologist | * Client requires assistance to regain muscle length and strength after a hip operation. |

Question 2

Which of the following statements about allied health workers are correct? Select all that apply.

- Clients should be provided with information about allied health therapies and programs they may require.
- All allied health workers have limits to their responsibilities and scope of their role.
- Allied health assistants can prescribe medications as long as they get it checked by their supervising AHP.
- Registration and level of education restrict the tasks that can be performed by doctors and nurses.

1B Confirming therapy and treatment plans

Understanding treatment plans is imperative when carrying out any therapy.

As an allied health assistant (AHA), you must work under the instruction of an allied health professional (AHP). Therefore, if there is any uncertainty with any aspect of a task you are required to perform, you must ask a supervising AHP for clarification. AHPs are required to give you clear instructions.



Relevant information can be obtained from your supervisor, other health professionals, documentation such as file notes, policies and procedures. Preparation for a therapy session requires forward thinking, ensuring that you have everything you need for the therapy session, such as the resources and equipment you require for each client. This might include:

- ▶ using a checklist to ensure all equipment is available
- ▶ checking equipment batteries are operational prior to meeting the client
- ▶ ensuring equipment is at the correct height for the client, and adjusting if necessary
- ▶ ensuring equipment is in working order, not frayed or damaged.

Preparing clients for therapy

Preparation is the key to a successful therapy session.

Prior to a session with a client, you may need to consider the following:

- ▶ How will you establish rapport with the client? This may include introducing yourself and explaining your role.
- ▶ How will you assess the readiness of the client for therapy? If you identify any changes in their health, you should bring this to the AHP's attention.
- ▶ What do you need to do to ensure the client is prepared for the session? For example, you may need to check they are wearing the appropriate clothing and that they have not eaten in the last 24 hours.
- ▶ Does the client need to have particular medication prior to the session, such as analgesia?

It is important that you follow the guidelines that the AHP has set for the session. If the client presents differently from what is suggested in the information provided to you, consult with your supervising AHP before proceeding.

Discussing therapy and treatment plans

Therapy and treatment plans can come in many forms.

In preparation for an appointment with a client, you will receive instructions for the proposed therapy program from your supervisor. This information may be explained verbally in instructions that may occur face to face, over the phone, or even by online videoconferencing. Instructions may also be received in the form of a handover sheet.

Regardless of how instructions are delivered or received, they should include:

- ▶ the client's presenting condition
- ▶ any precautions or contraindications
- ▶ the degree of assistance required
- ▶ scope of the therapy
- ▶ equipment that may be needed for the therapy or treatment program.

A treatment plan is a way that an AHP can communicate the needs of a client. The treatment plan is based on the assessment and clinical reasoning of the AHP, along with their ability to develop a program that will meet the individual needs of the client. Developing a treatment plan is not part of your role as an AHA. Your role is simply to help implement the program outlined in the treatment plan. You can do this by confirming and discussing the outlined therapy with the AHP.

AHPs frequently reassess the client and change the treatment or program according to the client's progress. This is always documented in the treatment plan. Reassessments and progression of treatments are not part of your role as an AHA. However, it is essential that the AHP be provided with information if there are any changes in the client's condition or ability. This is necessary so the AHP can incorporate this information into the plan, or reassess if necessary.

Obtaining relevant information

Knowing where to find relevant information is as important as knowing the information itself.

As an AHA, you can only perform your role appropriately if you know where you can source the information you require to safely and successfully work with clients. Relevant information may be obtained from people or organisational documentation.

Your supervisor will outline organisational policies and procedures that must be followed when accessing health information, including in relation to health and safety, and confidentiality.

Sometimes you will need to access information for the care of a client from outside your organisation to successfully complete your tasks. For example, you may need to source equipment or gather health information from other health services, such as copies of scans and test results.



Prior to a client therapy or program session, you must have completed all necessary paperwork. The paperwork will vary between different professions, but may include:

- ▶ client information forms
- ▶ appointment details, including start and end times
- ▶ treatment plans
- ▶ assessment sheets
- ▶ client medical records
- ▶ handouts or information the client can take home and read, such as exercises and things to be aware of
- ▶ equipment loan forms
- ▶ equipment information sheets
- ▶ community resource information, such as support or community groups to contact
- ▶ other client commitments; for example, they may be nil by mouth due to an upcoming procedure.

Following confidentiality policies

Confidentiality is about controlling the access to someone else's private information.

An organisation's rules for confidentiality specify certain restrictions in the way that a person's information is stored, used or shared. This applies to written and verbal information and is particularly relevant to the health sector.

Privacy laws demand that a health service must have valid reasons for collecting, storing and disseminating information about individuals. There are also various guidelines on the time that files and records must be stored for. Your supervisor will be able to explain these procedures and direct you to the relevant policies and procedures.

When discussing a client's situation, always maintain their privacy. You must seek permission or inform them if you will be sharing their health information. This includes not discussing or repeating a client's personal matters without their prior consent or while the client accessing the service is not present. If clients are unable to provide permission to share their health information, they may appoint a power of attorney and/or medical power of attorney.

A breach of a client's confidentiality is a serious offence.

Examples of confidentiality breaches

- ▶ Using a client's name or discussing a client's condition in public places inside or outside the workplace. This extends to not being able to discuss a client's condition/treatment with loved ones (unless the client or representative has given specific consent to do so).
- ▶ Leaving client files where they may be viewed by others, such as taking them home or leaving them in a public place.
- ▶ Discussing client matters in a loud voice within the hearing of others.
- ▶ Releasing medical history details to a third party without written or verbal consent of the client or representative.

To ensure privacy and confidentiality, all accounts, client histories, papers containing client information, letterheads and other official documents must be stored in areas that are secure and inaccessible to the public. Only authorised staff should have access to medical files. At no time should a client be left unattended in a room where such forms can be readily accessed.

From time to time, client records need to be discarded. Due to the confidential nature of client records, it is essential that during the physical destruction of such records, no identifiable contents are retrievable.

If you have any concerns about privacy and confidentiality matters, speak with an AHP.

Following supervisory and reporting protocols

Accurate information is crucial to effective communication between a supervisor (AHP) and an assistant (AHA).

Your supervising AHP will give you instructions on a task to complete in one of three ways:

- ▶ Directly – For example, your supervisor may give you step-by-step instructions on how to carry out a task and observe as you complete it.
- ▶ Indirectly – For example, your supervisor may give you a task to complete and check in on you as you perform it to provide advice and evaluate your work.
- ▶ By delegation – You may be responsible for completing a task on your own if your supervisor is confident you can do it unassisted.

Good communication between you and your supervising AHP is essential for the safety and management of your clients. This can be done in written and/or verbal forms. Some organisations will have protocols that must be followed for reporting and seeking permissions from a supervisor. You may have to follow specific guidelines regarding what the AHP wants to be informed of, and this may be determined by your level of experience.

Information that you must provide to your supervising AHP includes:

- ▶ significant improvement or deterioration in the client's health status, especially changes that mean a review and potential change of program is required
- ▶ any accidents or adverse reactions
- ▶ any safety concerns you may have
- ▶ any new information that you become aware of that may impact on the client's management
- ▶ any difficulties with compliance and following instructions
- ▶ any complaints that have been received.

Example

Confirming therapy with a supervisor

Martin works as an allied health assistant in a podiatry clinic with a multidisciplinary team. Many of the clients have diabetes. The supervising podiatrist asks Martin to remove a client's existing wound dressings in preparation for a new dressing to be applied. While Martin is performing this task, his supervisor checks on him periodically to make sure he is using the correct method of dressing removal (indirect supervision).



Once the dressings have been removed and the wound has been evaluated, the supervisor gives Martin a step-by-step instruction on how to apply a new dressing (direct supervision). Once the new wound dressing has been applied and secured in place, Martin is asked to complete the process by applying the appropriate bandaging, a task that Martin has done many times before (delegation). While Martin completes this task, the supervisor writes up the documentation for this client.



Practice task 2

Which of the following are policies or protocols related to preparing a client for therapy?
Select all that apply.

- Only authorised staff should have access to medical files, such as medical certificates, script pads or official letterheads.
- Preparing a client for therapy includes introducing yourself and explaining your role.
- There are restrictions in the way that a person's health and personal information is stored, used or shared.
- Improvements in the client's health status do not need to be reported to a supervisor because it means the program is working.
- A client's permission or consent isn't required when accessing health information from another organisation.

1C Working in a safe manner

In Australia all employers and employees must comply with relevant health and safety legislation, standards and codes of practice.

Employers must provide a safe workplace and workers must work in a manner that does not endanger themselves or others. As an employee, you have a legal obligation to familiarise yourself with health and safety law, and your organisation's policies and procedures. These provide guidance about your responsibilities, reporting procedures, recording requirements, emergency procedures and housekeeping in the work area.



Health and safety policies and procedures are written according to laws, regulations, standards and guidelines. Procedures explain the steps to take to complete tasks. They may be simple lists of instructions that are used every day in routine tasks. They may tell you how to act in a situation.

Procedures often link closely with policies and often a policy has a reference to a procedure. This tells you that you should read the policy and the procedure together. For example, the health and safety policy may refer to the procedure for reporting an accident, hand-washing or manual handling.

Health and safety policies include:

- ▶ Equal opportunity, anti-harassment and anti-bullying policy
- ▶ Workplace health and safety
- ▶ Incident/accident reporting
- ▶ Infection prevention and control

Health and safety procedures include:

- ▶ Use of personal protection equipment (PPE)
- ▶ Hand-washing procedure
- ▶ Checking aids and equipment for faults and defects
- ▶ Storing equipment and aids
- ▶ Reporting incidents or near misses
- ▶ Identifying hazards
- ▶ How to lift and move patients
- ▶ Emergency evacuation
- ▶ Correct use of equipment according to manufacturer's instructions

Example

Identifying and reporting hazards

When speaking to a client, Marla notices that a carpet joint has started to separate and is beginning to lift. Over time, the vacuum cleaner head passing over the spot is making it bigger.

Marla decides to report this as a hazard even though it is currently quite minor, as she is concerned that it would be easy for her or someone else to trip on it. Many of the clients visiting the clinic have issues with balance and walking. Marla reports the trouble spot to her supervisor and fills out a hazard report form. Her supervisor makes a note in the repairs register.



Identifying hazards

A workplace risk is the chance a hazard will cause harm, injury or illness.

A workplace hazard may pose a risk to you, your colleagues or your clients. Hazards can include anything that is a source of potential harm in terms of human injury or illness, or anything that may cause damage to property or to the environment where you work. Hazards include treatment tables that are not properly adjusted, slipping mats and cords across work areas.

Hazard identification means identifying workplace hazards by systematically checking an area for risks. Once a workplace hazard has been identified, you must report it to your supervising AHP. For example, if you notice that the straps of the hoist sling are frayed, you should report this straight away to your supervisor. If you delay reporting the hazard, another work colleague or client may use the sling, which could place them and the client at risk of injury.

Steps then need to be taken to eliminate the hazard. If it cannot be eliminated, it must be minimised as much as possible.

Recognising potential hazards in the environment and with equipment is something that everyone must be aware of. This is an ongoing responsibility. Some areas of a workplace can become cluttered because of the volume of equipment that is stored and needed for clients. All equipment that is not being used should be stored either in a storeroom, or well out of range of clients.

Hazards can come in many forms; some are obvious and others not so. It is part of your role as an AHA to be consistently vigilant and take appropriate action if you identify any. For example, clients need to be dressed appropriately when they are required to use equipment with moving parts, such as a CT scan. This includes tying back long hair, removing jewellery, cords, neck ties, long skirts, dressing gowns and blankets so they are not trip hazards or potential safety risks.

Here are some other common hazards.

Space	Sometimes there are issues of space, such as space around exercise equipment, to ensure that the activity is performed safely and as intended.
Electrical equipment	This may be from electrical cords being placed inappropriately and becoming trip hazards, or from electrical cords being worn or frayed and becoming electrical hazards.

Noise	<p>If the environment is very noisy, the noise can mask your ability to hear any possible signs of malfunctioning equipment or signs of distress from your client. You may not be able to hear feedback from your client and it may reduce your client's ability to hear instructions.</p> <p>Some clients with auditory processing difficulties may find that noisy environments compound their difficulty hearing. Distraction from a noisy environment can also lead to difficulty concentrating on correct and safe use of equipment.</p>
Lighting	<p>Poor lighting can lead to incorrect positioning or use of equipment. It may also lead to unforeseen accidents.</p>
Temperature	<p>Extreme heat and cold may affect the way equipment works, and may put some equipment at risk of overheating or malfunctioning. It can also cause discomfort to clients who are being asked to perform tasks in an uncomfortable environment.</p>

Example**Identifying lifting hazards**

Adele is a podiatrist who visits the neurology ward of a large hospital. She is seeing a client named Craig, who was admitted overnight onto the ward. Craig was assessed in the emergency department as being able to transfer from bed to chair with one person assisting (1 x assist). However, when Adele visits him on the ward the next morning, he is struggling to transfer from sitting up in bed to sitting over the edge of the bed. Adele assists Craig with a sit-to-stand lifting machine. She asks for assistance from the AHA and they successfully transfer Craig from sitting over the edge of the bed to a chair with a sit-to-stand lifting machine.



Adele changes Craig's manual-handling plan at his bedside whiteboard. Adele also records all the details in Craig's medical record and ensures that this information is updated in the handover sheet.

Reporting incidents

All injuries, accidents and near misses that occur in the workplace must be reported.

If the injury requires first aid or medical treatment, a staff member who has completed the necessary first-aid training must perform it.

Your supervisor will need to keep a record of any injuries or accidents that occur in the workplace. There will be a form for people to complete when reporting an injury or accident. The relevant work health and safety (WHS) representative will analyse the information provided in incident reports. This analysis is important to identify ways to reduce or remove risks from the workplace in the future.

Example

Incident report template

The following is a blank template for reporting an incident.

Incident report	
Name/s of any injured person	
Date injury occurred	
Time injury occurred	
Circumstances that led to the injury	
Any medical personnel contacted – record details and discussion	
Details of any medication administered (complete a medication record) and/or first aid provided	
Details of any witnesses to the injury	

Complete the following section if an emergency contact was involved.

Name of staff member who made or attempted to make contact with an emergency service	Date and time of notification attempts or contacts	When was the emergency contact reached?
Date entry was completed		
Time entry was completed		
Name of person completing the entry		
Signature of the person completing the entry		

Controlling manual-handling risks

Manual handling refers to an action that requires a person to lift, carry, move, push or pull an item.

Health workers are at high risk of musculoskeletal injury caused by lifting a weight too heavy and/or moving it incorrectly. Workplace policies and procedures are designed to reduce these risks, and training provides an opportunity to practise lifting correctly.

Common hazardous manual tasks in the health industry include:

- ▶ assisting people on and off non-adjustable furniture
- ▶ working in awkward postures due to space constraints
- ▶ completing treatments or programs with incorrect posture or poor positioning of the client
- ▶ dealing with heavy loads when working alone
- ▶ repetitive postures and actions from providing the same care routine to multiple clients.

Steps to take before moving or lifting

- ▶ Plan the move: Make sure you know where you are going and how far you are going
- ▶ Check for weight limits on lifting equipment or how much you are allowed to lift before getting assistance from a colleague (ask your supervisor if unsure).
- ▶ Monitor how often you are lifting: Lifting light objects multiple times can present the same risks as moving a heavy item once.
- ▶ Make sure the proper equipment is available to do the task, such as a trolley or specialised lifting equipment.
- ▶ Request assistance from another person, if necessary.

Example

Following manual-handling procedures

Jenny works in an aged care facility as an AHA. She helps clients get to their appointments with AHPs by assisting them to get out of bed and chairs, and walk to the treatment rooms. Many of the clients have a manual-handling plan that tells the staff the safety requirements for assisting them to get in and out of bed.

Last week Cindy was working with Jenny and told her that she knew a better way to lift patients from years of experience and that she didn't need the plan.

Jenny politely refused to help Cindy with her transfer method, advising her that she had been trained to follow the procedures in the manual-handling policy by her supervisor.

Jenny discussed the issue with her supervisor, Emilia, who supported her decision. Emilia told Jenny that if she had not followed the policies and procedures, she would be breaching her duty of care to her clients and placing herself, other workers and the clients at risk.



Infection control policies and procedures

Failing to follow standard procedures for handwashing can have serious health consequences.

Workers in the health sector will be in constant close contact with clients. One of the simplest but most effective ways of preventing the spread of infection is maintaining personal hygiene. Handwashing is the single most important procedure to reduce the likelihood of infection spreading.

Your health service will have policies and procedures in place to make sure all staff understand how to carry out handwashing correctly. It will be your job to make sure you know when to wash your hands and how handwashing procedures should be carried out. If you are unsure about the requirements or whether you are doing the right thing, speak with your supervisor.

In the health sector the following terms are used.

Precaution	Explanation	Example
Standard precautions	These are basic work practices recommended for use with all clients to give the minimum level of protection for everyone (clients, staff and others). These include work practices that achieve a basic level of infection control, based on the idea that all blood and bodily fluids are potentially infectious. These precautions apply to the care and treatment of all clients regardless of their perceived infectious risk.	<ul style="list-style-type: none"> ▶ Handwashing ▶ Immunisation of healthcare workers ▶ Routine environmental cleaning
Additional precautions	These precautions are used in addition to standard precautions when extra barriers are required to prevent or interrupt the transmission of specific diseases. These strategies are intended to prevent the spread of infection to others from clients known or suspected to be infected that would not be contained by standard precautions alone.	<ul style="list-style-type: none"> ▶ Infectious client is isolated, preventing transmission of the infectious agent to susceptible people in the healthcare setting. ▶ Appropriate signage is in place to alert staff and visitors that they are entering an isolation area and personal protective equipment, such as a mask, is required.

The following is an example of a handwashing procedure, produced by NSW Health.



Reproduced with permission of NSW Health.

Example

Following guidelines for handling linen

The following information outlines how to manage used linen, such as table covers, head rests, sheets and blankets and prevent bacteria from dispersing in the air.

Principles for handling used linen

- ▶ Appropriate PPE is worn during handling of soiled linen – generally non-sterile gloves.
- ▶ Used linen is bagged at the location of use into an appropriate laundry receptacle, usually called a skip.
- ▶ Used linen must not be rinsed or sorted in patient care areas or washed in domestic washing machines. It should be removed to a dirty area or laundry area.
- ▶ Linen soiled with bodily substances should be placed into leak-proof laundry bags for safe transport; these may be coloured yellow if contaminated or infectious.
- ▶ Hand hygiene is performed following the handling of used linen, i.e. handwashing after removing gloves.

Personal protective equipment

Depending on the area of health where you work, personal protective equipment (PPE) may be required when performing tasks.

PPE can include the use of glasses, goggles, face shields or masks as well as footwear and a uniform. For example, when consulting with a client that has a wound that is not fully healed, you would need to wear a pair of single-use gloves to protect the client, protect yourself and protect other staff and clients from the possible spread of infection. Used items, including gloves, also need to be disposed of. For example, in a podiatry clinic all previous padding, cushioning and dressings will need to be discarded and replaced.

Here are other infection control procedures that you may be required to follow as part of your work as an AHA.

Disposable gloves



Gloves are recommended for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes (wounds), and for any activity that poses a risk of exposure to blood, bodily substances, secretions and excretions.

Gloves must be changed between clients or when providing care to different body sites (wounds and oral hygiene), and when using portable equipment. They must be disposed of by turning them inside out and placing them in a lined rubbish bin.

Handwashing is still required after using gloves.

Gowns or aprons



Gowns and waterproof aprons act as barriers between workers and sources of contamination. These must be worn if there is a possibility of splatter or contamination of clothes or skin, or if there is a known presence of pathogens.

Handling waste

It is important that the appropriate PPE be worn when handling, separating and disposing of waste. Workers need to be aware of the policies and procedures, and legislative requirements for storing clinical or related waste. Managing waste appropriately will minimise the potential for contact and reduce the risk of accidental release.

Used sharps are most likely to injure the hand. Wearing gloves reduces this risk and proper footwear will protect feet if sharps are dropped.

Cleaning equipment and areas

All equipment must be cleaned, and some equipment also needs to be disinfected and sterilised. Health services have strict policies and procedures that must be followed. Cleaning simply means removing visible waste, debris, dirt and dust. Just because a surface is clean does not mean that it is sterile.

Cleaning can be done manually by washing an item by hand or using specialised washing equipment.

Disinfecting is when heat or chemicals are applied to a surface or substance to destroy pathogens.

Equipment is sterile when all microbes have been removed. Sterilisation can be achieved through steam, dry heat or chemicals.

Bodily fluid spills

The equipment for cleaning spills of bodily fluids will be located in a known area. There should be a sign indicating where it is stored. An incident or injury report will be required, and your supervisor should be informed. A procedure for cleaning a bodily fluid spill is likely to include the following steps:

- ▶ Isolate the area.
- ▶ Wear appropriate PPE, including goggles, gloves and a plastic apron. Wear disposable shoe coverings if there is blood contamination on floors.
- ▶ Soak up the fluid with paper towels.
- ▶ The spill area must be covered with a granular chlorine releasing agent for a minimum of 10 minutes. The granules and any waste should be removed using cardboard, placed in a plastic bag and disposed of.
- ▶ Spills of human waste in bathrooms and toilets can be hosed off into the sewerage system and the area should be flushed with water and detergent. The area should then be disinfected with an appropriate product.
- ▶ Broken glass and sharps should be removed using forceps.
- ▶ A mixture of one part bleach to 10 parts water should be applied for 10 minutes.
- ▶ The area should be washed with hot water and detergent.
- ▶ Dry the area using a paper towel. The affected area must be left clean and dry.
- ▶ Dispose of used paper towels and gloves appropriately.
- ▶ Wash your hands.

Example**Procedures for environmental cleaning**

Marie works as an AHA in a busy speech pathology clinic. She explains about her work:

'We see a number of people each day, including a wide variety of ages and people with different health requirements. Given the equipment we use and the types of procedures we perform, it would be really easy for saliva and other fluids to contaminate nearby surfaces and equipment. Cleaning and disinfecting all surfaces and equipment used for each client and at the end of each treatment is essential. Also essential is the single use of disposable equipment and head rest covers, gloves, face masks and equipment barriers. We have a duty of care to our clients and a responsibility to limit contamination and cross-infection.'

Preparing equipment for the program

You need to ensure that you have all the resources or equipment you require to carry out the treatment or program session.

This requires some forward planning to ensure you have covered all the realistic possibilities for the session. For example, a client who is currently using a red (medium) exercise band may benefit from several other bands to accommodate the client feeling weaker or stronger during a session.

This will ensure that the session runs smoothly and utilises your time with the client efficiently.

Correct use of resources and equipment

Broken or damaged equipment can be an inconvenience or even a safety risk.

It must be reported to your supervisor as part of housekeeping procedures. These practices involve:

- ▶ checking the suitability of equipment for the task
- ▶ identifying defects that might interfere with the correct operation or workings of equipment.

Housekeeping practices help to ensure hazards are controlled to reduce the risk of injury to people or damage to equipment. Your organisation will have procedures for maintaining equipment and other resources. For example, if a client is hiring or taking equipment home, it must be in good repair and not missing any parts. This includes making sure the equipment is clean and sterile ready for use.

An asset register is sometimes used to record details about where an item is kept and when servicing is required. Depending on the size of the service, there may be a designated person or department responsible for maintaining the asset register and ensuring equipment is kept in good working order according to the manufacturer's instructions. Your supervisor will be able to advise you on the procedures and how to make sure there are enough resources available for you to perform your tasks.

A wide range of equipment and aids are used as part of AHA practices. Although the prescription of aids and equipment is the responsibility of the AHP, you may be responsible for setting up and accessing or ordering equipment and aids.

Type of aid	Examples
<p>Mobility aids</p> 	<ul style="list-style-type: none"> ▶ Walking sticks ▶ Walking frames ▶ Crutches
<p>Bathroom aids</p> 	<ul style="list-style-type: none"> ▶ Over toilet frame/seats ▶ Raised toilet seats ▶ Shower chairs ▶ Long-handled sponges ▶ Shower and bath boards ▶ Grab rails ▶ Tap turners ▶ Cast and bandage protectors ▶ Hand-held shower heads
<p>Bedroom aids</p> 	<ul style="list-style-type: none"> ▶ Overbed tables ▶ Adjustable bed rails ▶ Chair beds ▶ Overbed poles ▶ Bed rope ladders
<p>Dressing aids</p> 	<ul style="list-style-type: none"> ▶ Button hooks ▶ Stocking aids ▶ Dressing sticks ▶ Shoe horns
<p>Kitchen/eating aids</p> 	<ul style="list-style-type: none"> ▶ Plate guards ▶ Jar openers ▶ Built-up (extra grip) cutlery ▶ Bread spreading board ▶ Kettle topper ▶ Laptop trays

Type of aid	Examples
<p>Sitting/standing aids</p> 	<ul style="list-style-type: none"> ▶ Lifting seats ▶ Swivel seats ▶ Seat cushions ▶ Seated walkers
<p>Therapeutic tools</p> 	<ul style="list-style-type: none"> ▶ Scalpels ▶ Client hospital gowns ▶ Exercise bands ▶ Gloves



Practice task 3

Which of the following statements relating to working in a safe manner are correct? Select all that apply.

- Broken or damaged equipment must be thrown in the appropriate waste bin to eliminate the risk of it being used by mistake.
- Hazard identification means checking equipment used in programs are cleaned after use to maintain infection control.
- Procedures for the use of equipment include maintaining the asset register and ensuring it is kept in good working order according to the manufacturer's instructions.
- Policies and procedures are needed to make sure all staff understand how and when to wash their hands.
- Common hazardous manual-handling tasks in the health industry include assisting people on and off non-adjustable furniture.
- You need to keep a record of any injuries or accidents that occur in the workplace and report them monthly to your supervisor.



Summary

- ▶ To support your clients, you need to understand what allied health involves, including the role of the different health professions you need to support and assist.
- ▶ Allied health professionals (AHPs) include people in a number of different areas of specialty, each with different roles and responsibilities relating to client healthcare.
- ▶ The individual needs of a client determine the therapies they should receive.
- ▶ Allied health assistants (AHAs) work under the instruction of AHPs, including carrying out therapies outlined in treatment plans.
- ▶ Discussion and instructions from an AHP on the treatment plan for a client may occur face to face, over the phone or by online videoconferencing. Instructions may also be received in the form of a handover sheet.
- ▶ You may need to refer to policies and procedures for accessing relevant information on the client from other people or services.
- ▶ You must understand and follow rules relating to confidentiality and always maintain privacy of information relating to a client.
- ▶ You have a legal obligation to familiarise yourself with health and safety laws, and your organisation's policies and procedures.
- ▶ Policies and procedures provide guidance about reporting procedures, recording requirements, infection control and manual handling.
- ▶ Housekeeping includes checking the suitability of equipment to perform a task and identifying defects that might interfere with the correct operation or workings of equipment.



Learning checkpoint 1

Preparing for the therapy session

1. Match each allied health role to its definition.

- | | |
|----------------------------|---|
| * Occupational therapists | * Provide therapeutic and program support to AHPs. |
| * Doctors and nurses | * Help to prevent, diagnose and manage disorders of movement to enhance the health and welfare of clients. |
| * Allied health assistants | * Assess and manage medical care and are limited by their scope of practice, determined by their level of education and experience. |
| * Speech therapists | * Promote health and wellbeing with the primary goal of enabling people to participate in activities of everyday life. |
| * Physiotherapists | * Provide diagnosis, management and treatment of individuals who are unable to communicate effectively. |

2. Which of the following statements are correct in relation to organisational policies and procedures? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. When preparing a client program, you must report any safety concerns about equipment to your supervisor. | * Yes | * No |
| b. To prepare for a therapy session, the treatment program must be discussed with your supervisor. | * Yes | * No |
| c. Housekeeping requires identifying hazards, such as recognising that equipment is too heavy for one person to move on their own. | * Yes | * No |
| d. Health and safety policies require you to report to a supervisor when supplies of disposable gloves are getting low. | * Yes | * No |
| e. Confidentiality policies only apply to client health information shared within the organisation. | * Yes | * No |

3. Give an example of how allied health therapies can meet the needs of a particular client population.

4. What are **two** ways you could provide information to clients regarding allied health services?



Topic 2

In this topic you will learn about:

- 2A Following instructions to assist with therapy**

- 2B Reinforcing and clarifying therapy goals with clients**

- 2C Using equipment safely and correctly**

- 2D Providing feedback and completing documentation**

- 2E Assisting in adjusting materials and equipment**

- 2F Completing administration duties**

Provide assistance with therapy sessions

Each client will have at least one goal they are working towards in their therapy.

To assist the allied health professional (AHP) effectively, you must understand the basic principles for working with clients and helping them meet their goals.

As an allied health assistant (AHA), you need to do the following to assist a client with their therapy:

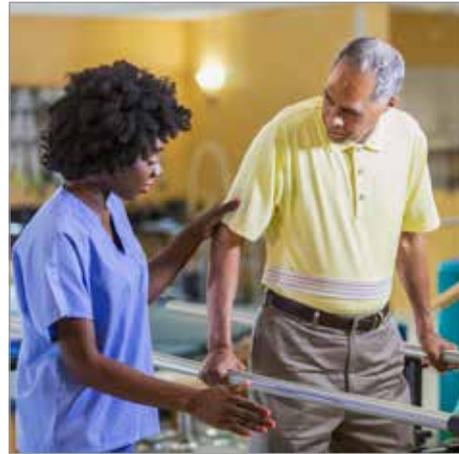
- ▶ Follow instructions from the supervisor and clarify anything in the program that is unclear.
- ▶ Have a clear understanding of the goals that have been set for each client.
- ▶ Work in a safe manner to protect the health and wellbeing of the client and yourself.
- ▶ Complete all relevant documentation and record-keeping requirements.

2A Following instructions to assist with therapy

There is a wide range of techniques that you may need to use in the therapy session or during a program.

The techniques will differ according to the allied health discipline where you are employed. For example, in physiotherapy and occupational therapy, you may see the following techniques in practice:

- ▶ exercise programs
- ▶ balance retraining
- ▶ coordination work
- ▶ gait and transfer retraining
- ▶ upper limb therapy
- ▶ functional retraining
- ▶ therapeutic use of activity
- ▶ cognitive training
- ▶ use of aids and equipment
- ▶ group work
- ▶ heat and cold therapy
- ▶ electrotherapy.



Assisting with therapy tasks

You may be asked to complete many different tasks in the course of a working day.

You must always work within the boundaries of your job role. Instructions need to be carefully and accurately carried out to ensure you and the client are safe and the therapy is provided according to the treatment plan.

Some tasks that you may need to assist with include:

- ▶ setting up the area and equipment for individual or group sessions
- ▶ transporting or moving clients ready for therapy
- ▶ providing therapies and treatments
- ▶ assisting with running group or individual sessions
- ▶ following a program with a client or assisting the AHP
- ▶ cleaning up and/or sterilising the area and equipment
- ▶ preparing documents ready for the therapy.

Watch the techniques used by your supervisor and ask questions if you are unsure about anything. Part of a supervisor's role is to check and confirm that you understand and can confidently carry out your tasks. They will provide you with feedback on your performance and suggestions of ways to improve your work. Feedback is not just about things you can do better; it is also about pointing out the things you are doing well.

Don't hold back on asking for advice; there can be serious consequences to a client if you misinterpret instructions.

Example

Assisting in an exercise program

Sally is an AHA at a physiotherapy clinic and has been given instructions by her supervising AHP on the exercise program for Jean, a 70-year-old client. Jean has been working through an exercise program and Sally checks she is doing the exercises correctly.

Sally describes to Jean what she will be doing before she assists her. One of the exercises is a passive movement where Sally applies gentle force when Jean bends her arm. Sally also assists Jean to lift her legs and helps her use the TheraBand.

Sally reads in the client notes that the aim of these exercises is to strengthen Jean's muscles. Jean has weakened muscles due to disuse as a result of a long-term illness that left her bed-ridden for several months.



Assessing client readiness

The AHP must make the final decision on the readiness of the client to undergo therapy.

They will consider if changes in the client's condition or situation means that the prescribed therapy can go ahead, or may not be suitable at this time and needs to be delayed. Some therapies may not be appropriate, and the benefits may be limited based on the client's current health status. This can include any deterioration or significant improvements in the client's health.

You might be required to complete a checklist prepared by the AHP to assess client readiness. It may include the following things that need to be checked off:

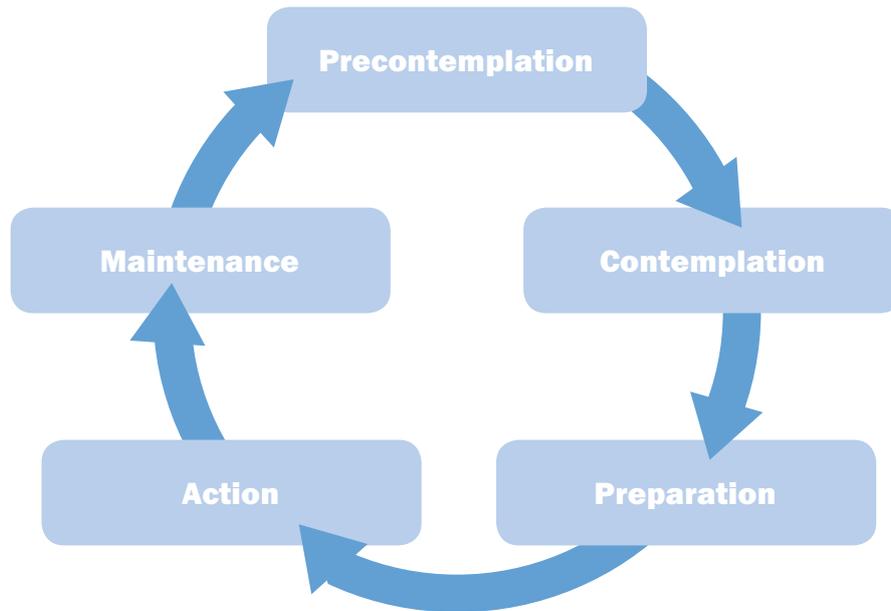
- ▶ confirming informed consent has been requested and obtained
- ▶ checking all personal details are correct and accurate
- ▶ confirming the procedure or therapy has been explained
- ▶ ensuring any changes to the client have been documented (such as recent incidents, increased pain or deterioration in health) and the treatment plan has been revised, if necessary.

Transtheoretical model

One way to determine a client's readiness for therapy and the changes that it may require to their life to improve their health is to use the stages of change model, also known as the transtheoretical model.

This model was originally developed by Dr Prochaska during the 1980s in the context of alcohol and drug dependence and identified the small steps required to move towards cessation. It is now used in many areas of health to describe the process a person uses to change their habits and behaviours and integrate change into their lives. It follows a process where the client is not yet ready to make a change to taking action and modifying their lifestyle to incorporate a change. Consider this model in the context of a client who needs to change the way they walk in order to maintain their balance and lessen the likelihood of falling.

The model consists of five stages, as shown in the following diagram.



1

Precontemplation

In this stage, the client is deemed to not be ready to take action in the foreseeable future. Clients may be in this stage due to being uninformed, misinformed or underinformed about the consequences of their behaviour or lack of therapy. Typical characteristics of clients in this stage are resistance, lack of motivation and not being ready or willing to accept help.

2

Contemplation

This is when the client is getting ready to make a change and participate in therapy. During this stage, the client is becoming more aware of the benefits of changing, and may also be aware of the personal costs of not making a change. Clients in this stage are often seen as procrastinators, putting off the change until another time.

3

Preparation

The client is now ready to take action in the near future, often within a month. Usually clients in this stage have made some progress toward taking action over the past year. Generally, these clients would have a plan of action, and are ready to be recruited into action-oriented programs.

4

Action

Clients are now actively modifying their lifestyle to move towards their goals.

5

Maintenance

Clients have made modifications in their lifestyle, and are working on preventing relapsing back to old habits.

Indications, contraindications and precautions

Instructions from the AHP will include indications, contraindications and precautions.

This information may be provided in a verbal instruction or recorded in the documents and health notes that accompany the client. You must take special care to seek out clarification if you are unsure how this information affects your tasks.

Indications	Reasons why an intervention is used. For example, paracetamol is indicated to treat headaches.
Contraindications	Reasons not to do something. For example, it is contraindicated to weight bear on a compound fracture so as not to make the condition worse.
Precautions	Taking extra care to ensure safe practice. For example, a therapist needs to take hygiene precautions, such as wearing gloves when consulting a client with an infection in their wound.

It is your responsibility to ensure that you know what the indications, contraindications and precautions are for your client.

Obtaining informed consent

Healthcare workers are legally required to obtain client consent prior to commencing contact.

The exception to this is in the case of an emergency. Your supervising AHP is responsible for obtaining initial consent for treatments from a client. In your regular contact with clients, you should routinely gain consent before assisting the client in any way.

Requirements for consent
• Consent must be freely given.
• The client must have legal capacity as determined by the individual's intellectual status and age – if they are less than 18 years of age, consent must be provided by a parent or legal guardian.
• The client must be adequately informed of the nature of the procedure.

Occasionally you may encounter a client who chooses not to engage with the treatment plan offered to them. In these situations, the following points may be useful:

- ▶ Ensure you provide information and education to the client suitable for their needs, such as using visual diagrams instead of words where appropriate.
- ▶ Try to get some perspective on their choice not to participate, such as feeling overwhelmed.
- ▶ Explain the reasons and benefits for the client to engage in healthcare services.
- ▶ Document all interactions with the client in the client's health chart.

Ensuring comfort, safety and privacy of clients

Ensuring the comfort, safety and privacy of clients is one of the first things to consider in a therapy session.

Every staff member who interacts with a client has the responsibility to attend to these aspects of the clients. This requires the consideration of:

- ▶ The physical comfort of the environment, such as the seats in the waiting area, temperature of the treatment or interview room, noise levels in the room and lighting.
- ▶ Private areas, such as a change room if the client is required to undress or remove clothing, and consideration of the different cultural needs and privacy expectations of clients.
- ▶ The privacy and confidentiality of health and personal information that will be discussed, such as choosing an appropriate place for discussion.
- ▶ The safety on the environment where the therapy will take place, e.g. check whether it is a purpose-designed treatment clinic space with correctly adjusted treatment tables, whether it is free of clutter and hygienic.
- ▶ Being aware of the client, or yourself, becoming tired or fatigued.

Example

Providing safety, comfort and privacy

Edward is a 65-year-old male client who had a stroke six weeks ago. He has continued to have some swallowing difficulties with thin fluid. Jodi, a speech pathologist, consults Edward in his room where he has just gotten out of the shower, with nursing staff and the occupational therapist assisting him. He is ambulate (able to walk) with assistance of one person and a four-point walking stick (4PS). Jodi arranges to return in 30 minutes.



When Jodi returns, she draws the curtains to provide Edward with privacy from people walking past. Jodi has pre-prepared fluids with decreasing levels of thickness for Edward to try. She conducts the assessment in his room so Edward feels more comfortable in his familiar surroundings.



Practice task 4

Question 1

Match each term about therapy precautions to its definition.

- | | |
|---------------------|--|
| * Contraindications | * Reasons why an intervention is not used. |
| * Precautions | * Reasons why a procedure is not practised. |
| * Informed consent | * When extra care is taken to ensure safe practice. |
| * Indications | * When a client is adequately informed of the nature of the procedure and agrees to the treatment. |

Question 2

Which of the following statements relating to assisting the AHP with therapy tasks are correct? Select all that apply.

- In a busy clinic it is not always possible to provide a suitable space for clients that has the correct equipment.
- Your role as an AHA is to determine if the prescribed therapy is appropriate and the client is ready for therapy.
- Supervising AHPs are required to check your understanding of instructions and provide feedback on your tasks.
- There can be serious consequences to clients if AHAs do not share information that may affect the client's treatment.

2B Reinforcing and clarifying therapy goals with clients

When assisting with therapy, you must follow the care plan and goals set by the client and the AHP.

An individual client plan is an essential communication tool developed by the AHP. It requires the AHP to use their clinical reasoning skills to develop an optimal program to address the individual needs of the client. The AHP needs to frequently reassess the client's program to ensure that it keeps up with the client's changing needs and goals. Development of the treatment plan and reassessment and progression of treatment is not part of your role as an AHA. Your role is to help implement the program outlined in the treatment plan.



There may be a multidisciplinary approach used to improve the health of a client. Therefore, the goals of the client can be shared amongst the team. For example:

- ▶ An occupational therapist (OT) may spend time walking with a client as part of an assessment or training to improve their personal activities of daily living (pADL).
- ▶ The physiotherapy treatment plan may include gait training.
- ▶ A speech pathologist may trial different positions to assess a client with speech or swallowing difficulties.

Any changes in a client's condition or ability can mean a change in their goals, which will affect the treatment plan.

Setting goals

There are several ways to develop and set goals with a client.

Depending on the health status of a client, some goals may be just small achievements that the client and AHP work together to achieve over time. Some goals may need changing as there could be setbacks in the health of the client, or financial or personal issues that limit the possible benefits of the therapy being provided. These potential limitations can be discussed with the client.

Client goals are established during the assessment with the AHP and in consultation with the client. This is the core of client-centred practice that places the client at the centre of their own care so they can make decisions about their healthcare.

Goals set for a therapy program may be either general or specific. Specific therapy goals will depend on the health status of the client and what their individual needs are.

Examples of general and specific goals are listed below.

General goals	Specific goals
Help restore dignity	Being able to clean themselves and use the toilet independently
Improve the client's overall function and ability to perform everyday tasks	Being able to prepare meals
Improve client's independence	Increase capacity to plan and carry out activities, such as making shopping lists and buying food
Increase capacity to sequence activity components appropriately	Performing steps in a task in the correct order, such as dressing
Improve the client's quality of life	Increase client's capacity to participate in community, family, work, social, sport and recreation activities
Maintain and improve joint range of movement (ROM)	Improve coordination of movement
Increase the client's cognitive capabilities	Improve ability to read and write
Increase the client's mobility	Improve balance and remove the need for a walker
Increase the client's communication capabilities	Use technologies to help the client communicate

SMART goals

One common way to determine the suitability and appropriateness of goals is to apply the SMART goal method.

SMART goals are outlined in the following table.

	<p>Specific</p> <p>Goals must be well defined and clear to the client and everyone involved in the client plan. If goals are too broad, this makes it difficult for the client and the therapist to know whether they have been achieved or not. For example, a client may have the goal of being able to walk. A more specific goal is for the client to be able to walk a specific distance with walking aids, if necessary.</p>
	<p>Measurable</p> <p>There must be clear and specific outcome indicators to track progress towards the goal. If a goal is not measurable it is difficult to know whether it has been achieved or not. A measurable goal may be: 'To be able to walk 100m with a single point stick (SPS)'.</p>



Attainable

Goals must not be set that exceed the client's capabilities. The client must be able to participate in the goal-setting and decision-making process so you can agree on achievable aims. Goals should not be wishes and hopes, but more realistic and achievable aims. For example, it is not worth setting a goal for a client who has had a total hip joint replacement to be able to run 5km in six weeks.



Relevant

Goals must be relevant to the client and to the therapy. The main questions to ask the client are:

- ▶ 'Why do you want to reach the goal?'
- ▶ 'What is the objective behind the goal?'
- ▶ 'Will this goal really achieve that objective?'



Time-framed

Goals must have a time frame. For complex or long-term goals, setting key milestones on the time frame will help you track the client's progress. Goals need to have a clear amount of time dedicated to them. For example, the goal may be: 'To be able to walk 100m with a single-point stick in two weeks.'

Reinforcing therapy goals with the client

Goals can change over time and may need to be reprioritised.

To facilitate the best outcome for your clients, you must have a clear understanding of the goals that have been set for each client and the priorities within these goals. To reinforce and encourage the client to achieve their goals, you may need to demonstrate them. For example, you may need to show a client how to move up and down stairs using their mobility aid, or how to bend down to pick something up safely and correctly.

Sometimes encouraging a client to achieve and work towards their goals can be a challenge. This may be the case when a client is feeling unwell or is in pain or not ready to make the necessary changes, such as carrying out exercises or a routine of activities at home. You may need to clarify information so your client has a better understanding of the goal, or explain how to work towards achieving the goal. Seek advice from the AHP if you find that it is difficult to motivate your client to work towards goals.

Supporting the client to achieve therapy goals

A client may know that they want to achieve a certain goal from a therapy session, but will often need support to meet their goal.

Coaching over time allows the client to reframe their goal in a positive light and understand the steps required to achieve the goal.

You may see or hear your AHP work with the client to break down their goal into achievable and manageable chunks. Describing the smaller steps required to reach a long-term goal can make it seem more achievable and realistic to clients. The role of the AHP is to paint a picture. The more vivid the picture, the more believable it will be to the client and the more likely they are to be able to picture themselves achieving the goal.

Example

Recovery plan and goals

Jane was involved in a car accident in August 2019. She sustained a wrist fracture involving both her radius and her ulna. This injury required surgery and plaster. Jane had her plaster removed two weeks prior to her firsthand therapy appointment. Jane’s treatment is covered by the Transport Accident Commission (TAC). Her hand therapist submitted an allied health treatment and recovery plan to the TAC following her initial assessment. The following is an extract. Take particular note of the goals of the treatment.

Allied health treatment and recovery plan



Visit Initial visit Follow-up/subsequent visit

Discipline Physiotherapy Osteopathy Chiropractic Exercise physiology Podiatry Acupuncture Dietetics Hand therapy

Client details

Client name	Claim number	Date of accident	Date of birth	Occupation
Jane Waterford	13-51978	10 / 08 / 2019	22 / 10 / 1971	Dental Technician

Current work status Normal duties Modified duties Not working Not applicable

Injury details Diagnosis and specific areas being treated

MVA 8/52 ago – ORIF. POP removed 2/52 ago
Fractured R distal radius and ulna

Goals of your treatment List current activity/functional limitations and related goals that your treatment will address

Current activity / functional limitations	Short-term activity goals (Include ADL and work/travel goals)	Estimated date of achievement
1. Unable to perform pre-accident duties at work	Return to work to perform alternative duties such as admin	30 / 10 / 2019
2. Unable to perform pre-accident duties at work	Return to work to perform full duties	30 / 11 / 2019
3. Difficulty with hand writing	Be able to write for 5 minutes without pain	15 / 12 / 2019
4.		/ /

Treatment strategies

Massage, mobilisation, ADL practice

Source: Transport Accident Commission: <http://www.tac.vic.gov.au>



Practice task 5

Which of the following statements relating to client goal setting are correct? Select all that apply.

- Coaching encourages goals to be seen as positive, with achievable steps to work towards goals.
- AHAs can reinforce goals developed between the supervising AHP and the client.
- There are no limits to the goals a client can achieve if they are given the right support.
- Frequent reassessment of the program by the AHP ensures that goals keep up with the client’s changing needs.

2C Using equipment safely and correctly

AHPs prescribe and use a wide range of equipment and aids.

The prescription of aids may be based on one or more of the following goals:

- ▶ Enhance quality of life
- ▶ Increase independence
- ▶ Enable greater participation within the community
- ▶ Allow the client to remain in their own home for as long as possible
- ▶ Assist with self-esteem and confidence
- ▶ Enhance a carer's ability to look after the client with minimal or no assistance from others
- ▶ Minimise frustration and barriers caused by the client's disability
- ▶ Assist in favourable outcomes following injury or illness
- ▶ Speed up recovery time where possible
- ▶ Support the client to remain safe

Following instructions for correct use of equipment

In your role as an AHA, you will be involved in setting up and preparing equipment.

Clients need to be provided with information prior to agreeing to buy or hire equipment. This includes the costs and choices involved in purchasing or loaning equipment.

When clients leave with equipment or aids, they require accurate instructions on:

- ▶ how to use the equipment safely
- ▶ how to care for and clean the equipment appropriately
- ▶ caution relating to the manufacturer's warnings and limitations on its use
- ▶ storage and cleaning requirements.

Equipment manufacturers provide information on the correct use, storage and cleaning of equipment. This information will likely be stored in a central place so all staff can access it.

Your supervisor will demonstrate how to correctly use and clean equipment. Equipment may be used by a number of people. Follow procedures to ensure that equipment is returned to the correct storage area in good working order and ready to be used by others. There might be a record book for documenting who took the equipment, when it was returned and whether there was a problem with its operation. There may be a storage area for broken or malfunctioning equipment.



Follow these steps to prepare, use, clean and store equipment correctly.

<p>Preparing for the session</p>	<ul style="list-style-type: none"> ▶ Identify where to access the equipment. ▶ Clean the equipment if required. ▶ Transport equipment safely or arrange for delivery. ▶ Set up equipment ready for use by putting it together, unfolding or unpacking it. ▶ Read the manufacturer’s guidelines and precautions before using the equipment. ▶ Correct simple faults or errors in equipment that do not pose any safety hazards to yourself or others, such as tightening screws. ▶ Immediately report any incidents with the use of equipment to your supervisor.
<p>Working with the client and AHP</p>	<ul style="list-style-type: none"> ▶ Use equipment safely and confidently as directed by the AHP and understand the limitations of the equipment. ▶ Clearly instruct and demonstrate to clients how to use the equipment correctly (if this is part of your role). ▶ Complete appropriate paperwork for purchase or loan of equipment, including signatures and payment details (if applicable).
<p>After the session</p>	<ul style="list-style-type: none"> ▶ Pack up and clean the equipment when finished and return equipment to its correct storage facility. ▶ Dispose of single-use materials or equipment according to the organisation’s policies and procedures. ▶ Monitor the equipment for damage and report any repairs or problems to the AHP or appropriate personnel immediately in accordance with the organisation’s health and safety policies.

Following WHS guidelines for equipment

Housekeeping refers to tasks or procedures to manage and maintain an area or piece of equipment.

Maintaining equipment reduces the chance of an incident occurring and should be done on a daily basis. Every organisation will have housekeeping standards and procedures that must be followed. These may indicate the frequency of cleaning, the steps to follow, and the equipment and other materials that should be used.

Equipment checklist

- ▶ Check that the equipment is safe and has been serviced recently.
- ▶ Ensure it is complete with no missing, loose or worn parts.
- ▶ Check that it is the appropriate size for the client, and adjust if necessary.
- ▶ Ensure any precautions or contraindications have been addressed.
- ▶ Clean and disinfect the equipment according to the manufacturer's specifications.
- ▶ Label is as being cleaned and/or checked for safety and ready to use.
- ▶ Explain how to use the equipment safely and correctly to the client.
- ▶ Provide the equipment to the client with an explanatory brochure or instruction sheet.



Practice task 6

Number each step from 1 to 6 in the order you would follow to ensure WHS guidelines are followed when using equipment.

- Clearly instruct and demonstrate to clients how to use the equipment safely and correctly.
- Monitor equipment for damage and report any problems to the AHP according to health and safety policies.
- Read the manufacturer's guidelines and precautions so you understand how to use equipment safely and correctly.
- Use equipment safely as directed by the AHP and understand the limitations of the equipment.
- Correct simple faults or errors in equipment that do not pose any safety risks to yourself or others.
- Pack up equipment and make sure it is stored correctly.

2D Providing feedback and completing documentation

Good communication is essential for safe and effective client management.

Without effective communication, the delivery of appropriate and safe care to clients may be compromised. Key information can be missed or not passed on as it was intended. In the worst-case scenario, a client may be adversely affected and leave the organisation viable for not performing its duty of care.

It is your responsibility to report to your supervisor at the end of a shift or after each appointment with a client. You may be asked to attend and contribute to staff meetings, take notes and document information in client records.



Feedback is a crucial part of communication. Feedback can occur in both written and verbal forms. It is through your feedback of information that the AHP can be alerted to change the treatment and management guidelines. This means the therapy can continue to be targeted to the client's needs and adaptations can be made as required. The AHP has the final responsibility and duty of care to the client, and may rely on you to provide information that will enable them to make decisions about the healthcare of clients.

Feedback to an AHP should include any information that relates to:

- ▶ significant changes in the client's health status (improvement or deterioration) such that a review and change of program may be necessary
- ▶ incidents or adverse events
- ▶ safety concerns you may have
- ▶ new information that you become aware of that may impact on the client's management
- ▶ difficulties with compliance
- ▶ complaints of any nature.

Example

Procedure for responding to client complaints

The following is a procedure for responding to client complaints made by phone.

Responding to complaints made by phone

The caller may be angry or upset. Remain polite and calm at all times. At the end of the conversation, record the conversation in the complaints register, including the date and time of the call and your name.

Follow these steps:

- ▶ Ask for the client's name and write it down.
- ▶ Use their name during the conversation.
- ▶ Ask what they are making a complaint about and write down the details.
- ▶ Let them know you are listening to them.
- ▶ Once they have finished, repeat the problem back to them so they know you have heard them and to ensure the details are correct.
- ▶ Confirm you will pass the information on to a supervisor/manager who will be in contact with them shortly.
- ▶ Ask for their contact details. Repeat back the details to confirm you have accurately recorded them.
- ▶ Apologise for the problem/difficultly they have experienced.
- ▶ Confirm again you will pass the information on and that they will get a response as soon as possible.
- ▶ Before finishing the call, say, 'Thank you [name] for taking the time to contact us. [The manager] will be in touch shortly.'

Documenting client information

Organisations have different requirements and processes for documentation.

The SOAP format is commonly used by AHPs when documenting progress notes on clients. You will need to refer to your organisational policy and procedures manual to find out the progress notes format you must adhere to. Alternatively, your supervisor can explain it to you.

Here are some examples of the SOAP format used in progress notes on a client.



Subjective

Subjective information is provided by the client, including how they are feeling, any symptoms they have experienced and how they are coping and functioning. It may also include whether they are carrying out the goals of the plan.

Examples include:

- ▶ Client complains of pain.
- ▶ Client is upset about not being able to run.
- ▶ Client has complied with not playing any golf.
- ▶ Client refuses to only eat soft food.



Objective

Objective information is the information you observe about the client, such as how much help or assistance the client requires.

Examples include:

- ▶ Client was sitting out of bed.
- ▶ Client was alert/drowsy/crying.
- ▶ Client required assist x 2 / close supervision.



Action

The action section includes what interventions/treatment was done and how it was carried out. It needs to include a list of specific equipment used and any variations to the prescribed program.

Examples include:

- ▶ Client walked to the toilet using a single-point stick and close supervision.
- ▶ Client transferred from bed to chair with assist x 2.
- ▶ Client completed bed exercise program.
- ▶ Client was unable to complete exercises because of pain.



Plan

The plan includes what happens next in terms of the client's intervention by the AHP.

Examples include:

- ▶ Physio to review (R/V).
- ▶ Client to attend falls group session.
- ▶ AHA to R/V in one week (1/7).
- ▶ AHP will liaise with OT.

Objective and factual reporting

Health records must use objective language based on fact and observation.

Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability, ensuring that clients are described in ways that are not affected by judgments, stereotypes, assumptions or opinion.

The following provides examples of subjective and objective language.

Subjective language	Objective or factual language
Mrs Smith seemed to be in pain.	Mrs. Smith stated, 'I have pain in my leg.'
Alex refused to participate in therapy today.	I introduced myself to Alex and explained what was planned for therapy today. He replied, 'I don't feel like it today'. After further questions about the reasons for not wanting to participate, Alex maintained that he did not want to participate in therapy and would not be giving a reason.
Tamara is an alcoholic.	When interviewed, Tamara revealed that she consumes six to eight standard alcoholic drinks five days a week.
Mark seems depressed.	Mark expressed that he was feeling very sad about his diagnosis.
Mr Thompson is too lazy to care for himself.	Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation.

Guidelines for writing progress notes

Records must be an accurate account of the services provided to clients.

When an AHP first consults with a client, an initial assessment will usually be completed. This will identify the client's main problem, how this will be addressed, outline recommendations and treatment plans, and in some cases discharge plans (for hospital or rehabilitation clients). These may be recorded in assessment forms, or directly in the client's medical record.

Any further interventions by the AHP are written in progress notes.

Guidelines for writing progress notes

- ▶ Be objective – Only report the facts, don't include opinions or assumptions.
- ▶ Be precise – You don't have a lot of time for note writing. You will save time if you can be concise and only report relevant information that is essential to service delivery.
- ▶ Be clear – Other people will be reading your notes perhaps months or years after you have written them; use plain English that is easy to understand.
- ▶ Be timely – Write your notes as soon as possible; it is easy to forget the details of service delivery with one person as you move on to another. If you leave note-writing to the next day or later, you may forget to include relevant information.
- ▶ Ensure notes are complete – Notes should be concise, but include all the relevant information. By omitting relevant information, you may be diminishing the quality of care provided to people.
- ▶ If errors occur, cross out the inaccuracies with a single line, initial and date them, then enter a marginal note as to the reason for the correction.
- ▶ Try to write as neatly as possible, keeping in mind other people will need to understand what you have written.
- ▶ Only use approved abbreviations or acronyms in note-writing. Ask your supervisor if you are unsure.
- ▶ Your note-writing is a reflection of your work practice, so should be professional. Ensure words are spelled correctly; use a medical dictionary if necessary.
- ▶ Each time you speak to the person or other party, such as an external service provider, or send or receive correspondence, a brief note should be made on the client's file.
- ▶ Never record incriminating information about the client. These records may be used in evidence in court, so seek guidance from your supervisor.
- ▶ Never record disrespectful or judgmental comments about the client. Other people will have access to and read these files, including the client, their family and carers.
- ▶ Always include the date and time, and print your name before signing at the end of the note made.

Following documentation policies and procedures

Documentation must reflect the policies and procedures of the organisation.

Each organisation will manage information and have standards for note-keeping, storage and security of personal health information.

Reasons to document health information
▶ Staff and others in the team can see what action was taken from one appointment to the next.
▶ Supervisors and other senior staff can monitor the client's progress.
▶ If workers are absent or unavailable, others can read the report and provide continuity of care for the client.
▶ To ensure files meet professional standards and maintain the reputation of the organisation.
▶ To ensure auditing and legal requirements by government regulatory agencies are met.
▶ A history of care can be used to reflect on the strategies and actions that did and did not work.

Storing documentation securely

Records must be stored correctly so they can be easily located and referred to when required.

Most organisations use electronic systems that allow health workers to input information directly into a database. These systems may be password-protected, which limits access to authorised staff only and protects the privacy of the person accessing the service.

Some organisations rely on paper-based records, such as treatment plans that are updated during and after appointments with clients. These documents should always be kept in safe and secure locations. All personal information should be kept in an area that is not accessible to individuals and members of the public.

Example

Procedure for documenting progress notes

Here is an example of a procedure for documenting paper-based client progress notes in a health service.

Documenting client progress notes procedure

- ▶ Client details or identification labels must be affixed in the top right corner of every progress note page. This includes the client’s surname, given name, date of birth, age and gender.
- ▶ Notes must include a date and time.
- ▶ Must be legible and preferably written with black or blue ink.
- ▶ Should be written in date sequence.
- ▶ Must be written on the line directly under previous notes (or if left blank crossed off).
- ▶ Can contain accepted medical abbreviations – see procedure for list of abbreviations.
- ▶ Must be accurate and concise.
- ▶ Must end with the name and signature of the person who entered the note, their discipline, designation, and pager or extension number.
- ▶ When the front of the page is complete, use the back of the page. If both sides of a progress note sheet are full, attach a new progress note to the front of the completed sheet.



Practice task 7

Which of the following statements are correct? Select yes or no for each one.

- a. A complaint from a client is information that needs to be reported to your supervisor. * Yes * No
- b. Supervisors must be alerted to changes in a client’s condition so they can manage the treatment and make adaptations as necessary. * Yes * No
- c. Supervisors often want personal opinions in the notes you keep on clients. * Yes * No
- d. Documenting progress notes is important so family members can keep track of the actions taken from one appointment to the next. * Yes * No
- e. Many organisations use password-protected systems to limit access to documentation to authorised staff. * Yes * No

2E Assisting in adjusting materials and equipment

As an AHA, your role may require you to help design, build or modify equipment.

A department of a larger organisation, such as a hospital, will have an extensive range of equipment. Smaller organisations will not have an extensive range and may arrange for specialised equipment to be hired.

Sometimes, due to budgetary constraints, equipment is modified rather than being bought new. It may be part of your role as an AHA to assist in the modification of equipment. Simple solutions are often the best and modifications do not have to be complicated or highly technical in nature.



Modifications can include:

- ▶ adding padding to equipment or splints to protect the client
- ▶ adjusting the height of seat legs on chairs
- ▶ utilising and modifying what a client has in their domestic environment to meet their needs, such as providing a small step stool or extending a hand rail on steps
- ▶ building up and modifying the grip on cutlery and tools so clients can use them more easily
- ▶ making communication boards for clients with communication difficulties.

The AHP will provide instructions on when and how to modify or adapt equipment for use in therapy sessions.

Identifying gaps in resources

During your work you may come across resources that need to be updated.

You may encounter certain situations where your resources are limited or where you cannot find equipment that suits the needs of a client with a disability.

As an AHA, you can assist AHPs by researching, obtaining and presenting new resources, or adapting older ones. The process by which this occurs will depend on the allied health discipline you are working in.

When researching, ensure you refer to reputable sources such as allied health peak bodies or publications that provide information on new resources. Through research you may be able to find products that offer new features or improvements for clients or the delivery of therapies. You may be asked to present this to a staff meeting with an overview of the features and benefits, costs and supplier details.

At times you may need to make adaptations or construct aids for a client under the supervision of your AHP, such as making a protective pad for a client.

Example

Developing ideas for gaps in technology

Julie, an AHA working in speech therapy, has identified a gap in resources. She has discovered that the resources are limited for clients aged four to six, specifically the resources aimed at the area of pronunciation. Julie has identified that for this age group the use of gamification apps, specifically those that utilise voice recognition, would be advantageous. These will provide a game approach that will be attractive to children, such as scoring points, competing with others and following a set of rules.



Julie chooses to join some online forums in the areas of app development, speech pathology as well as allied health more broadly. She gains some insight and some useful contacts.

**Practice task 8**

Which of the following relating to design, adaptation and construction of therapy materials and equipment are correct? Select all that apply.

- Modifications can include such things as adjusting the height of seat legs on chairs.
- Equipment adaptation includes updating a client's phone with new games and apps.
- You should point out to the AHP if a client needs hand rails added to steps.
- You may need to make a communication board for a client with communication challenges.
- Adapting speech therapy aids for a non-English-speaking client is an example of equipment adaptation.

2F Completing administration duties

Administration duties form a significant part of the role of all health workers.

As an AHA you will be responsible for a wide range of administration duties. These duties will depend on your role and job description in the organisation. For example, if you work in a smaller organisation, such as a private practice, you are more likely to be asked to complete a wider range of administration tasks.

Examples of administrative duties of an AHA

- ▶ Reception duties such as answering the phone
- ▶ Booking appointments using an electronic booking system
- ▶ Obtaining client histories, client notes and medical records for AHPs
- ▶ Maintaining and processing department statistics
- ▶ Tracking stock use and ordering equipment and supplies
- ▶ Conducting safety audits and housekeeping of equipment
- ▶ Maintaining stock control and running stock audits
- ▶ Sourcing and maintaining equipment records and arranging regular maintenance or repairs
- ▶ Taking minutes at staff meetings
- ▶ Accurately and efficiently filing documents

Maintaining stock levels

Every organisation will have a process for monitoring stock levels and ordering stock.

In order to maintain adequate stock levels, routine stock counts need to be completed. This may require following a procedure to manually collate figures or use a software program that organises data and shows stock on hand, and when stock levels are getting low and need to be ordered. The frequency of stock counts will be dictated in a policy and may vary depending on the size and system used by the organisation. For example, stock counts may need to occur daily, weekly, monthly, quarterly, every six months or annually.

During staff meetings, the use and supply of stock may be discussed, such as the individual preferences for one brand over another.

Minimum and maximum stock levels may be based on statistics that are specific to the stock or the organisation. For example, a policy may outline external factors that need to be considered when ordering and maintaining levels of stock. This may include:

- ▶ how quickly stock gets used and needs to be reordered and replaced
- ▶ working within a budget so expensive stock is only purchased when stock levels are low rather than keep a large store of expensive stock on hand
- ▶ ordering extra stock to allow for seasonal demands, such as an increased number of clients during a sporting season when there are more injuries.

Consider the following when ordering stock:

- ▶ preferred suppliers
- ▶ bulk discounts
- ▶ minimum orders
- ▶ freight charges
- ▶ budget restrictions
- ▶ shelf life
- ▶ storage space
- ▶ warranty
- ▶ consumables/parts
- ▶ health and safety and infection control issues.

Data and statistics

Statistics provide data on the operations of the business and the effectiveness of the services they provide.

Some statistics are linked to appointments; for example, appointment data can provide valuable information about how much time is spent treating clients and how much time is required to carry out administrative duties or teaching roles that health professionals participate in.

Appointment data can provide the following information about clients:

- ▶ Unique record number (URN) used to identify the client
- ▶ Full name
- ▶ Date of birth (DOB)
- ▶ Gender
- ▶ Date of admission
- ▶ Date of referral
- ▶ Admission unit
- ▶ Referral information/letter with diagnosis
- ▶ Treatment plan
- ▶ Requirements for people whose first language is not English, such as an interpreter
- ▶ Length of appointments and the number of appointments
- ▶ Treating AHP

Statistics can provide information for future planning and efficiencies in the service, which lead to better customer service and improved outcomes for clients. This information can be used for various reasons, such as to:

- ▶ help plan for appropriate therapist–client ratios, and to assist in workload management and scheduling
- ▶ calculate how much a particular client costs to treat
- ▶ determine how many treatments or appointments a client requires.

Monitoring appointment attendance

Some services collect data on a client's attendance at appointments.

In group sessions, some clients may have their attendance marked manually or electronically on arrival. Many clinics have a policy statement on the notification of non-attendance and some have a fee for not providing enough notice of a cancellation.

The reasons for non-attendance can be investigated. These may include:

- ▶ Sessions are not meeting a client's expectations.
- ▶ The client does not like a particular AHP.
- ▶ The client has trouble remembering appointment times due to memory problems.
- ▶ The client feels that previous sessions have not been beneficial, were too painful, expensive or unnecessary.

From an organisational perspective, non-attendance means that the allocated treatment time is wasted when another client could have used it, leading to poor use of human resources.

In contrast, high attendance rates can indicate a successful or popular program matched to motivated and compliant clients.

This is useful information when referring clients, timetabling sessions in prime-time spots, justifying budget spending and allocating appropriate staff numbers.

Statistics are also gathered in the workplace to analyse accidents and injuries that have occurred. These statistics result in designing better work practices and policies in order to prevent future incidents.

Booking client appointments

Ensure you understand the information you need to collect when making an appointment.

Health services use a range of systems to record information about appointments. These are often electronic systems specifically designed for health services and use specialised software programs.

You will need to become familiar with the system, and the policies and procedures for entering and accessing information. For example, there may be procedures that require adequate time between appointments or a limit on the total number of appointments that each staff member can have in one day.

Some staff may only work a few days a week and some clients may have notes about their requirements in the system that you need to pay attention to. Your supervisor may arrange training to practise using the software program for booking appointments. They may organise for you to work next to an experienced staff member for a period of time until you become confident.



Record all the information accurately when making appointments, including:

- ▶ the name and of the person requesting an appointment (check and confirm spelling)
- ▶ contact information, such as an address and phone number
- ▶ appointment date and time
- ▶ if it is a standard or extended appointment.

You should also be prepared with alternative dates and times if the scheduled dates the client requests are not available. A client may request a particular health professional and you will need to be able to look up their availability as well as the availability of rooms and specialised equipment.

Other information that you may want to note is if the client has other requirements that will affect the treatment they are given. This may include whether they speak English as their first language or have other needs or disabilities, such as a hearing impairment. These clients may want to bring a support person to the appointment or may require an interpreting service. Some clients may also need assistance in organising transport to and from appointments.

If the client is new to the organisation, they will need information about the cost of treatments, address of the organisation and/or department, parking, etc. You may also need to request they arrive early to complete any documents required for their first appointment.



Practice task 9

Which of the following statements in relation to administration duties are correct? Select yes or no for each one.

- | | | |
|--|-------|------|
| a. Collecting statistics can provide important information on how much a particular client costs to treat. | * Yes | * No |
| b. A purchasing policy may only allow expensive stock and equipment to be purchased when stock levels are low rather than keeping a store of expensive stock on hand that is not being used. | * Yes | * No |
| c. Procedures for making appointments may require adequate time between appointments. | * Yes | * No |
| d. Statistics provide data on which programs have high attendance, which means prices to clients should be increased. | * Yes | * No |
| e. A policy on appointments will not allow clients to request a particular health professional. | * Yes | * No |



Summary

- ▶ You must always work within the boundaries of your job role.
- ▶ Instructions need to be carefully followed to ensure the safety of you and the client.
- ▶ The AHP must make the final decision on the readiness of the client to undergo therapy.
- ▶ Ensuring the comfort, safety and privacy of clients is one of the first things to consider in a therapy session.
- ▶ Client goals are established during the assessment with the AHP and in consultation with the client.
- ▶ Maintaining equipment reduces the chance of an incident occurring, and should be done on a daily basis.
- ▶ Each organisation will manage information and have standards for note-keeping, storage and security of personal health information.
- ▶ You may be asked to research information on adapting or modifying equipment or resources to suit the needs of a client.
- ▶ As an AHA you will be responsible for a wide range of administrative duties, such as reception duties, making appointments, maintaining stock levels, and analysing data and statistics.



Learning checkpoint 2

Provide assistance with therapy sessions

Read the case study, then answer the questions that follow.

Case Study

Mark has commenced his new position at a busy allied health clinic that employs several full-time allied health professionals (AHPs) and two assistants. Due to the size of the clinic, the staff work together and multi-task by helping out with administration and reception duties, such as making appointments, answering the phone and responding to messages.

One of Mark's duties include cleaning rooms and equipment between appointments as well as assisting the AHPs with therapy sessions and organising group programs. Mark enjoys his job and particularly likes seeing the improvements in clients over several weeks as their health improves and they achieve their goals. He has a good working relationship with the AHPs and is keen to learn from them by listening and following instructions carefully and accurately. The staff meet for weekly staff meetings to discuss workloads, WHS issues and administration problems as required.

1. Which of the following are policies and procedures Mark needs to refer to in his position as an AHA? Select all that apply.
 - Procedure for housekeeping, such as the process and frequency of cleaning the equipment and consumables used during appointments.
 - Procedures to ensure that equipment is returned to the correct storage area in a safe working order.
 - Policy statements on the different cultural needs and privacy expectations of clients.
 - Policy and procedures manual for the format of progress notes and the secure storage of documents.
 - Procedure for the use of a software program to show stock on hand and when stock levels are getting low and need to be ordered.

2. Which of the following statements are correct? Select yes or no for each one.
 - a. Significant deterioration in the client's wound that will require a review and potential change of program. * Yes * No
 - b. A client is avoiding doing activities that will assist in their recovery because of the pain and discomfort the activities cause. * Yes * No
 - c. An incident where there was a conflict between the client and the transport company they hired to take them home. * Yes * No
 - d. Alerting the AHP about equipment being used incorrectly and put away in a damaged condition. * Yes * No
 - e. Making a suggestion that a client might benefit from adaptations to the grip on cutlery so they can hold them more easily when eating. * Yes * No

3. Number each step from 1 to 7 in the order Mark would follow when making an appointment with a client on the phone.

Ask if they would like an appointment with a particular person/practitioner.

Once the details are decided, confirm the date and time.

Say 'Good morning/afternoon/evening, [name of the company], [your name] speaking'.

Ask for their first and last name and phone number. Ask them to clarify spelling as necessary.

Actively listen to the person on the other end of the phone to determine the purpose of the call.

Say 'Thank you [person's name], see you on [date booked]'.

Ask when they would like the appointment and discuss options and availability. Apologise if you haven't been able to offer the exact date/time they wanted.



Topic 3

In this topic you will learn about:

3A Promoting health through a preventative approach

3B Supporting access and equity

Working with a primary healthcare approach

Primary healthcare includes care and treatments to clients who are not in a hospital.

Medical care provided in hospitals is known as acute care. Primary healthcare aims to improve people's health and wellbeing by supporting them to manage their health issues in the community and at home. This reduces the need for people to go to hospital and the need for specialists and visits to emergency departments. It aims to provide better access to medical care and early management of health conditions. This occurs when the client can discuss their health and receive preventative information and referral to specialised care if required.

A broad range of health services can be provided in this model, including:

- ▶ general practice services
- ▶ prevention and health screening
- ▶ early intervention
- ▶ treatment (including surgeries and procedures)
- ▶ management of illnesses and injuries, such as rehabilitation.

Primary care is provided by general practitioners (GPs) and nurses as well as AHPs, pharmacists, dentists and Aboriginal health workers. It can be provided in a person's home or in a community-based centre close to their home, such as medical clinics and local government community health centres such as Aboriginal Community Controlled Health Services.

3A Promoting health through a preventative approach

A fundamental aim of any health system is to prevent disease and reduce illness so that people remain as healthy as possible for as long as possible.

Health prevention focuses on reducing the development and severity of chronic diseases and reducing the impacts of preventable illness, disability and injury. Preventing disease increases participation rates in employment and education, as well as quality of life.

Health promotion aims to assist people to increase their control over their own health. In the Ottawa Charter for Health Promotion, the World Health Organization (WHO), describes three main strategies promoting good health, outlined here.

Advocate	Health promotion fosters the political, economic, social, cultural, environmental, behavioural and biological factors that promote good health.
Enable	Health promotion aims to achieve equity in health outcomes by ensuring everyone has equal access to resources that enable people to achieve their full health potential.
Mediate	Health promotion requires integrated and coordinated action by many different sectors and interest groups.

To read more about the Ottawa Charter for Health Promotion, go to: <http://aspirelr.link/ottawa-charter-health-promotion>.

Client-centred practice

At the heart of both the primary healthcare approach and health promotion is client-centred practice.

This is a collaborative effort between the client, their families, friends, doctors and other health professionals. Health outcomes are improved when there is a partnership and collaboration between the client, their family and the healthcare team.

Client-centred practice recognises that every client is a unique and complex person. This practice places the client at the centre of their own care and understands the value of the knowledge they bring about their health and healthcare needs. The client's decisions are respected, and this includes their values, culture, needs and preferences. Services centre around the client, rather than the health professionals or the service provider placing their needs or preferences above the client.



Allied health workers can encourage client-centred practice by:

- ▶ getting to know the client as a person
- ▶ sharing power and responsibility
- ▶ viewing the client as an expert in their own health
- ▶ sharing decision-making and information
- ▶ respecting decisions that they may not agree with
- ▶ finding common ground when disagreements arise
- ▶ considering the whole experience from the client's point of view
- ▶ being accessible and flexible toward the client as a person in relation to the services provided.

Support the involvement with other services

Clients may require services beyond the scope of your service or organisation.

Your service may work closely with the client to provide clients with resources and services in the government and community sectors to broaden their access to health services. The local community will provide a range of resources for people in the community that may not be health services, but promote holistic health. For example, to promote social and mental health and participation, an AHP may suggest to clients they use local services that offer physical activities. These may include:

- ▶ council programs, such as walking groups, book clubs, art shows, etc.
- ▶ resources such as local swimming pools
- ▶ community centre programs for people with and without disabilities that provide formal and informal opportunities for developing social networks
- ▶ sporting or recreation clubs and groups
- ▶ service or interest groups such as U3A and Probus.

A referral is used when a person would benefit from the skills and expertise provided by another organisation. To access specialist and publicly funded services, a referral may be required. A referral is a formal document used to introduce a client to an organisation or practitioner to access services. With a referral letter, a client may enter a service; some clients may come to your service as a result of a referral from another organisation or practitioner.

You may be required to collect a referral form or provide information to your supervisor so they can prepare a referral for one of your clients.

Information in a referral

- ▶ The client’s name, address, phone number, email address, date of birth and next of kin
- ▶ Details of a representative, advocate or substitute decision-maker (if applicable)
- ▶ The reason for the referral
- ▶ Brief history outlining why the client requires services from the organisation
- ▶ Medications the client takes
- ▶ Level of urgency with which the client requires the service
- ▶ The referring party’s details and relationship to the client
- ▶ Relevant cultural, religious or personal requirements or preferences, such as only being looked after by a female staff member
- ▶ Communication needs, such as requiring an interpreter

There are many accommodation options for the aged or for those with a physical and/or mental impairment grouped into broad categories. These services range in the amount and type of care they provide, depending on the level of independence and health supports required.

There is a wide range of services provided by local organisations that support primary healthcare and assist people to stay in their own home. For example, after a hospital stay, clients may require assistance in the home until they are fully recovered. A stay at a rehabilitation centre can be a useful transition from hospital to home where they can access AHPs such as psychologists, speech pathologists, occupational therapists, podiatrists and physiotherapists.

Some AHP support people in their home while others offer short-term respite or full-time care that provides nursing support around the clock.

<p>Community Aged Care</p>	<p>Community Aged Care allows clients to stay in their own home with support services. This independent option should always be available.</p>
<p>Commonwealth Home Support Program (CHSP)</p>	<p>This program, previously known as Home and Community Care Program (HACC), offers a range of services to support the aged person at home through state and federal funding.</p> <p>Support services include:</p> <ul style="list-style-type: none"> ▶ transport to and from appointments ▶ domestic help and home maintenance, such as cleaning and gardening ▶ social support and group activities ▶ nursing, including medication management ▶ personal care, such as showering and dressing ▶ allied health services, such as podiatry, physiotherapy and occupational therapy ▶ providing aids and equipment, such as bath seats, raised toilet seats and mobility aids ▶ providing meals, nutrition advice and cooking lessons.

<p>Home Care Packages</p>	<p>These are individually planned and coordinated packages of services with a case manager, tailored to help older Australians remain living in their own homes.</p> <p>The types of services that can be accessed under the Home Care Package include:</p> <ul style="list-style-type: none"> ▶ personal services, such as assistance with bathing, showering, toileting, dressing, mobility and communication ▶ nutrition, hydration, meal preparation and dietary advice ▶ continence management, such as using continence aids and appliances ▶ mobility and dexterity, such as providing mobility aids, mechanical devices for lifting, bed rails, slide sheets, etc. ▶ allied health services, such as speech therapy, podiatry, occupational or physiotherapy services, hearing and vision services ▶ transport and personal assistance with shopping, visiting health practitioners and attending social activities ▶ aids and equipment, as well as devices that assist mobility, communication and personal safety.
<p>Independent living accommodation such as retirement accommodation</p>	<p>This type of accommodation is often suitable for people who don't need much additional support. Some offer units or villas and may have communal social and eating areas available. Services vary between facilities, as does the cost.</p>
<p>Respite care</p>	<p>Respite care allows carers to have a break from caring for someone. Respite can range from one day to several weeks or can be used on an emergency basis. It can also cater for varying levels of care from high- and low-level care.</p>
<p>Low-care residential aged care facility</p>	<p>This care option is for older people who are unable, or no longer want, to stay at home. Admission assessment is required from a team, including a geriatrician, nurse, social worker, occupational therapist and physiotherapist.</p> <p>These services offer support to people who are able to move around on their own. Services offered include personal care and hygiene, as well as assisting with laundry, meals and cleaning.</p>
<p>High-care residential aged care facility (nursing home)</p>	<p>These services cater to the more frail and complex health and medical issues of older clients. Residents may require 24-hour nursing care. Some facilities have both low- and high-level care in the one location. This allows residents to move from low-level care to high-level care when their care needs change without having to move location, sometimes referred to as 'ageing in place'.</p>

Promoting holistic health

Holistic care means supporting the whole person, not just part of them.

It includes supporting the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person. For example, it is not much use teaching a person to pronounce words without a lisp if they have nowhere to live and not enough to eat.

As officially defined by the World Health Organization, health is described as being a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity. This means that health encompasses more than just physical health and whether or not you are ill. It incorporates other aspects and a holistic view of the person.

Determinants of health

The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health.

These factors are often complex and interrelated. They influence the chance of maintaining good health, or becoming ill or injured. To a large extent the following all impact on health:

- ▶ where someone lives
- ▶ the state of the environment, such as the level of pollution
- ▶ the genes someone inherits
- ▶ their level of income
- ▶ their level of education
- ▶ the connections and relationships they have with friends, family and the community.

There are also determinants like access to health services and the availability of services to use when required, which is an issue for people living in rural and remote locations in Australia.

The following outlines how various factors can impact on a person's health and overall wellbeing.

Housing



Adequate and affordable housing is necessary for general health. Housing should provide shelter from the elements, safety, protection and security. Homelessness or overcrowding can lead to poor mental and physical health. Poor living conditions, such as the presence of mould, asbestos and allergens is linked with chronic disease, injury and poor mental health. Low-income families or people with disabilities may live in poorly maintained housing that is under-heated, lacks adequate airflow and costs more to heat.

Education



Education plays a major role in personal and social development. It also helps us to build social relationships. Levels of education can influence employment and income, which in turn influences housing, transport, community involvement and many other factors that can affect someone's health. For example, people with low education and illiteracy have higher rates of infant and child mortality and also have lifestyles that lead to chronic diseases, such as obesity.

A level of literacy is needed to be able to understand health information and access health services.

Nutrition



The quality of diet and the health outcomes follow a social gradient. People in the highest income groups are more likely to eat a healthy and balanced diet, be a healthy weight, and have better health outcomes.

Conversely, Indigenous Australians, minority cultural groups, people living with disabilities, and people living in remote and/or socioeconomically disadvantaged areas are less likely to buy healthy food and less likely to eat a healthy diet. They have higher incidences of chronic diseases, such as obesity, cardiovascular disease (CVD) and type II diabetes.

Communication



Communication is a two-way process that requires health professionals to explain information to their clients and the client to understand and process the information they are given. Clients need to be able to communicate their needs and have a certain level of health literacy. Health literacy means they are able to make appropriate decisions regarding their health and follow instructions for treatment.

Poor health literacy can be identified in clients who:

- ▶ are non-compliant with treatment regimens and practices
- ▶ frequently experience the same problems
- ▶ over-use, under-use or misuse the healthcare system
- ▶ have difficulty making informed health decisions.

Example

Treating clients with respect

Shawn needs to spend some time in a rehabilitation centre recovering from a fall. He has been given a printed brochure from his doctor that explains the allied health services he will get access to during his stay. Shawn calls the service and they confirm the information the centre has about him, which was included in the referral sent from his doctor. During the call the administration person gives Shawn directions on how to find the rehabilitation centre, as well as what to bring for his stay.





Practice task 10

Match each term about health promotion to its definition.

- | | |
|---------------------------|--|
| * Health prevention | * The range of personal, social, economic, and environmental factors that influence health status, such as education, communication and nutrition. |
| * Health promotion | * The client is the centre of their own care and they bring their own knowledge about their health and care requirements to the decision-making process. |
| * Client-centred practice | * The support given to clients to manage their health issues and improve their health and wellbeing in the community and at home. |
| * Determinants of health | * The support provided to a client that considers every aspect of their health and wellbeing, including their social and emotional health. |
| * Holistic health | * Assistance to reduce the development of chronic diseases and the impacts of preventable illness, disability and injury. |
| * Primary care | * Assistance to increase a client's control over their own health. |

3B Supporting access and equity

Equality means treating everyone the same, while equity means giving everyone what they need so they have an equal chance to succeed.

The principles of access and equity are designed to ensure fairness in the provision of health services and the right of every person to use a service if they have a need. Access means that a service is available to all people who are entitled to use it. Equity refers to the fair treatment of people using a service, including people who require beneficial treatment due to disadvantage. This allows disadvantaged groups to enjoy the same rights as others.



Respect for access and equity underpins the values and principles of the health sector in Australia. The principal goal of Australia's health system is to provide affordable and accessible healthcare to all Australians. Access and equity principles are also underpinned by a range of federal, state and territory legislation aimed at reducing discrimination, prejudice, stereotyping or harassment that some people may experience because of perceived difference or diversity.

Some people find it hard to access health services due to:

- ▶ language barriers
- ▶ poor knowledge or understanding of available services
- ▶ lack of cultural diversity and training in the health workforce
- ▶ lack of physical accessibility
- ▶ lack of personal support.

One of the main ways AHAs can assist with access and equity issues is to make sure all clients are given relevant, complete and accurate information about the health services they are receiving.

Provide information to clients about the health service, such as:

- ▶ what services they are entitled to
- ▶ how they can access them
- ▶ how they can lodge complaints if they feel they have been discriminated against or have not been given a satisfactory level of service
- ▶ providing health information in a range of formats and languages, and links to networks providing specific services; for example, culturally specific services and disability services
- ▶ providing access to buildings and health services for clients with a disability
- ▶ ensuring services are responsive to religious and cultural requirements, such as providing female or male staff as required
- ▶ encouraging use of advocates or support people where appropriate
- ▶ having a clear set of organisational policies regarding access, equity and anti-discrimination.

Human behaviour and needs

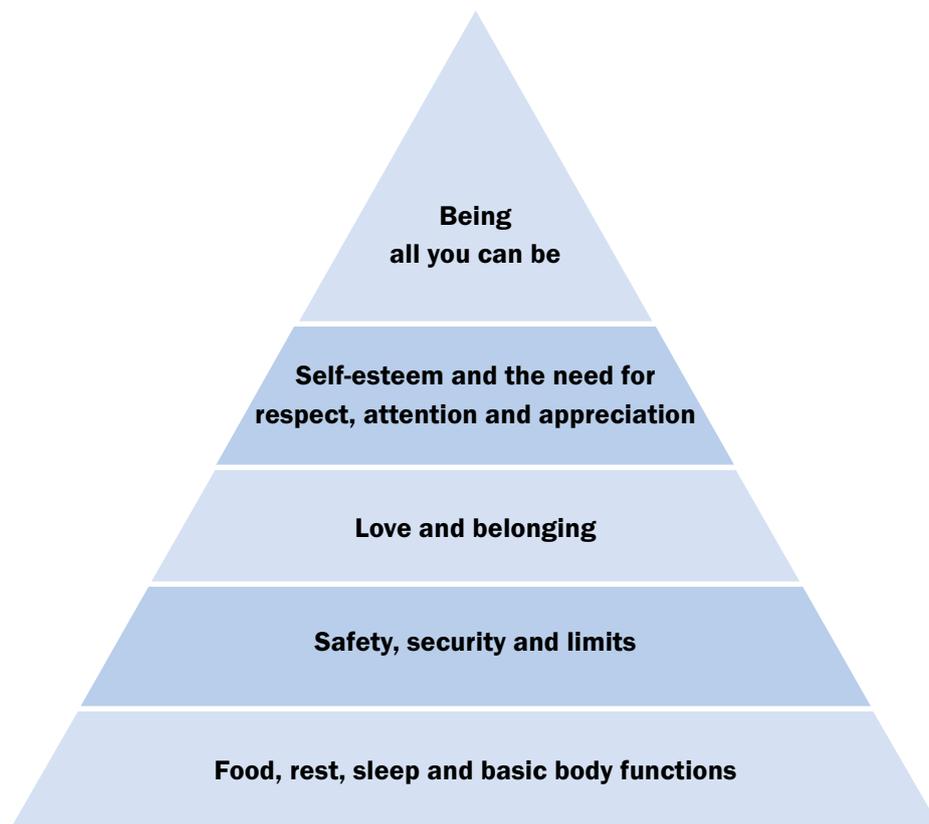
Power is at the core of many social interactions and relationships.

The health system can be viewed as having a hierarchy with the client with the health concern at the bottom and the specialists with their high level of knowledge and expertise at the top. In the past, doctors were considered to have a high social status in a community and most people would accept the judgment of a doctor without question.

As an AHA, you have an important role to play in this power dynamic. In the course of your work you may see one client over an extended period of time. You can develop a relationship with them based on trust where the client's needs and their personalised care are your priority. Offering client-centred care means the client will have their basic needs met. This can help alleviate some of the stress associated with illness.

Maslow's hierarchy of needs describes the basic needs of human beings. This psychological theory outlines the needs we all share and can help you determine what clients require from you as an AHA. For example, setting and achieving goals in rehabilitation from an injury can improve a client's self-esteem.

Maslow's hierarchy of needs is outlined in the diagram below.



Example

Holistic healthcare

John is an 88-year-old man who has recently lost his wife of 60 years. John's GP is concerned that he may struggle to take care of himself and become isolated, increasing his risk of injury, which may lead to him leaving his home to move into an aged care facility. The doctor arranges the following services to ensure a holistic approach to John's healthcare:



- ▶ An occupational therapist (OT) visits John at his home to ensure he is able to safely move around, shower and access the kitchen and clothesline. The OT may suggest modifications, such as handrails or ramps so John can live independently in his home.
- ▶ The GP makes an appointment for John to regularly meet with a counsellor to work through his grief and discuss any concerns he has about his future.
- ▶ A pharmacist home delivery service is arranged so John does not run out of or forget to take his medications.
- ▶ A home and community care worker (HACC) visits John weekly to help with general cleaning of his house. The HACC worker also checks on John's social wellbeing, and monitors whether John is eating adequately, using his heater when it is cold, and showering daily. The HACC worker takes John out to do errands and everyday tasks, such as banking and grocery shopping.

All of these healthcare workers are working together to ensure John is taken care of holistically, not just treating any physical problems he may have.

Evidence-based practice

Evidence-based practice is a clinical decision-making framework.

Healthcare assessments and treatments are selected and used because research has shown them to be the most beneficial. AHPs study data and research around different techniques to use in their practice and other aspects of their service to clients. Ongoing professional development requires keeping up to date with the latest research or changes in trends so the client receives the most current and up-to-date care. Sometimes the available evidence may not be particularly strong, but there is a commitment in healthcare to ongoing evaluation and research of practice.

AHPs will employ many standardised test procedures and assessment tools to accurately assess their clients and determine a course of action, such as a treatment plan or program. You may be asked to assist in carrying out these assessments, recording results or implementing a therapy. As an AHA, you are not expected to know and understand all the possible approaches of a health professional, or the reasoning behind the use of these strategies. However, it is important that you have an appreciation that there is clinical reasoning behind them. This reasoning is based on theory and supported by evidence-based practice.

Reflecting on your work

Self-evaluation is a process that involves looking at yourself and rating the quality of your work.

This means considering what you do and reflecting on the way you provide services to clients. Reflection allows you to change and improve. From this you should be able to identify your strengths and weaknesses, and where you may be able to improve or extend your knowledge, skills and experience. This will help you to develop stronger skills in working with others and performing your role as an AHA.

Self-evaluation can be part of everyday practice as you communicate with others, make decisions and gain an increasing understanding of your job and the various roles you are asked to complete. Your supervising AHP will be able to provide advice and suggestions to improve your practice.

Self-evaluation can occur in several ways, some of which are outlined here.

Informally

Self-evaluation is part of everyday practice as you communicate with others, make decisions and gain an increasing understanding of theory, research, principles, practices and education.

Formally

Self-evaluation occurs as part of a review with your supervising AHP. This review may look at your personal abilities and skills. It highlights your strengths and identifies your weaknesses, allowing you to discuss and plan strategies to improve.

Meetings and discussions

Self-evaluation can occur at staff meetings or through discussion with your supervisor. This should challenge you to take in new information and think about its relevance.

Example

Providing access to all

Marianna is a refugee who recently arrived in Australia. She is waiting for her application for residency and is therefore not yet eligible for a Medicare card. She attends a local refugee health network service which has been specifically set up for refugees like Marianna. This is a free service run by a number of different health professionals who volunteer their time.

Initially Marianna is assessed by an intake officer who determines the services she may require. The intake officer organises the internal referrals and books the appointments, including an interpreter to ensure Marianna can communicate clearly and is able to understand the information provided to her.





Practice task 11

Select true or false for each of the following.

Question 1

AHAs do not need to have any understanding of evidence-based practice as this is restricted to the scope of an AHP.

- True
- False

Question 2

Some clients can't access health services due to language barriers or lack of cultural diversity and training in the health workforce.

- True
- False

Question 3

Allied health workers can make an important contribution to meeting the basic human needs of their clients through provision of client-centred care.

- True
- False



Summary

- ▶ Primary healthcare supports people by allowing them to manage their health issues in the community and at home rather than in hospital.
- ▶ Health prevention focuses on reducing the development and severity of chronic diseases and reducing the impacts of preventable illness, disability and injury.
- ▶ Health promotion aims to assist people to increase their control over their own health.
- ▶ Client-centred practice places the person at the centre of their own care and values the knowledge a person brings about their own healthcare needs.
- ▶ Holistic care means supporting the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person.
- ▶ Determinants of health and external factors that may influence a person's health status include personal, social, economic and environmental factors.
- ▶ Respect for access and equity underpins the values and principles of the health sector in Australia.
- ▶ As an AHA, you must have an appreciation that there is clinical reasoning behind the decisions made by the AHP, which is supported by evidence-based practice.
- ▶ Reflecting on the way you provide and perform services to clients allows you to identify your strengths and weaknesses, and where you may be able to improve or extend your knowledge, skills and experience.



Learning checkpoint 3

Working with a primary healthcare approach

1. Which of the following are examples of primary healthcare? Select yes or no for each one.

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| a. Involve the client in making decisions regarding their health and care requirements. | * Yes | * No |
| b. Involve community resources and services in the planning and provision of health services for the client. | * Yes | * No |
| c. Encourage the client to fundraise to promote and raise awareness of local health issues. | * Yes | * No |
| d. If too many workers focus on access and equity issues, health resources would be overused and this would affect the health of the wider population. | * Yes | * No |
| e. Holistic healthcare is about more than just the absence of disease and encompasses a holistic view of the person. | * Yes | * No |
| f. Every health worker has the responsibility to meet the personal needs of each client. | * Yes | * No |

2. Which of the following statements relate to determinants of health? Select all that apply.

- Clients need to be able to communicate their health needs and follow instructions.
- Communication is a one-way process that requires health professionals to explain information to their clients.
- Housing needs to provide shelter from the elements and cooling for hot weather regardless of the costs incurred in energy bills.
- A client's level of education influences their employment and income, which in turn influences many other aspects that affect their health.
- People living in remote areas are less likely to have a healthy diet, leading to higher incidences of chronic diseases.

3. Give **two** reasons why evidence-based practice is important in your role in providing healthcare to clients.

