# CHCCCS011
# Meet personal support needs

Release 1

**Learner guide**

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## Learner guide

Aspire Version 1.2

## Version control and modification history

| Version | Release date | Modification |
|---|---|---|
| Release 1, version 1.1 | April 2017 | First release |
| Release 1, version 1.2 | January 2019 | Minor corrections as part of our continuous improvement program. Tasmania added to aids and equipment table. |

# Contact details

## Participant

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Start date: ......................................................................................

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## Work location

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Workplace supervisor name: ......................................................................................

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## Registered Training Organisation (RTO)

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# Contents

# Before you begin

This learner guide is based on the unit of competency *CHCCCS011 Meet personal support need*s, 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.

| Feature of the learner guide | 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 and case studies | ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints.<br>▶ Case studies highlight 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. |
| Video clips | ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help |
| Summary | ▶ 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 | ▶ Understanding your job role, organisational procedures and legal responsibilities<br>▶ Managing your work and seeing how well you are going and making goals for yourself at work<br>▶ Seeking professional development opportunities for continuous improvement |
| Reading | ▶ Understanding how documents are presented and being able to navigate through documents<br>▶ Understanding industry- and job-specific terminology<br>▶ Interpreting key information in relevant documents<br>▶ Understanding routine workplace checklists and documentation |
| Writing | ▶ Planning, drafting and writing reports and documents<br>▶ Communicating through written letters, email and online<br>▶ Recording progress; reporting incidents |
| Oral communication | ▶ Clarifying instructions<br>▶ Providing information<br>▶ Supporting others through encouragement, negotiation and conflict resolution<br>▶ Using body language to model desired behaviour and responding to others' body language |
| Numeracy | ▶ Calculating costs, weights, measurements of height and distance<br>▶ Interpreting measurements |
| Teamwork | ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport |
| Planning and organising | ▶ Planning your workload and commitments<br>▶ Implementing tasks<br>▶ Completing work on time<br>▶ Knowing how to deal with hazards and risks |
| Making decisions | ▶ Understanding and applying decision-making processes<br>▶ Reviewing the impact of your decisions |
| Problem-solving | ▶ Identifying problems<br>▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome |
| Innovation and creation | ▶ Recognising opportunities to develop and apply new ideas<br>▶ Generating ideas by thinking of new ways to do something<br>▶ Making suggestions to improve work |

| Foundation skill area | Foundation skill description |
|---|---|
| Technology and digital literacy | ▶ Efficiently using digitally based technologies and systems correctly and safely<br>▶ Accessing, organising and presenting information<br>▶ 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 Determine personal support requirements | 1A Review individualised plan | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1B Identify requirements outside of scope of your own role and seek support | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1C Consider the potential impact that provision of personal support may have on the person | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1D Consider specific cultural needs of the person | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1E Consider specific physical and sensory needs of the person | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 1F Identify risks associated with the provision of support and confirm with supervisor | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| Topic 2 Maximise participation | 2A Discuss and confirm the person's own preferences for personal support | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 2B Consider and confirm the person's level of participation | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |
| | 2C Provide the person with information | ☐ Confident<br>☐ Basic understanding<br>☐ Not confident |

| Topic | Key outcomes | Rate your confidence in each section |
|---|---|---|
| Topic 3 Provide personal support | 3A Safely prepare for each task | Confident<br>Basic understanding<br>Not confident |
| | 3B Take account of identified risks in the provision of personal support | Confident<br>Basic understanding<br>Not confident |
| | 3C Identify and respond to routine difficulties during support routines | Confident<br>Basic understanding<br>Not confident |
| | 3D Identify changes in the person's requirements | Confident<br>Basic understanding<br>Not confident |
| | 3E Work with the person and supervisor to identify required changes to processes and aids | Confident<br>Basic understanding<br>Not confident |
| | 3F Maintain confidentiality, privacy and dignity | Confident<br>Basic understanding<br>Not confident |
| Topic 4 Complete reporting and documentation | 4A Comply with the organisation's reporting requirements | Confident<br>Basic understanding<br>Not confident |
| | 4B Complete and maintain documentation | Confident<br>Basic understanding<br>Not confident |
| | 4C Store information | Confident<br>Basic understanding<br>Not confident |

# Topic 1

In this topic you will learn how to:

**1A**   **Review individualised plan**

**1B**   **Identify requirements outside of scope of your own role and seek support**

**1C**   **Consider the potential impact that provision of personal support may have on the person**

**1D**   **Consider specific cultural needs of the person**

**1E**   **Consider specific physical and sensory needs of the person**

**1F**   **Identify risks associated with the provision of support and confirm with supervisor**

# Determine personal support requirements

People with personal care needs may require support while living at home, in shared care or during activities at a centre such as a day program. Personal care includes supporting people with a range of daily activities and tasks, depending on their level of need. It is very important that you support the person to do as many of the tasks for themselves and only provide assistance for those tasks they cannot do. Each person you work with will have different needs depending on the type of disability, impairment or condition they have; where they live and who lives with them; their personal beliefs; their cultural background; their preferences and life experiences; and other individual characteristics.

# 1A Review individualised plan

Personal care activities are the tasks carried out to maintain the person's health, appearance and general wellbeing. Support workers provide assistance with these activities to people who would normally perform these tasks themselves, but now require assistance due to illness, disability or frailty.

Personal care services may be required for:

▶ washing

▶ dressing and undressing

▶ grooming

▶ hair and nail care

▶ oral hygiene – looking after the mouth, gums and teeth

▶ mobility – moving part of the body

▶ transfer – moving someone from one place or position (such as from a bed to a chair)

▶ toileting

▶ eating and drinking

▶ respiration – breathing

▶ skin maintenance – looking after the skin.

## Role and responsibilities of a support worker

A support worker helps people to maintain their independence for as long as possible. Sometimes they will support people with their personal care needs. This involves helping with general daily activities, monitoring their wellbeing and reporting any notable changes. It involves providing care in a way that focuses on the person and their personal preferences and needs.

Personal care can be delivered to a range of different people, in a range of locations and contexts, including:

▶ a person in their own home

▶ people at a service or community venue or other community setting

▶ people living in a residential care environment.

## Confirm personal support needs

There are many activities of daily living that need to be done in order to keep people comfortable, healthy and safe. Support workers will have a number of different tasks to do in order to assist their clients to complete these activities.

The tasks people do every day are called activities of daily living. These are the things we do to keep ourselves and where we live clean, safe and organised. Below are descriptions of the types of daily activities people do and the ways in which these things can become more difficult when people are aged or have a disability.

## Home and garden care

A physical disability can prevent a person from maintaining their home, meaning it becomes unsafe and uncomfortable. Arthritis or other joint problems may mean it is difficult to bend or kneel down. If the garden becomes overgrown or falls into disrepair, it may become unsafe.

Example of activity:

▶ Cleaning the windows

▶ Sweeping

▶ Weeding

## Transport

A person with an intellectual disability may never be able to obtain a driver's licence and may then have to rely on others for transport or use funds to pay for transport for their whole life.

Example of activity:

▶ Driving

▶ Catching a bus

## Going out

A person who has a progressive condition may not be able to go out and see friends or socialise as often as they would like to. They may become socially isolated.

Example of activity:

▶ Visiting friends

## Domestic cleaning

Problems with joints, muscles or vision can make domestic cleaning very difficult. An unclean house can be unhealthy and unsafe.

Example of activity:

▶ Clearing the table

▶ Washing the dishes

▶ Sweeping

## Domestic laundry

Memory problems or other intellectual disabilities can mean a person may not be able to learn or remember how to do laundry.

This may mean their clothes are dirty or unironed and may lead to them being ridiculed by peers or avoided socially by friends and acquaintances.

Example of activity:

▶ Hanging clothes out to dry

▶ Folding the washing

## Preparing meals

Memory problems can make cooking dangerous.

Example of activity:

▶ Chopping up vegetables

▶ Cooking and using the oven and/or stove

## Shopping

Shopping can be difficult if the client cannot drive, or has difficulty walking or lifting heavy weights.

Example of activity:

▶ Buying things to eat

## Bills and letters

Problems with vision or memory can make writing or remembering to pay bills difficult. Not paying bills may mean essential services such as electricity or telephone are disconnected.

Example of activity:

▶ Paying a phone bill

## Caring for pets

Pets can be dangerous as a trip hazard, or if they jump or knock the client over. If the client has arthritis or muscle weakness, they may have difficulty opening a can of food or taking a pet for a walk.

Example of activity:

▶ Feeding

▶ Cleaning

## Personal care

Paralysis, difficulties with standing or reaching and memory problems can all make personal care tasks difficult. Not maintaining personal care can affect health and wellbeing.

Example of activity:

▶ Showering

▶ Cleaning teeth

# Changes in client support needs

Common conditions associated with ageing or having a disability can create challenges in just getting usual daily tasks done. As people age, their needs in these areas may change, and the activities of daily living they do to meet these needs may also change. This means that people may have difficulty achieving or maintaining independence.

Some types of daily activities that may change are listed below.

| Types of daily living activities that may change over time | |
| --- | --- |
| ▶ Physical | ▶ Sexual |
| ▶ Emotional | ▶ Safety and security related |
| ▶ Cultural | ▶ Nutritional |
| ▶ Spiritual | |

## Document changes in support needs

As a support worker, you must understand the needs of people to whom you provide care. You must regularly monitor and confirm the level of support required by a person to ensure you are meeting their needs. You will need to document any changes to your person's support according to your workplace policies and procedures. If you are unsure about how to do this, speak to your supervisor.

## Personal support requirements

It is very important that people you provide care for are able to complete their personal care tasks so they remain as safe and healthy as possible. The changes and conditions that commonly occur as people age or the limitations caused by disability can affect their ability to remain independent. They may need assistance or supervision when they are carrying out their personal care tasks.

Personal support requirements that may be required include:

▶ Personal hygiene, oral hygiene and health care

▶ Eating, drinking and using feeding techniques

▶ Toileting, use of continence aids. Shaving, showering, bed bathing and elimination

▶ Dressing and grooming (including assisting with pressure stockings)

▶ Hydration and nutrition, including dysphagia

▶ Maintaining skin health and preventing pressure sores

▶ Mobility and transfer (including assisting the client in/out of vehicles or with fall recovery)

▶ Medication

▶ Nail care

▶ Respiration

## Personal hygiene

Personal hygiene means keeping our bodies clean and free of dirt. It means looking and smelling fresh. The main activities we undertake to maintain our personal hygiene are washing, dressing and undressing, grooming and oral hygiene. A support worker should only perform the tasks detailed in the support plan. If the support plan says the person can do some parts of the tasks themselves, make sure you encourage this.

# Cleanliness

An individualised support plan will let you know what type of support and assistance a person needs with personal cleanliness and how to provide it. It will give information on whether the person has a shower, bath or sponge bath. It will tell you what parts of washing they can do themselves and what parts they need help with.

Make sure you plan your work. Think about the things that need to be done before the person is washed, before the water is running and the person is undressed. Think about the things you will need after washing the person, such as towels, powder, a chair and clothes. They should be in easy reach before you begin.

# Dignity, privacy and cultural issues

When helping a person to wash, it is important to help them maintain their dignity and privacy. Make sure they stay covered for as long as possible. If they only need a little help or supervision, try to seem busy doing something else in the room rather than look like you are watching them. If they need your help with washing, talk about other things while you wash them to divert their attention. If you need to ask or tell them something about what you need to do, be direct. If you are calm, confident and not embarrassed, this will put the person at ease.

You also need to make sure that you are aware of and show respect for the person's cultural and religious beliefs. You must consider these beliefs and the way they affect the tasks you carry out.

# Washing

Some people will be able to wash themselves and will only need help to get in and out of the shower or bath. Other people may be able to wash most of their own body, but may not be able to reach some areas such as their feet or back. Others may need help washing all of their body.

You can wash the body by showering, bathing or sponging. Activities of daily living related to washing include getting the shower or bath running, checking temperature of the water, washing the body and hair, and drying the body and hair. These activities can be difficult for clients so be sure to help with all of the tasks indicated in the support plan.

Here are some activities of daily living where assistance may be required.

| Washing |
| --- |
| ▶ It is very important that people are clean. Keeping skin clean helps to prevent cracks or other openings developing in our skin, where disease-causing bacteria could enter and cause illness. |
| ▶ Washing helps to remove bacteria and lowers the risk of infection. It is especially important to carefully wash (at least every second day) areas that are exposed to urine or faeces, which can cause burns. |

**Sponge bathing**

▶ For some people, getting into a shower or bath is too difficult and it is necessary to help them to wash with a sponge.

▶ When washing this way, it is important to make sure that the person's body is washed thoroughly, including all of the difficult-to-reach places.

**Drying**

▶ After a shower or bath, a person's whole body must be dried properly. Leaving the skin damp may cause redness, rashes or cracks in the skin and may allow fungus to grow, causing infection or illness.

▶ Encourage or assist the person to carefully dry toes and fingers, and in areas where there are folds of skin; for example, around the stomach, back or under breasts.

# Dressing and undressing

There are many reasons why some people need assistance with dressing and undressing.

Assistance may be required in circumstances where a person may:

▶ have involuntary movements or arthritis in their hands and not be able to manage buttons and zips

▶ not be able to stand for long periods

▶ not be able to balance properly

▶ have vision problems and not be able to see colours or whether their clothes are clean

▶ have an intellectual disability, memory problems or dementia and be unable to choose appropriate clothing.

# Select clothing

People should be dressed in clean, suitable, laundered and ironed clothes. This way, peoples' clothes are hygienic and feel comfortable. This assists them to maintain their dignity. As a support worker, you should respectfully point out when clothes are soiled or need ironing. Do not be embarrassed or concerned that you may insult the person – most people would prefer to know. Remember, though, if a person chooses to wear the clothes anyway, this is their choice. Talk to your supervisor if you are concerned or have any difficulty with this aspect of your role.

You will need to ensure that the type of clothing you select is suitable. Consider the following factors.

**Weather**

Check the weather to ensure that your client will not be too hot or too cold when wearing the items you have selected.

**Situation**

Different clothes are required for different occasions. For some people, it is very important to be well dressed if they are going to a social event, seeing a doctor or meeting other professional people.

**Personal ability**

It is important that people are wearing clothing that they can manage. For example, they should not wear clothing that prevents them from going to the toilet independently. Velcro or hook fastenings, pants with elastic waists instead of clothing with buttons or zips may be more suitable. An occupational therapist may find ways for people to manage things like buttons, zips and other fastenings.

# Grooming

Personal hygiene and grooming maintains a person's health, appearance and general wellbeing. It means keeping their bodies clean, free of dirt, and looking and smelling fresh. Personal hygiene involves washing and oral hygiene to keep the body clean. Grooming involves making sure clients' clothes are neat and tidy, their hair is brushed, fingernails are clean, men are clean-shaven, and women have their make-up on where this is their preference.



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# Ensure grooming is appropriate

Where possible, ask the person or their carer what they are doing for the day to make sure their grooming is appropriate. Always tell the person what you are going to do before you do it. Check the person when they have finished their grooming to see that they have not forgotten something. Tell them they look good. It is reassuring for someone who cannot do their own grooming to know they look good, and that someone else is checking for them and cares about how they look.

Some of the reasons why grooming people may be required are outlined below.

**Physical disability**

▶ A person with a physical disability affecting the use of their arms or shoulders may have difficulty lifting their arms to brush or comb their hair, apply make-up or hold a shaver.

**Vision problems**

▶ A person with vision problems may have difficulty seeing if their hair is neatly combed, their face smoothly shaven, their make-up neat and natural or if their nails are clean.

**Dementia**

▶ A person with dementia may have forgotten how to groom themselves appropriately and regularly.

**Example**

### Assist a client with grooming

Jane is the support worker who helps Mr Spears. Mr Spears used to work in a bank in the city and has always been particular about his clothing and grooming. He always wore a collar and tie on weekdays. When going out, he was always clean-shaven with combed hair and neat, clean fingernails. As he is getting older now, his sight is failing and he has trouble seeing if he has shaved properly or if his clothes are clean. Jane is aware that this is very important to him. She always checks carefully that he looks neat, tidy and clean. She tells him that he does. Mr Spears can then go out feeling confident that he is properly dressed and groomed.

# Oral hygiene

Oral hygiene is making sure that the teeth and mouth are clean. Some people have their own teeth, while others may have dentures. Where people still have some or all of their own teeth, it is important they care for them well so they do not become decayed. Dentures must also be cleaned and appropriately cared for.

Support workers may be required to assist clients with cleaning their teeth and/or cleaning and soaking their dentures. People may only need reminding to do these tasks, or they may need assistance. The person's support plan will provide information on the level of support required with oral hygiene.

Tasks associated with teeth and denture care are shown below.

**Teeth**

- ► Reminding people to brush their teeth
- ► Assisting them with preparing the brush and toothpaste
- ► Assisting with brushing

**Dentures**

- ► Removing and cleaning each day
- ► Using special pastes or soaking solutions as required

**Mouth and gums**

- ► Making sure that their mouth and gums are clean and cared for
- ► Assisting with using a mouthwash to make sure food particles are rinsed away and their mouth is clean

**Example**

### Personal support plan

Mr Lockyear has partial lower dentures. The rest of his teeth are his own. Mr Lockyear needs prompting to clean his dentures and his other teeth or he forgets. He also needs assistance with cleaning his dentures.

A support worker would need to remind Mr Lockyear to remove his dentures at night, then assist as follows:

▶ Rinse dentures and brush with denture paste.

▶ Place dentures in container with water and cleaning tablet.

▶ Put toothpaste on toothbrush and have a glass of fresh water ready.

▶ Remind Mr Lockyear to brush his teeth.

▶ Monitor him and prompt him to clean top and bottom properly.

▶ Prompt him to rinse properly.

▶ Rinse toothbrush and cup when he is finished.

# Mobility and transfer

Mobility means being able to move around. This may mean walking unassisted, using a walking stick or walking frame, or moving around in a wheelchair. Transfer means being able to get from lying down to sitting, or sitting to standing. People may have trouble with mobility and transfer.

The person's support plan should describe how much help they need. They may be independent, but need reminding about the best way to transfer or move independently. They may need assistance such as stabilising a walking frame or positioning their hands and feet. They may not be able to move or transfer at all. This may need to be done for them with special equipment, such as a hoist.

Some reasons why people find mobility difficult:

▶ Problems with the joints or muscles in their legs, hips, back or arms, might restrict movement.

▶ Impaired vision may make moving around and finding their bed or chair difficult.

▶ Uncontrolled movements in their limbs may make movement and balance difficult.

# Assistance with mobility and transfer

It is important that some people are assisted with mobility and transfer because they could otherwise get stuck lying in bed or sitting in a chair all day. A person may be in danger if they are not able to get the assistance they need to be as active as they can be. Some examples are below.

### Examples of mobility and transfer in daily living activities

▶ Getting out of bed

▶ Getting in and out of the shower

▶ Going to the kitchen for food and drink

▶ Going to the toilet

▶ Sitting down to read a book or watch television

▶ Answering the telephone

▶ Getting into a car or bus to go to work or school

# Elimination

Elimination in the personal care context means being able to go to the toilet to eliminate body waste. It means being able to urinate and defecate. Elimination can become a problem for older people and for people with disabilities.

People can have difficulty with controlling elimination. This is referred to as incontinence. They may have to use incontinence aids such as pads or special underwear to prevent their clothes becoming soiled. Elimination may occur whenever waste materials are present or if the person strains due to activities such as laughing, exercising or lifting. A person can be incontinent with urine, faeces or both.

People who are incontinent have little or no control over their bodily functions. They may require support to use incontinence aids appropriately and to remain clean and washed. This prevents damage to their skin, their clothes and helps them to smell and feel fresh at all times.

# Elimination difficulties

People may have difficulty making elimination occur. They may not be able to urinate or defecate when they need to. Not eliminating bodily wastes can be very dangerous and can make a person very sick. Some people who are unable to urinate will need to have a catheter fitted, which connects to a bag that collects the urine. People who have a catheter may need assistance emptying the bag.

It is important that the person's body is kept clean around the catheter area. Catheters can provide an entry point for bacteria, and infections can easily occur if the site is not kept clean.

People may also have difficulty eliminating faeces, which is known as being constipated. This means the person has not passed faeces for some time and there is a build-up that the person is unable to pass. A doctor may prescribe medication for constipation. As a support worker, you may need to remind the person about when to take the medication or to assist them with personal hygiene. Other difficulties people may have with elimination are usually managed by a doctor or other health professional.

Here are some things to keep in mind.

> **Things to remember when assisting people with elimination**
>
> ▶   Use any aids the person requires for support.
>
> ▶   Assist the person to keep clean.
>
> ▶   Immediately report any changes to the person's ability to eliminate waste.

# Hydration, nutrition and feeding

A person must remain properly hydrated to be healthy. Dehydration is the condition that occurs when a person does not have enough water in their body. They become weak, very sick and may die if not treated. Likewise, we need vitamins, minerals, proteins, carbohydrates, fats and fibre for our bodies to work properly and for us to stay healthy.

Some reasons that people may need assistance with hydration, nutrition or feeding are shown below.

### Mobility limitations

People may have difficulty mobilising or standing and cannot prepare a meal or get a drink.

### Memory problems

Memory problems mean that people sometimes forget to eat and drink properly, or they cannot safely prepare a meal.

### Parkinson's disease

Conditions such as Parkinson's disease may mean that people are unable to chew or swallow properly and cannot feed themselves.

### Physical disability

People may have physical disabilities and are therefore unable to feed themselves.

### Teeth or dentures

Sometimes problems with teeth or dentures mean that assistance with feeding is required.

### Arthritis

Conditions such as arthritis can make food preparation painful, so people need support to prepare their meals.

# Assist with hydration, nutrition and feeding

It is very important that people have proper hydration and nutrition. The person's support plan will describe the support the person's needs. If you are unsure or concerned about a person, report this immediately to your supervisor.

| Examples of ways to assist people with hydration and nutrition |
| --- |
| ▶ Prompt them to eat and drink properly. |
| ▶ Assist them to prepare food and drink. |
| ▶ Monitor them while they eat and drink. |
| ▶ Prepare vitamised food or thickened drinks for clients with chewing or swallowing problems. |
| ▶ Assist them with feeding. |

# Respiration

Respiration means breathing. It is critical to health and life. When you breathe in, you move oxygen from the air into the bloodstream. When you breathe out, you move carbon dioxide from the bloodstream out of the body into the air. Respiration uses the mouth, throat, lungs, heart and diaphragm.

Some people you support may have difficulty with respiration. They may have a condition that makes breathing difficult or that causes less oxygen to enter the body. Health professionals may be required to treat such conditions.

# Respiration and mobility

People with respiration difficulties may be unable to move around without becoming breathless. They may need to receive oxygen via a tube and carry a tank around with them. This makes moving around difficult. They may not be able to do their daily living activities without assistance or supervision.

The person's support plan will describe the types of assistance these people require.

**Example**

**Assistance with personal hygiene, mobility and meal preparation**

Mrs Hawkins is 58 years old and lives alone in a small unit. She smoked for 35 years. She gave up last year after being diagnosed with advanced emphysema. She has tubes providing oxygen directly through her nostrils at all times and she has an oxygen tank on a trolley if she needs to move more than a couple of metres. Mrs Hawkins cannot walk more than 10 or 12 steps without getting breathless, and cannot do any tasks of daily living, such as washing or dressing, without assistance.

Support workers from the local home care service assist Mrs Hawkins every morning and night to get up, get washed and dressed each day and to get ready for bed each night. They also prepare some of her meals. She has meals delivered five days a week and home help for cleaning, laundry and shopping every week. She spends most days sitting in a chair watching television. The most she can do on her own is walk to the toilet or into the kitchen to make a cup of coffee. Without the support service, she would have to move into an aged care facility as she would be unable to manage.

# Skin maintenance

Some people may need to be supported to have healthy, clean, moisturised and intact skin. The skin is the body's largest organ. The skin protects the fragile internal organs from disease-causing bacteria and viruses. If the skin is cracked or torn, these disease-causing germs can enter the body and the person may become ill.

Remember, it is important to report any changes you notice in the person's skin condition. As people get older, their skin becomes thinner and is easily torn or damaged. Skin maintenance is important to protect the body from disease and infection. Some people will only need reminding; others may need assistance with part or all of these tasks. The person's support plan will provide details of the level of support required.

Skin maintenance assistance may be required for:

▶ people who have difficulty reaching to wash and dry or apply creams to their skin

▶ people who may have a condition that causes rashes or cracks in their skin

▶ people who may forget to wash and dry properly or apply creams if needed.

# Use aids and equipment

There are many different types of equipment or aids people can use to assist them to remain independent. There is also equipment you may need to use to assist people with their personal care tasks. Usually occupational therapists or physiotherapists assess the person's need for equipment. They make sure the person gets the right piece of equipment to help them.

Some aids or equipment need to be fitted to suit the person's needs by the therapist. The therapist will show the person how to use the equipment. Support workers must know how to use aids and equipment as well to avoid the potential for harm and provide quality care.

# Types of aids and equipment

There are many different types of equipment available to assist people to perform everyday tasks that would otherwise be quite challenging. The type of suitable equipment depends on what tasks they are having difficulty with and why.

You need to be familiar with the types of equipment that are used by people you support. You need to know how to check, clean and maintain each type of equipment to ensure it continues to function properly. You also need to be shown how to use each piece of equipment before using it to provide support to a person.

Examples of such equipment are listed below.

| Equipment and aids that may be incorporated into an individualised plan | |
|---|---|
| ▶ Wheelchairs and mobility aids | ▶ Scales |
| ▶ Lifting and transfer aids | ▶ Continence and toileting aids |
| ▶ Beds | ▶ Personal audio-visual aids |
| ▶ Breathing devices | ▶ Modified feeding aids |

# Seek appropriate support

You will learn how to use many types of equipment and aids to assist the people that you provide support to.

When you are new at your job or take on a new role, you may not know how to do certain processes and tasks. It is important that you understand which tasks, processes, equipment and aids are part of your role as a support worker. You will learn this information as part of your induction or orientation to your role, by reading your position description, by reading the procedures and guidelines in your workplace, and by undertaking formal and informal training and development.

# Limits to support processes, aids and equipment

Regardless of the type of personal care work you do and the needs of the people you support, there will be limits on the types of processes, aids and equipment you are permitted to undertake or use. This is to ensure the safety of you both. For example, for a person with a urinary catheter, you might be permitted to empty the catheter bag and ensure the entry area is kept clean and report any changes to your supervisor. However, you would not be permitted to remove the catheter or to replace it if it becomes dislodged.

# Practice task 1

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

**Case study**

Louise is a support worker who helps Madeline with her shower. Madeline's support plan indicates that she needs help getting into the shower and sitting on the shower chair. She can wash most of her body herself, but needs help to wash her feet and she needs to be reminded about washing properly elsewhere. The support plan indicates the worker should remain in the bathroom and supervise Madeline while she showers, then help her out of the shower and dry her feet and legs.

1. List the tasks the worker needs to do to help Madeline with showering.

2. Describe how you, as a support worker, could ensure you respect Madeline's privacy and dignity, and help to put her at ease while she is in the shower.

## Click to complete Practice task 1

# 1B Identify requirements outside of scope of your own role and seek support

Workplace rules and guidelines tell you how to do your job. Your job role should have a formal job description that describes your responsibilities. When providing personal support, you need to be able to read and understand the personal support plan and the rules and guidelines for your workplace. You must be confident in asking for help if you do not understand something. There are always people in your workplace who can help you with information you do not understand.

## Roles and responsibilities

As a support worker, you are required to offer support that is responsive to the person's needs. Their support must be based on a partnership model, where they are responsible for taking an active role in determining their care needs; deciding on an appropriate personal support plan; and implementing and monitoring the actions and outcomes of the plan.



## Personal support plans – your role

As a support worker, you are required to offer care that is responsive to the client's needs. Person care must be based on a partnership model, where they are responsible for taking an active role in determining their own care needs; deciding on an appropriate personal support plan; and implementing and monitoring the actions and outcomes of the plan.

## Give support and assistance

You should always have access to written documentation that is important for your job. Always make sure you take the time to read it. If you feel a person is capable of performing a task, but the support plan says they cannot or should not, discuss this with your supervisor. Your supervisor will know why the plan says what it does and may be able to assess the task and change the plan if needed.

In some cases, especially where the person can make decisions for themselves, the support plan must be flexible to fit with their needs at a specific time. Where the person is unable to make their own decisions, the plan must be followed closely. Even if the person says they are able to do a task, or it looks like they are able to, there may be a very good reason why the support plan indicates otherwise.

## Personal care information

There are several things you will need to know about the person for whom you are delivering personal care services so that your support can be targeted accordingly.

Here is an example of the typical information you will require.

| Personal care information |
|---|
| ▶ Their name and what they prefer to be called, or how they want to be addressed |
| ▶ The country in which they were born and the cultural implications this may have |
| ▶ Which language/s they speak or prefer to speak |
| ▶ Their condition, disability or other concerns that impact their independence |
| ▶ If they are an Aboriginal and/or Torres Strait Islander person |
| ▶ If they have a disability or impairment |
| ▶ If they have memory support issues (dementia or other cognitive issues) that may impact them |
| ▶ If they have any communication challenges |
| ▶ Whether they are financially disadvantaged |
| ▶ Whether they live in a rural or remote area |

## Tailor support

Information you find out will shape and inform the way you assist with the person to meet their personal care needs. For example, if the person is from a different cultural background, you need to understand their beliefs and identify how these beliefs may impact your approach to providing personal care – you need to approach your tasks in a culturally appropriate way. If the person is financially disadvantaged, you should be mindful of this when suggesting they buy certain personal care products and ensure they are used appropriately.



Information about the person is recorded in their personal support plan. This may be a stand-alone personal support plan or it may form part of a wider individualised plan. Make sure you have read and reviewed their support plan before providing support. Always check with the person, in case the plan has not been updated.

## Location of the service

People are encouraged to stay living in their own home for as long as possible; only when a person gets to a point of needing more support, are they encouraged to move into an aged care home. The provision of personal support can therefore be provided in a range of places.

| Person's home |
|---|
| ▶ This can vary considerably. For example, the person may reside in a house, a unit, an apartment in a retirement community, or even a caravan or mobile home. |

**Aged care home**

▶ You might provide personal care as part of your role in an aged care home.

**Program or activity**

▶ People with support needs often participate in a range of programs to strengthen and/or maintain their skills and abilities. This includes people who reside in the general community or in an aged care home. You may have to support a person so they can participate in a program.

**Shared accommodation**

▶ There are various forms of shared accommodation situations where you may be required to work as part of supporting the individual. For example, special accommodation settings; family homes where other family members also live; supported accommodation, where other services also provide supports.

# Abilities and preferences

Every person you work with will be different. A person's ability to complete all or some of their personal care tasks will vary. Some people may only need help with parts of tasks, or with some but not all tasks. Others may need much more support. A person's abilities and preferences may change over time; for example, their condition may worsen, which means they can no longer perform tasks they were able to before. In some instances, some people regain skills and then don't need as much support.

You will find out information about the person's preferences from their personal support plan or by speaking with them. Some people may have challenges communicating clearly and those with memory support needs (for example, dementia) may not be able to convey their personal preferences. It may be necessary for the person's family or carer to assist in establishing and communicating information about their care abilities and preferences.

A person's needs and preferences may vary due to:

▶ preference for the order in which tasks are done

▶ desired level of privacy

▶ mood

▶ cultural background or upbringing.

# Coordinated approach

It is likely that the person you support will also be receiving support from others. Others can include service providers, family members, neighbours, church groups and people in the person's networks. If this is the case, it is important that supports are well-coordinated and that all of those providing support work together to ensure the person receives the best care possible. The person's personal support plan or assessment information will have the information about the level of support required. You need to be clear about your responsibilities and who is responsible for additional support and services. Here is further information explaining a coordinated approach.

The person may have a spouse, family member or a primary carer who lives with them, or visits and provides some support. They may have lived in the area for many years and have a relationship with a neighbour who also pops in to assist where they can.

**Family or neighbours**

Other services may provide a range of support. For example, district nursing might attend to dress wounds; home support services might come once a week to do some general house work; delivered meals might come from Monday to Friday.

**Service providers**

Some people might attend or participate in a range of activities in the community. They may have either an informal support person such as a friend or a formal support person who is paid to attend with them.

**Community programs**

The person may have people who pop in to assist them from time to time, who have been a part of their network for many years. For example, RSL members, people from the same church and ex-sporting or service groups.

**Networks**

# Personal support plans

Each person in receipt of support will have had a needs assessment completed by an assessment officer or your supervisor or manager. The plan will state what support is required. You, as the support worker, will then need to ensure you read and are familiar with the person's support needs. Always check with the person concerned as their needs may increase or decrease on different days.

Here is more information about support plans.

### Individual support plan

▶ Plans can be called different names but they all have to be focused on individual needs and on strategies to assist the person to maintain skills for as long as possible. Plans are written documents and form part of the agreement between the organisation and the person in receipt of services.

### Preparation

▶ Plans must be prepared by the person involved, and/or their advocate or legal guardian; and any significant people the person wants involved as well as the service providing support. Some organisations will invite other services involved with the person so all supports can be better coordinated. This happens in the case of a discharge planning meeting at a hospital.

### Monitoring and review

▶ All plans must be monitored and regularly reviewed. Generally most organisations will evaluate plans each year – some every six months, depending on available resources. You role is to carry out ongoing monitoring and when you identify a change in needs, report the needs to your supervisor. The person themselves can ask for a review at any time.

**Service agreements**

▶ Services in receipt of funding from Government departments or through funding that is attached to the individual (for example; care package or individualised funding options) are required to have the planning processes established and operating according to set time frames. Plans generally form part of the standards for each service type.

**Example**

**Scope of role and responsibilities**

John is a support worker at a special development school where Ricky is a student. Ricky is 8 years old and has Down syndrome. He is unable to perform most of his own personal care tasks. Ricky loves having his shoes and socks off, and has always needed someone to put them back on for him when he goes outside or is ready to go home.

Ricky's personal support plan states that staff should provide full assistance to Ricky when he requires his socks and shoes to be put on.

Today when John is getting Ricky ready to go outside and play, he notices that Ricky has found his shoes and socks by himself and has started to pull them on. He cannot pull them up properly, but has at least got them part of the way on. John notes this observation in Ricky's case notes but it is beyond his responsibility to modify Ricky's personal support plan. He talks to his supervisor about getting Ricky's personal support plan changed to instruct workers to encourage Ricky to put his own socks on and assist only when he has done as much as he is able.

# Practice task 2

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

**Case study**

Mrs Richmond is a 71-year-old woman who lives in a unit in a retirement village. She has always cooked her own meals and baked cakes and scones for herself, her family members and friends. Lately she has been experiencing some memory loss. Staff from the village have been called to her unit three times to respond to a smoke alarm. They discovered that she had forgotten to take things out of the oven and they had become burnt and set off the alarm. When staff attended the unit, they noticed that Mrs Richmond's kitchen was dirty, she had out-of-date food in the fridge and she did not seem to have washed properly.

What is the context of Mrs Richmond's requirement for personal support and how does this impact the way support services could be provided?

**Click to complete Practice task 2**

# 1C Consider the potential impact that provision of personal support may have on the person

Personal support tasks are usually some of the most private tasks of our day. Needing assistance with these tasks can be very confronting for a person. Providing assistance to perform these tasks can also be confronting for a worker.

Imagine that you are a person who requires assistance with showering yourself. A stranger from a local service is the person who will help you. Within 15 minutes of meeting this person you are required to take your clothes off in front of them and have them help you wash and dry your body.

Some possible effects of receiving personal support are listed below.

| Potential effects of personal support |
| --- |
| ▶ Embarrassment; for example, in being naked, in needing assistance |
| ▶ Fear; for example, of being vulnerable to injury or abuse |
| ▶ Disempowerment; for example, in not being able to choose the way in which support is provided, not being allowed to perform tasks that you are able to do or used to do |
| ▶ Humiliation; for example, in being watched and assisted while undressed and vulnerable |
| ▶ Discomfort; for example, in being assisted in the wrong way, in wanting the assistance to be over quickly |

## Importance of trust and confidence

It is important that you, as a support worker, take the time and make the effort to put people at ease and to gain their trust before they will feel comfortable and safe being supported in their personal care tasks. The person you provide support to needs to be confident that they can ask you to stop, slow down or explain what you are doing, if they wish. You must demonstrate to them that you are competent to provide their care and support, and that you have read their personal support plan and know what kind of assistance they need.
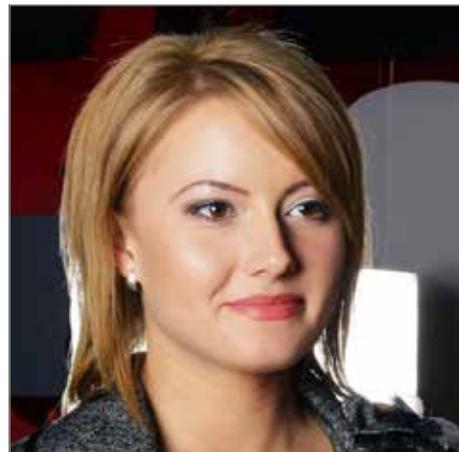
**Example**

### Example: rapport with people requiring support

It is essential to have good rapport with people you support. Below are two examples that show the difference between support workers with good and poor rapport with people.

#### Example 1: Good rapport

Rebecca is a support worker who helps Carmel, a young woman with an intellectual disability, to get ready to go to her work placement two days each week. For the last few weeks, Carmel has been telling Rebecca about the plans for her 21st birthday party and has been very excited about it.

The party occurred over the weekend and this is the first time Rebecca has seen Carmel since then. When she arrives at the house, she greets Carmel with a big smile and says 'So how was your party?' She asks about the guests, the presents, the music and the food. Carmel is very excited to tell her all about the party and feels special because Rebecca remembered and seems genuinely interested.

#### Example 2: Poor rapport

Peter is support worker in a low-care aged care facility. One of his clients is Mr Taylor.

Last time Peter assisted Mr Taylor with his care, Mr Taylor thought he was a very friendly young man who was quite interested in him. They talked about football, about Mr Taylor's career as a real estate agent and about his sons and grandsons.

Today when Peter arrives to assist him, he says, 'Hello, I'm Peter, I am not sure if we've met?' Mr Taylor is quite upset and offended that Peter doesn't remember that they have met before and had such a detailed conversation.

## Maintain rapport

Maintaining a rapport with people is important. You must show interest in the person as a whole person, not just in terms of a set of 'support needs'. When they have told you something personal about themselves, try to remember it so that you can refer to it in the future. Tell them a little about yourself and your own interests and perhaps a bit about your work experience, how long you have been in the job and so on. Ask them a bit about themselves, what their interests are and what they have been doing. Once you have developed this rapport, the person is more likely to feel at ease with you, and is more likely to be able to relax and trust that you will provide their care in a way that they are happy with and that is efficient and safe.

## Strategies to build relationships

There are some tips or strategies you can use for building relationships with people. You need to change the strategies you use to suit the age, abilities, interests, culture and other features of each person. Remember that you may also work with people in many different places. The way you build a relationship with a person in an activity program might be different to your approach with someone in a residential unit.

Below are some ideas about strategies you can use to build relationships.

## Demonstrate courtesy and respect

▶ What it means:
- Treating others well
- Thinking about needs
- Being polite

▶ Example:
- A worker asks if an older person would like some help with the toilet paper.

## Show empathy

▶ What it means:
- Thinking about how someone else might be feeling in a certain situation
- Changing how you behave once you have thought about how someone might be feeling

▶ Example:
- A worker understands that someone who has just lost their partner may be feeling an overwhelming sense of loss for a long period. The worker may spend more time listening and being close to the person in case they want to talk.

## Provide non-judgmental care

▶ What it means:
- Not letting your own values get in the way of the care you provide
- Keeping your opinions to yourself
- Providing equal and highquality care to all clients

▶ Example:
- A worker does not like the opinions of a man she supports. She thinks he lacks courtesy and is racist. But she never lets the client know how she feels. She cares for him in the same way as all her other clients.

## Observe and listen

▶ What it means:
- Paying attention
- Looking for signs about how people feel
- Listening carefully to what older people tell you
- Remembering details where you can

▶ Example:
- You notice an older person pushes the bathroom door firmly shut behind them after you leave it slightly open. This tells you a little about their need for privacy and dignity.

**Respect individual differences**

▶ What it means:
 – Knowing that all people are individuals and they are all different
▶ Example:
 – A worker delivering meals to homes knows that James prefers meat and vegetable dishes while Tina prefers noodles and soups.

# Disagreement with support plan requirements

There will be times when a person may disagree with the information in the personal support plan, and ask that you provide the support in a way that is different to your documented instructions. However, you must not provide support other than that described in the support plan (and your workplace's rules and guidelines) without first discussing it and for receiving new instructions from your supervisor. Your role includes reporting when the care and support no longer appears to meet the person's needs. Any reassessment of the person's needs and review of their support plan must be done by a supervisor and/or health professional. There may be many reasons why clients request changes to their care, some of which are explained below.

**Embarrassment**

People feel embarrassed about receiving the help, so pretend they can do it themselves.

**Changed plans**

A change of plans for the day may be required; for example, feeling tired, so wanting to stay in bed rather than get up and get dressed.

**Capability**

People may have an unrealistic belief in their own ability; for example, clients with intellectual disability or dementia may tell you they are independent in all sorts of ways, but in reality this is not the case.

**Changed ability**

A change in the person's abilities may result in them being able to perform tasks either more or less independently.

# Manage client disagreement with personal support plan requirements

Do not argue with the person in cases where they disagree with the support plan. Talk to them calmly about the instructions you have, and explain that it is important for the safety of both of you that you follow the instructions. Take the time to discuss their request and find out why they want the care provided in a different way. Make sure you show them that you understand what they tell you, and that you will pass this information on to the person who can make a change to the support plan. If the person insists that they do not want the care provided in the way you have been instructed, you must contact your supervisor and discuss a plan of action.



## Example

### Manage client requests for a change to a personal care plan

Brydie is a worker in a community residential unit for adult men with intellectual disability.

One of the men, Stephen, has an instruction on his support plan that staff are to apply cream to a rash on his legs twice a day. Brydie goes to Stephen's room and asks him if he is ready to have the cream applied. He tells her he can do it himself and asks for the cream. She explains her instructions are that she is to do it. Stephen insists he can do it himself and refuses to let her apply the cream.



Brydie consults with the team leader, Peter, who tells her to allow Stephen to apply the cream under her close supervision and instruction, and report back about whether she feels he may be able to do this task without support.

# Practice task 3

Fill in the impact column in this table to demonstrate the impact that worker approach can have on the relationship with a person receiving support.

| Person | Worker action | Impact |
|---|---|---|
| Person with memory problems | The worker greets the person by name and use information from previous visits to engage with the client. | |
| Person is nervous and embarrassed about being assisted in the shower | The worker is very matter-of-fact, ensures the person stays covered as long as possible, and talks about other things while assisting with the showering. | |
| Person needs only a little assistance and then only supervision with dressing and grooming themselves | The worker insists on dressing the person, brushing their hair and assisting them to shave. | |
| Person is very private and prefers her care is not discussed with anyone outside her small team of support workers | A neighbour comes to the door while the worker is assisting the client with her personal care. The worker tells the neighbour that the person is busy and she is 'helping her with her shower and to get dressed, because of the stroke she had'. | |

## Click to complete Practice task 3

# 1D Consider specific cultural needs of the person

There are many people who live in Australia who were born in other countries and who live according to the beliefs and traditions of the culture in which they were born and raised. As a support worker, an important part of your role is to provide support in a way that is appropriate and respectful of the person's culture. You must also be observant and notice if their cultural needs change.

## Cultural differences

Think about the cultural background of each person you work with. Differences in culture can mean different expectations on you as a worker. For example, different cultures may have different expectations about courtesy and communication. This can have an effect on what is expected during interactions and on how care and support needs are communicated.

## Changes in language capability

Conditions that affect a person's language, such as memory loss (dementia or some forms of acquired brain injury) can mean that a person who has spoken another language before they learnt English can revert back to that language as their condition progresses. It may be important to plan for this need. An interpreter may be needed or you may need to learn a few words of another language so you can communicate with the person or seek another alternative.

## Personal and social networks

For people who are from different cultures, the source of their important social networks is often related to their culture. They may have always attended a social club, a church, a sporting club or other group that is related to their culture and country of origin. It is important that people are assisted to maintain their social and cultural contacts. You may be asked to assist with preparations to attend social outings or arrange transport to such events. If you find out from a person that they are having difficulty accessing their cultural networks, report this to your supervisor so they can be provided with additional support.

Reasons that personal and social networks may become inaccessible:

▶ People may have difficulty accessing transport.
▶ People may need special care when they are away from home.
▶ Older people's friends and contacts may be ageing and may pass away.

**Example**

### Changes to a client's language support requirements

Mrs Kieselbach is an 80-year-old woman who was born in Germany. She moved to Australia with her husband when she was 28 years old. Mrs Kieselbach has moderate dementia, which is slowly worsening.

Lin is the support worker who has visited Mrs Kieselbach twice a week for the past six months. Mrs Kieselbach has always enjoyed Lin's visits as they have common interests and have a lot to chat about. Over the last few weeks, Lin has noticed Mrs Kieselbach sometimes starts to talk to her in German instead of English. Lin has to remind her to speak English. She has also noticed that Mrs Kieselbach sometimes seems not to understand Lin, and Lin must repeat what she has said.

When Lin reports this to her supervisor, her supervisor suggests it is possible that as Mrs Kieselbach's dementia progresses, she is losing her ability to speak English and will gradually revert to German. Lin and the supervisor arrange for a German-speaking worker to meet Mrs Kieselbach.

# Practice task 4

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

## Case study

Mr Pukitas was born in Latvia and moved to Australia with his wife and three children when he was in his late 30s. He always insisted on maintaining a number of Latvian traditions in his family. He only spoke Latvian to his wife, and spoke Latvian to his children as often as possible. He has been a member of the Latvian Social Club ever since coming to Australia. Mr Pukitas is now 83. Since his wife died five years ago, he has lived on his own in a small apartment. His children all live interstate or in the country.

Mr Pukitas can no longer drive, and needs assistance with emptying his catheter bag, so he cannot attend the Latvian Social Club on his own any more. His Latvian friends that lived nearby have all either passed away or moved away. It is very important to him that he maintains contact with others from his country of birth and has a community he can participate in and celebrate Latvian traditions and culture. When the local home support service provider assesses Mr Pukitas, they document this as one of his needs. The service provides assistance with transport and personal care to ensure that Mr Pukitas is able to attend the Latvian Social Club and remain involved in the Latvian community.

1. What type of cultural need does Mr Pukitas have?

2. How have his activities of daily living changed in relation to this need?

3. What did the home support service do to meet Mr Pukitas's needs?

**Click to complete Practice task 4**

# 1E Consider specific physical and sensory needs of the person

Older people and people with disabilities have many different care needs. These relate to different areas of their lives. There are many types of needs to be aware of, some of which are shown below.

## Physical needs

▶ A person's physical care needs may change due to a medical condition or condition of ageing. They may change slowly or suddenly, and the change may be permanent or temporary. Generally you can recognise physical changes by observing how a person moves. For example, a limp, sores, or difficulty standing or bending may indicate a physical change that needs a person's support to be adjusted.

## Emotional needs

▶ As a support worker you may observe behavioural clues that indicate a person's emotional needs have changed. Maybe family or friends who provided emotional support have moved away and cannot visit as often. Perhaps the person's spouse or parent has died and they need comforting or even counselling. It is important that you observe changes such as these and report them so that the person can get the emotional support they need.

## Sensory needs

▶ A person's sensory needs may also change due to a medical condition or through ageing. Deterioration and loss of the senses of sight and hearing will have a significant impact on the provision of a personal support plan. Support workers will need to be aware of people's need to respond to these sensory changes through the use of vision and hearing support aids or simply through changes in behaviour, such as speaking more clearly and directly the person.

## Spiritual needs

▶ Spiritual needs relate to the person's religious or moral beliefs. Some people will have particular spiritual rituals that they regularly perform, and that are very important to them. These may be rituals such as attending a church service, praying at certain times of the day, not eating certain foods, or meditating. For some people, the need for support to maintain these rituals may change over time. They may no longer be able to drive or walk to church. They might need help to prepare acceptable foods or help preparing a space to pray or meditate. Support workers should be observant and notice and report changes in the support required to help meet a person's spiritual needs.

## Sexual needs

▶ Sexual needs can range from a need to have sexual intercourse to a need for regular physical contact, such as a hug or holding a hand. It is important that people are able to have these needs met where possible and that changes in these needs are observed and reported. Sometimes a person with a condition or disability that affects their thinking or behaviour may need support to behave in a way that is sexually appropriate. They may have difficulty knowing who they can touch and in what way. It is important to report when a person seems to be acting in a way that is sexually inappropriate.

**Example**

### Consider physical and sensory needs

Gretel is a support worker who works in an aged care facility. She visits Mr Goldman in his room to help him with showering and dressing. While she is helping him to dress, she notices he is having difficulty bending to get his socks and shoes on (a task he has always been able to do before). Gretel asks him if he is having trouble and he tells her that his hips are very stiff and sore.

Gretel informs her supervisor of this change.

# Practice task 5

1.  What are some considerations that may need to be made to accommodate a person's visual impairment?

2.  What are some considerations that may need to be made to accommodate a person's hearing impairment?

**Click to complete Practice task 5**

# 1F Identify risks associated with the provision of support and confirm with supervisor

People may be frail and vulnerable to injury or harm, so you must look out for risks. You need to think about the things you have noticed and make a decision about whether these things put the person at risk. You may also notice things that put you, or the other people who provide support to the person, at risk. If the person is at immediate risk, report it as soon as possible. Even if the risk to them is not immediate (for example, not likely to occur in the near future), it is still important to report the risk so it can be fixed.



## Types of risks

Risks can be broadly classified into two groups and your response/action will vary depending on the seriousness of each risk.

Here is more information about the two groups of risk.

### Simple risks

Simple risks often have simple solutions, with issues that are easy to see and fix. For example, moving clothes left on the floor removes the risk of tripping on them. Another example is helping a person to wash their hands after using the toilet to remove the risk of illness or infection.

If you see a simple risk, fix it immediately if possible. You need to record what you have done and report the risk and your actions to your supervisor.

### Major risks

Some risks are much bigger. They can cause serious injury or make someone very sick. These risks involve potential injury to more than one person.

An example is a back door of a house being blocked. This prevents the person from exiting the house in an emergency. Another example is a large tree that has fallen onto a roof or over a driveway.

If you observe a major risk, you must report it to your supervisor as soon as possible. If the risk is likely to happen now, or in the near future, report it immediately. You should do what you can to make the situation safe, without putting yourself at risk.

## Duty of care

Community services organisations and workers have a responsibility to provide a duty of care to ensure the safety and wellbeing of people in receipt of their services. Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people.

Here is more information about duty of care.

**Duty of care**

▶ Duty of care is the obligation a person has to act in a way that would not cause harm.

**Negligence**

▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

**Dignity of risk**

▶ The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

# Risks or potential risks when providing support

It is important that, as a support worker, you are constantly assessing situations and tasks for potential risks and identifying them where they occur. When providing personal care, the people you work with are vulnerable to injury or harm and need to be protected from this. In identifying and dealing with risks, you are preventing or reducing the likelihood that the people you provide support to, their family members, other staff and yourself will come to harm.

Risks may be simple risks or major risks, and the solutions to these will differ. The types of risks you may experience are described below.

**Evidence of self-neglect**

Self-neglect is when a person is not looking after themselves properly. For example, you may notice that they are losing weight and that the food in their fridge or cupboards is not being eaten; they may not be washing themselves properly or often enough; and they may not be wearing clean clothes. While some of these signs on their own may not seem important, they may indicate the person requires additional support or is unwell. They can be signs that the person is neglecting themselves and is at risk of becoming weak or sick. Self-neglect can be a major risk and you should report any signs of this to your supervisor as soon as possible.

## Behaviours of concern

Behaviours of concern are behaviours that are unexpected for the person, or not normally considered to be socially acceptable behaviour. These behaviours may put the person or others at risk of harm, injury or illness. Examples include being angry or aggressive; staying outdoors in cold or hot weather without protection; or acting in a physically or sexually inappropriate manner. All of these types of behaviours can be signs of a condition affecting thinking. Where behaviour is new or changed, or is posing a risk to the person or others, it should be reported to your supervisor as soon as possible.

## Impaired judgment and problem-solving abilities

A person may not judge situations properly or may not be able to solve problems easily. Signs include a person going out and not being able to find their way home, or being overly trusting of strangers. They may have difficulties with everyday things like working out how much money they need or how much change they should get. This can occur with various types of intellectual disabilities, brain injuries and conditions associated with ageing.

Where a person has impaired judgment or problem-solving abilities, the support plan should provide workers with strategies for reducing risks associated with this, such as assisting them to pay for goods, checking their change or accompanying them on outings in public. Where the behaviour is new or has changed, any immediate risk must be addressed and this must be reported to your supervisor.

## Impaired cognitive functioning

A person's thinking processes may be affected because of damage to the brain. This may be due to the onset or worsening of a condition such as Alzheimer's disease or dementia, or it could be due to conditions such as stroke or brain damage caused by an accident. Signs might include memory problems such as forgetting how to do everyday tasks such as dressing or cooking. Report any new or changed behaviour immediately.

## Sudden or unexpected changes in health status

Sudden and unexpected changes in a person's medical or emotional health must be reported. There may be other changes to the person such as an inability to get out of bed; not wanting to do things they have always done; or physical changes such as not being able to see, hear or move as well as they could before.

## Home environment hazards

Environmental hazards can create a risk of injury around the home or where support is being provided. These should be reported as soon as possible. It is especially important to do so when the hazard is in a person's home, as this is an area that may not be regularly maintained or checked for things that are broken or dangerous. You should also point out the risk to your client or their carer or family to prevent them from injuring themselves.

They may include:

▶ slippery or uneven floors

▶ physical obstructions, such as furniture and equipment

▶ poor home maintenance

▶ poor or inappropriate lighting

▶ inadequate heating or cooling devices

▶ inadequate security.

## Social rights infringements

Infringements to social rights mean not being able to do things that are your right to do. Rights include the freedom to come and go from your home; to see your friends when you want to; to spend your own money as you see fit; to be safe and secure; and to make decisions about your own care.

If a person has cognitive impairment, such as an intellectual disability, dementia or brain damage, someone else may have to make decisions for them about their rights. If they are able to make their own decisions but you notice they are being prevented from doing this, you must report this as soon as possible.

# Report risks

Where a risk or potential risk has been identified, there will be information in the person's personal support plan to alert workers to the risk and provide strategies for managing the risk to prevent injury or harm to the client, the worker or others. It is important that you follow such instructions carefully.

Any risks or potential risks you observe, risks that have not previously been identified, and the actions you take to prevent them from causing harm must be recorded. You need to fill out a hazard report or incident report.

The difference between a hazard report and an incident report are shown below.

| Hazard report | Incident report |
|---|---|
| ▶ A hazard report contains details of risks you have observed. The hazards may not have caused harm yet. You may have just noticed that there is a risk of harm occurring. | ▶ An incident report describes an accident or event that has already happened and may have caused harm. Completing the report ensures the risk is dealt with to prevent it causing harm in the future and to formally record it. |

# Report hazards

It is important that you report hazards as soon as you notice them. You have a responsibility to provide support to people in the safest way possible. This means that if you have noticed a hazard and not reported it, you have not done your job properly. You have put a person at risk by not trying to prevent them from harm.

Completing a hazard or incident report ensures that the hazard has been documented and will be fixed or managed (not all hazards can be completely removed). It means that all those people who need to be told about the hazard are informed. It is the best way to prevent harm resulting from the hazard.

Action required for immediate risks and non-immediate risk hazards is shown below.

### Immediate risk

Where the hazard risk is immediate, it is important you take action to prevent it from occurring without putting yourself or others at any further risk. The risk must then be reported immediately.

### Non-immediate risk

If you have identified a risk that is not immediate but has the potential to cause harm or injury at a later time, you should report this to your supervisor so that appropriate preventative action can be taken.

# Safety and security

We all need to feel safe and secure from harm or injury in our daily lives. Older people and people with disabilities often feel more vulnerable and less safe and secure because of their particular circumstances. These clients need to receive support to feel safe and secure. The things you do can contribute measurably to providing that sense of security. Observe and report any changes to the way the client feels about their safety and security. Also take note and report on changes to the conditions of their safety and security.

A client's safety and security needs may include protection from:

▶ intruders – by having adequate locks, lighting or alarms

▶ falling – by making sure floors and paths are even

▶ illness and injury – by regular contact and monitoring from health professionals and other care workers.

**Example**

### Hazard report form

| Hazard report form | |
|---|---|
| Date of report | 29 May 2016 |
| Person reporting hazard | Marina Pappas |
| Names of people involved | Joe Chalmers |
| Location of hazard | Joe's bathroom, at home |
| Description of hazard (include area and task involved and any equipment, tools, people involved) | When assisting Joe with his shower today, I noticed that the tiles on the wall of his shower are loose and may fall off the wall if knocked. |
| Immediate or suggested actions (list any suggestions for reducing or eliminating the problem) | I showed Joe and his carer the area where the tiles are loose and ensured they understood the risk and agreed not to enter the shower without supervision. I placed a large printed notice on the door of the shower to remind him not to enter. I wrote a note in the communication book to alert other support workers and the rest of the family of the risk. Reported to supervisor via phone. |
| Person incident reported to | Wendy Stewart, Home Services Team Leader |
| Signature | *Marina Pappas* |

## Remove or reduce risks

Some risks can be removed. For example, another example might be removing a rumpled or creased rug to prevent a client tripping on it.

Some risks cannot be removed. Where this is the case, it is important to control the risk. You need to plan to make sure the risk does not cause harm. An example might be placing a sign to warn people of the danger. The edges of a cracked or damaged path could be spray-painted in a bright colour to ensure they can be easily seen and avoided. These steps may help to reduce the risk and make the situation safer for everyone.

### Identify risks in service provision

Annie is a support worker whose role is to assist people with toileting and personal hygiene at the Blue Hills Dementia Day Centre. The centre also has overnight respite, where people can stay for a couple of nights to give their family a break from caring for them. One of Annie's jobs is to make toast and tea or coffee for the person's breakfast in the morning. Today she notices that the cord for the toaster is frayed and she can see the wires inside the covering. To remove the risk, she takes the toaster away and organises for it to be replaced.

Another of Annie's roles is to assist the people to shower. When she checks on Mrs Lyne, Annie finds that she has not eaten her breakfast and refuses to take a shower or get dressed. This is unusual for her as she is usually a good eater and a very easy-going person. Annie reports Mrs Lyne's change in behaviour to her supervisor.

# Practice task 6

Read the descriptions of risks in this table. Write down whether you should remove or reduce the risk and how you could do this.

| Risk | Remove or reduce? | How? |
|---|---|---|
| The lid of the kettle is broken and falls off when pouring. | | |
| A person is likely to forget to wait for the support worker before getting into the shower, and is at risk of losing balance or slipping. | | |
| A person has left clothes on the floor after undressing. | | |

| Risk | Remove or reduce? | How? |
|---|---|---|
| Food in a person's fridge is past its use-by date. | | |
| A person shows signs of unusual behaviour and memory lapses. | | |

## Click to complete Practice task 6

# Summary

1. It is important that support workers are aware of a people's personal information that is relevant to providing appropriate care.

2. Care plans outline the type of care to be provided to clients. Workers must only perform tasks outlined in the person's support plan, and speak to their supervisor if they believe changes are required.

3. Support plans are regularly reviewed to ensure they reflect the person's current needs.

4. It is important to be observant and talk to clients to confirm their personal support needs.

5. Support workers should be aware of the effect that needing and receiving personal support can have on a person, and work to minimise negative effects.

6. A person's cultural background can have a significant impact on the way personal support should be provided.

7. A person's physical and sensory needs can have a significant impact on the way personal support should be provided.

8. Identifying potential risks early and dealing with them can prevent harm and injury to you and the people you support.

# Learning checkpoint 1
# Determine personal support requirements

This learning checkpoint allows you to review your skills and knowledge in determining personal support requirements.

## Part A

1.  Research a culture (not your own) and prepare a five-minute informative presentation regarding the features of that culture and how it may affect the way in which personal care would be delivered. Consider a wide range of issues such as dress, privacy and male–female relationships.

2.  In your workplace, locate an individual support plan for a person who is from a culture other than your own. Write down three things that demonstrate the person's cultural background has been taken into account. Make some recommendations regarding cultural consideration that could be used in the person's next support plan review.

## Part B

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

> ### Case study
>
> Marianna is a support worker for Murray Hills Home and Community Care Services. Marianna has three children, who are all in school. She is married and her husband is in the armed forces, so he spends a lot of time away from home. Marianna works part-time for the personal care agency, and does some private cleaning at other times.
>
> Marianna is working in a person's home. She is running late and needs to get the person showered and dressed before heading off to her cleaning job. The person, Alexia, is sitting in a lounge chair. When Marianna tells Alexia she is ready to shower her, Alexia asks Marianna to help her out of the chair.
>
> Marianna knows she should not help and that Alexia's personal care support plan directs that she should instruct Alexia about proper placement of her hands and feet, bending and so on, so she can get herself up. However, this normally takes a long time and Marianna is in a hurry. She asks Alexia if she has had help from other workers to get out of her chair. Alexia says she has.
>
> Marianna asks Alexia if she thinks she could get out of the chair alone, but Alexia says she is too tired. Marianna doesn't think that Alexia is very heavy so she holds her under the arms and lifts her out of the chair. Marianna feels a sharp stabbing pain in her lower back when she does the lift. The pain does not go away even when Alexia is standing unsupported.
>
> When Marianna sees her doctor, she finds that she has done serious damage to her back and is unable to do any physical work for at least three months – probably longer. She cannot sit or stand for very long and often gets pins and needles in her legs and feet.

1. Discuss what Marianna did incorrectly.

2. What information did Marianna have at hand that told her what to do?

3. How did Marianna confirm Alexia's care needs?

4. What impact could Marianna's actions have had on the person she was supporting?

5. Apart from not being able to work at the personal care agency for three months or more, list five other ways this injury may affect Marianna's life.

6. What should Marianna have done when Alexia informed her she was unable to stand up out of her chair?

7. Imagine that you are Marianna's supervisor. Write down three things you would tell her about protecting herself from a back injury when she is working.

8. 'If there had been a hoist nearby, Marianna should have used that even if she was in a hurry.' Consider this statement and write a paragraph discussing it.

# Topic 2

In this topic you will learn how to:

**2A** Discuss and confirm the person's own preferences for personal support

**2B** Consider and confirm the person's level of participation

**2C** Provide the person with information

# Maximise participation

When working with people who have personal care needs, it is important to do all you can to ensure they are active participants in their own care. A good way to check whether the person is participating in their care is to ask yourself: 'Am I doing this task for the person or with the person?' When you do something for someone, this implies they are a passive participant – they are not an active participant, directing or choosing what is done. When you do something with someone, this implies you both have an active role. There is discussion, choice and mutual activity in completing the task.

# 2A Discuss and confirm the person's own preferences for personal support

When a person's care and support needs are assessed, their personal care support plan is developed. The person and/or their carer should receive a copy of the care plan to ensure they understand and agree with the plan. When providing personal care support to people, it is important to ensure that the person feels a sense of control over what will happen, when and how.
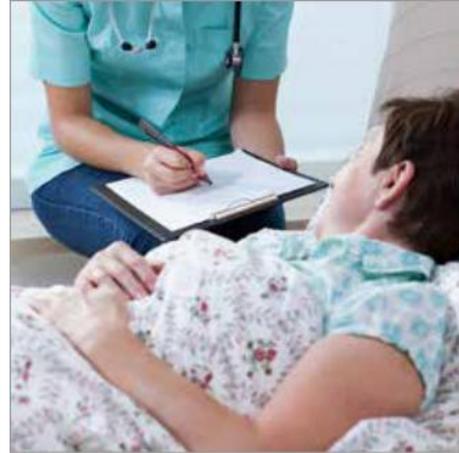
The key to supporting a client with personal care tasks is good communication. You need to give and receive information clearly, build rapport or trust with a client and encourage clients to do tasks as much as possible. It's not easy for someone to receive care from a stranger and it can sometimes make them embarrassed, scared, anxious or even angry. It is very important that you are aware of this and do what you can to gain the client's trust and make them comfortable. You should observe and talk to clients to confirm their personal care needs. Take the time and make the effort to put clients at ease and gain their trust so they will feel comfortable and safe. Reassure the client that you can provide the care and support they require and that you have read their personal care support plan and know what kind of assistance they require.

## Empowerment

As a professional in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. A large number of people in receipt of support services are often vulnerable because of their support needs.

Your approach to your work should always be based on trying to 'do yourself out of a job'. Don't worry – this will never actually happen. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights through an empowerment approach. This approach is useful in working with people to identify their own preferences for their own care needs.

## Discuss and confirm procedures

Part of your role is to ensure that the person is aware of what support you will provide and how you will provide it. You should do this by first explaining in general terms what you plan to do while you are with the person. This should be planned in accordance with the person's care plan. Confirm procedures with the person when you are completing a task or part of a task that may cause discomfort or embarrassment to the person. Once a routine is established, it may not be necessary to confirm

every step of a procedure with a person who is familiar with you and with receiving support in a certain way. It may even make the person more uncomfortable if you are constantly describing what you are going to do.

Here are examples of how to discuss and confirm procedures.

### Make choices

▶ The person should be consulted and procedures confirmed when there is a choice they need to make.

▶ Examples:
- 'Would you like to wear jeans or a skirt today?'
- 'Would you like toast or cereal for breakfast?'
- 'Do you want your hair washed?'

### Consult

▶ The person should be consulted and procedures confirmed when the procedure is likely to cause discomfort.

▶ Example:
- 'I am going to stretch your leg out to get your trousers on. I know this is uncomfortable for you, so please tell me if it hurts and I will stop.'

### Support memory

▶ The person should be consulted and procedures confirmed when they are likely to have forgotten what has been planned for their care.

▶ Examples:
- 'I am going to help you to brush your hair now like I did last week.'

### Implement new procedure

▶ Processes need to be confirmed when the procedure is new, following the development of a new or revised personal care support plan.

▶ Examples:
- 'Mary tells me you've had some difficulty tying your shoes lately, so from today I will help you with that.'
- 'Now that you have learnt to turn the shower on and check how hot the water is, I will just watch while you do that, instead of doing it for you.'

## Confirm the client's preferences

Older people and people with disabilities are all different. Just like anyone else, they have preferences about things such as how personal care activities are done. Their preferences may be influenced by their upbringing, their abilities and their level of comfort or their willingness to accept assistance.

Here are some examples of the many different things people may or may not prefer.

| What people may prefer | What people may not prefer |
|---|---|
| ▶ Having a shower rather than a bath | ▶ Washing in cold water |
| ▶ Wearing brightly coloured clothing | ▶ Using an electric shaver |
| ▶ Having breakfast before getting dressed | ▶ Wearing stockings |
| ▶ Having two sugars in their coffee | ▶ Being helped to wash their genital area |
| ▶ Having a beer before dinner | ▶ Getting up early on the weekend |

# Care plans and personal preferences

Some of the people's preferences to do with personal care needs and support will be documented in their support plan. It is important to regularly check with the person that their preferences in these areas remain the same. If a person indicates that a documented preference has changed, report this to your supervisor before changing the way you deliver care. Care must still be delivered in accordance with the person's personal support plan. Reporting the change in the person's preferences to your supervisor will generate a review of the support plan to reflect these changes.



Some preferences may not be detailed in the support plan, as it may not capture every detail or because people may change their preferences daily. Where a person's preference is not documented, make sure you ask the person about their preference each time you work with them.

## Example

### Observe changes in a client's support requirements

Maria is a support worker who provides support to Vicky three times a week. Vicky requires help getting ready for bed in the evening. The care plan gives Maria the following information:

▶ Assist Vicky with washing dinner dishes.

▶ Provide Vicky full support to remove day clothes and put on sleepwear.

▶ Provide Vicky with a face washer with warm water to wash her hands and face.

▶ Assist Vicky to make a hot drink to have before bed.

▶ Prompt Vicky to brush her teeth.

▶ Assist Vicky to get into bed – prop up with extra pillows if she wishes to watch television before going to sleep.

Maria can check with Vicky each time she is there about her preferences by asking her:

▶ which sleepwear she would prefer to wear

▶ what kind of hot drink she would like

▶ whether she wants to watch television before going to sleep.

The answers to the questions change from day to day, so it is important that Maria checks Vicky's preferences each time she provides support.

# Practice task 7

You are the support worker assisting Simone. Read this care plan for Simone, then answer the questions that follow.

| Support plan | |
|---|---|
| **Person** | Simone Dean |
| **Age** | 34 |
| **Diagnosis** | Acquired brain injury<br><br>Some lower limb weakness<br><br>Memory loss<br><br>Intellectual disabilities |
| **Personal care** | Needs assistance with appropriate clothing choice<br><br>Can shower independently; however, requires monitoring (from outside the bathroom) and prompting to wash hair and not stay in the shower too long (five minutes)<br><br>Needs assistance to dry feet<br><br>Needs assistance to dry hair with hair dryer<br><br>Can dress independently except for small buttons, hooks and eyes, and shoes and socks<br><br>Requires supervision and prompting to make and eat breakfast – especially if using electrical appliances<br><br>Requires assistance with preparation of suitable lunch and snacks to take to the adult training support service (ATSS) |

1. Write down what you might say to Simone to confirm her preferences when you arrive to assist her.

2. Pick one task from the list and write a detailed description of the steps required, as you would describe them to Simone.

**Click to complete Practice task 7**

# 2B Consider and confirm the person's level of participation

It is important to encourage people to take an active role in completing their personal care needs. As discussed, the support worker's role is to do tasks with the person, not to the person. Part of the role of a support worker is to ensure people are able to maintain or improve their skills and independence. This means ensuring that, where the person is able to do a task or part of a task, you encourage them to do so. It means that where there is a choice to be made, you encourage the person to make it.

## Maintain client choice and independence

When people are older or have a disability and rely on others for support with their daily needs, it can become challenging for them to maintain their independence and control over their own lives. Choices are sometimes made on their behalf without adequate consideration of their personal interests, skills and preferences. This can have a number of negative consequences, as shown below.

| Negative consequences of client non-participation in their own care |
| --- |
| Delivery of care becomes more difficult or even impossible, as the client has not been encouraged to participate. |
| Reinforces the idea that older people or those with disabilities are helpless by taking away their right to participate in their own care. |
| Takes away their sense of control over their daily lives. |
| Contributes to decreasing skills and independence as the client is not encouraged to make an effort to participate in their own care in any way they are able. |

## Enablement

The objective of the support you provide as a support worker is to enable and assist people to maintain or improve their independence. This can enhance their ability to participate in the community. Most people, including older people and those with disabilities, perform best and are happier when they are participating and in control of their daily activities.



As a support worker, you have a duty to support people in making decisions about and participating in their own care. People should be made aware of their fundamental rights, such as the right to dignity, privacy and choice.

# Reablement

Reablement is part of restorative practice and the wellness approach to providing services. The focus is on providing time-limited interventions to re-establish the person's abilities, such as daily living activities and connections within their community. It aims to reduce the likelihood of further decline and possible dependence on services.

Here is more information about reablement.



## Old approach to care

▶ Goal is to support person to maintain skills

▶ Plan to provide ongoing support

▶ Expect the person to continue to decline

▶ Cause dependency on the service system



## New approach to care (reablement)

▶ Goal is to build person's capacity

▶ Time-limited interventions to build autonomy

▶ Expect the person to get 'back on their feet'

▶ Causes person to remain independent longer

# Reablement strategies

Reablement approaches won't necessarily suit every person requiring support; for example, people with degenerative diseases such as Parkinson's disease. However it can support those people who may have been discharged from hospital after an illness. It also suits those people who are committed to improving their situation by building skills and capacity to get back to doing what they could before, and to remain independent.

### Reablement

Reablement strategies rely on five core elements to the approach.



### Goal orientated care planning

Involves the person taking a more active role in deciding what goals they want to aim for to enable them to gain their skills and reconnect with their community.

### Multi-dimensional assessment

Takes a holistic view of the person's needs (cognitive, physical, emotional, cultural and social). It measures pre and post outcomes of skill development programs.

### Multi-disciplinary approach

Ensures that people relevant to successful outcomes are part of the support team. For example, support staff, nurses, physiotherapists, occupational, brokered services and service partnerships.

### Evidence-based generic interventions

Interventions are based on common issues where evidence can support an application to most people. For example, goals around managing medication, mobility, falls prevention and so on.

### Time-limited programs

Australian evidence indicates that a successful reablement program ranges from 6 to 12 weeks.

This allows for shorter or longer programs depending on a person's early achievements.

The completion of the program relies heavily on careful monitoring of peoples' progress and whether they have achieved short- and long-term goals.

**Example**

### Impact that a support worker's actions may have on a client

Sonja is a support worker. Today she is running late as her car won't start. She arrives at the low-care aged care facility where she works and begins her day's work, already 45 minutes behind schedule.

Sonja goes to assist Mr Finch to get ready for the day. Mr Finch can walk slowly on a walking frame, but Sonja is in a hurry so she sits Mr Finch in a wheelchair and pushes him down the hallway for his shower. When he is washed, she dries him with the towel and says it will be quicker if she dries his back and legs rather than having him do it. Sonja wheels Mr Finch back to his room, pulls some clothes out of the cupboard and quickly dresses him, even assisting him with his shirt and buttons, which Sonja knows he can do himself.

This leaves Mr Finch feeling powerless and frustrated. If this happens frequently, he may lose interest in participating in his own care, become depressed or lose some of his confidence, independence and living skills.

# Practice task 8

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

## Case study

Ko Sai Yin is a 25-year-old man with an intellectual disability. He lives in a community residential unit with three other adult males with varying degrees of intellectual disability. Ko Sai is able to wash and dress independently but requires prompting to brush his teeth, complete grooming and select appropriate clothing. He also needs some assistance with budgeting and money handling. Ko Sai has learnt to prepare the vegetables for meals; this is his job each evening.

The other people in the house receive support from staff of a large organisation. Today, Wina is the staff member on duty. The house mates are going to the shops to do their weekly shopping. As they will have dinner when they return, Wina quickly prepares the vegetables. At the shops, Wina explains to Ko Sai that he has enough money to buy either sweet biscuits and muesli bars or a block of chocolate. When she is sure he understands, she asks him which he has chosen and asks him to put his selection in the trolley. When they return to the house, they unpack the shopping and have dinner.

Ko Sai is going to a social night tonight so needs to shower and change. Wina enters the bathroom when he has finished and helps him to get dry. She hands him the toothbrush with toothpaste on it and brushes his hair while he brushes his teeth.

They return to the bedroom and Wina says that, as it is a mild night, Ko Sai will be quite warm at the social. She asks him which clothes he would like to wear. When he is ready, she explains that the social costs $7.00 and that he may need a bit of extra money for a drink. She gives him $10.00 to put in his wallet.

1. Describe the ways in which Wina has encouraged Ko Sai to participate in his own care.

2. In what ways has Wina prevented Ko Sai from participating in or controlling his care?

3. How do you think Ko Sai felt when Wina assisted him with drying and grooming? What effect could this have on him in the future?

**Click to complete Practice task 8**

# 2C Provide the person with information

As a professional in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. A large number of people in receipt of support services are often vulnerable because of their care needs.

Your approach to your work should always be based on trying to 'do yourself out of a job'. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights.

## Types of information

One of the ways support workers can help people to remain independent is by ensuring they are well informed. The people you work with, their carers or their family may ask you about other types of services that are available. Having information means people are better able to understand things and can make appropriate choices, plan their lives and decide what best suits their needs. They may want to know about community activities, financial assistance or about joining a recreation program.

Here are some of the things about which you can share information.

### Aids and equipment

The people you support may benefit from information about the types of aids and equipment available for use in their home, their residential facility or in programs they attend. These might include handrails, non-slip mats, special chairs, devices for helping to reach things and devices to help with reading or communication.

Even if you have seen these items before and know how to use them, it is possible that the people you work with are not aware of what is available or what might be helpful to them. It is possible that they have an aid or piece of equipment that they are not sure how to use or have forgotten about. Providing people with information about aids and equipment can help them to maintain or improve their independence.

### Processes

Awareness of the process for completing a task may be important for the person being able to complete the task independently and safely. Breaking a task down into a series of steps can make it easier to achieve. Helping people to remember the steps in a process may make it easier for you to work together to do the task or may help them to achieve the task more independently.

Small pieces of information can make a big difference. For example, explaining to a client how to get out of a chair (make sure their feet are directly below their knees, lean forward slightly, put their hands on the arm of the chair and then push themself up to standing) can be of more assistance than just asking them to get up from the chair.

**Example**

**Provide information**

Brian is a 56-year-old man with multiple sclerosis. James is a support worker who visits him at home to assist him to wash, dress and have breakfast in the morning, so that he can go to his office for work each day. Brian is often running late because he doesn't get out of bed early enough.

James realises that Brian has a radio alarm clock but isn't sure if Brian can use it properly. On asking Brian, it becomes evident that the clock radio resets every time there is a power failure and Brian can't remember how to set the alarm. James provides Brian with information about a new alarm clock which has a battery backup that solves the resetting problem.

# Practice task 9

Read the scenario, then complete the task that follows.

**Scenario**

You are a support worker in a special development school for children with intellectual disabilities. The mother of one of the children you support talks to you about some difficulties she is having at home caring for her son. She says she is starting to have trouble lifting him as he grows and becomes heavier.

One of the instructions in the son's support plan is to encourage him to help staff with his transfer. The support plan requires that staff should talk the boy through using grab-rails and the arms of his chair. Staff are also instructed not to try to lift his full weight and to use a hoist in situations where he cannot assist them with transfer; for example, getting up off the floor or from a bean bag. His mother says that they do not have a hoist at home.

In this table, explain how the suggested information would be appropriate for a support worker to provide.

| Information | Why is this appropriate? |
|---|---|
| **Phone number for a hoist company** | |
| **Discuss the steps that staff use to assist the client to transfer, as per the support plan** | |
| **Offer to request that your supervisor talk to the parent to make appropriate referrals for assessment for equipment** | |

| Information | Why is this appropriate? |
|---|---|
| Give parent the number of a personal care agency that has staff come to the home | |

**Click to complete Practice task 9**

# Summary

1. It is important to ensure the person knows what to expect when you are providing support.

2. People must be encouraged and assisted to participate in their personal care in order to maintain and/or improve their independence and to keep their sense of control over their own care. Do the task with the person, not for them.

3. Always confirm the person's preferences in relation to their personal care. People must be given choices where this is an option and be encouraged to make decisions.

4. Access to information gives people choice and control.

# Learning checkpoint 2
# Maximise participation

This learning checkpoint allows you to review your skills and knowledge in maximising participation.

Read the scenario, then answer the questions that follow.

## Scenario

Ellen is a 45-year-old woman who lives in supported accommodation ever since a workplace accident left her with physical disabilities and an acquired brain injury.

Your role today is to assist Ellen to get ready to attend a doctor's appointment and then to go to lunch with a friend.

Ellen is able to transfer from bed to chair and into her wheelchair using grab rails and bars. She uses a wheelchair when she goes out of the house, as she has little strength in her legs and cannot walk without leaning very heavily on supports. Her acquired brain injury has left her with some speech difficulties and word-finding difficulties. She also has difficulty in taking in large chunks of information all at once.

In order to help her get ready, you are to supervise her transfer from bed to wheelchair to shower chair. While she showers independently, you are to prepare her chair and towels. Once she has completed showering, you are to assist her to choose appropriate clothing, help her to get dry, dressed and groomed and assist her to prepare her breakfast.

1.  Write a script demonstrating how you would confirm the procedures you are going to use in providing support to Ellen.

2.  Write down three ways you could encourage Ellen to actively participate in her care and identify her preferences where possible.

3.  Ellen asks you whether you know of a way that she can get into a car or taxi without getting out of her wheelchair, as she is finding this quite exhausting. Conduct some research to find information about this. Write down the steps you would take in providing Ellen this information.

# Topic 3

In this topic you will learn how to:

**3A** Safely prepare for each task

**3B** Take account of identified risks in the provision of personal support

**3C** Identify and respond to routine difficulties during support routines

**3D** Identify changes in the person's requirements

**3E** Work with the person and supervisor to identify required changes to processes and aids

**3F** Maintain confidentiality, privacy and dignity

# Provide personal support

In providing care that addresses an individual's needs, you may need to use specific processes, aids and equipment in a particular way. You need to follow workplace policies and procedures and the directions in the person's care plan. This ensures the support you provide responds to the person's needs in a manner that is of a high standard, appropriate to the individual and maintains their privacy and dignity. It is also important that you are aware of and identify any actual or potential risks or difficulties associated with providing support to the person and that you respond to these appropriately.

# 3A Safely prepare for each task

There is a range of equipment, processes and aids that people may use to assist themselves to remain independent. The type of equipment they need depends on what tasks they are having difficulty with and why.

Having the right equipment, processes and aids to assist the person with their personal care tasks means that they can be properly and safely supported. Usually, an occupational therapist or a physiotherapist assesses the person's need for equipment, processes or aids and makes sure they have what is required to help them. As their support worker you should know how to use equipment and aids so that you can assist the person. If you are unsure, ask your supervisor. Do not use equipment you have not been trained to use.

## Functions of aids and equipment

There are many types of aids, equipment and modifications that can help people remain independent. Many are simple, inexpensive items that can make a big difference to tasks; for example, a pick-up stick can be used to pick up items from the floor.

Here are examples of other special tools and aids, places to source equipment from and circumstances when you should consult your supervisor about the person's use of aids or equipment.

### Example aids and equipment

▶ Stove guards to prevent pots being pulled off the stove accidentally

▶ Page turners to help turn the pages of a book or magazine

▶ Remote controls to turn lights on and off

▶ Armchairs that tilt or lift to help a person stand up from the chair

▶ Wrist supports to help promote a stronger grip

▶ Lids for cups to prevent liquid being spilt

▶ Laundry trolleys to carry washing baskets

▶ Rubber mats to prevent bowls or plates slipping

▶ Grips to help with opening jars or bottles

### Where to source aids and equipment

▶ Specialist aids and equipment retailers such as Yooralla's Independent Living Centre

▶ Chemist

▶ Therapist, such as an occupational therapist or physiotherapist

▶ Some hospitals have a loan service

▶ Internet

▶ Yellow Pages®, under medical equipment

### Supervision

There are times when you should talk to your supervisor about a person and their ADLs such as if you:

▶ think a person's skills have changed

▶ are worried about the person

▶ think the person may be at risk of hurting themselves

▶ think an activity could be done more easily in another way

▶ are asked by the older person for more help.

## Aids and equipment

Some aids and equipment can be more costly and require an assessment by a doctor, physiotherapist or occupational therapist to ensure the right aid and/or modification is used. Each state and territory has programs to support people needing specific aids and modifications.

| | |
|---|---|
| **Australian Capital Territory** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-act |
| **New South Wales** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-nsw |
| **Northern Territory** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-nt |
| **Queensland** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-qld |
| **South Australia** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-sa |
| **Tasmania** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-tas |
| **Victoria** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-vic |
| **Western Australia** | You can read more about the Aids and Equipment Program at: http://aspirelr.link/aids-equipment-wa |

# Transport devices

Transport devices come in many shapes and sizes, and commonly include wheelchairs, electric wheelchairs and motorised scooters.

Here are some examples of mobility aids.

## Mobility aids



### Wheelchairs

All wheelchairs have a seat, backrest, a footrest or foot support, two large wheels at the back and two smaller wheels at the front. They may also have armrests, a seat belt and/or straps, brakes and handles for pushing.



### Electric wheelchairs

Electric wheelchairs are powered by a rechargeable battery and are not designed to be pushed. Because of the battery, electric wheelchairs are very heavy.



### Scooters

Electric scooters are similar to electric wheelchairs, but are designed for use outdoors or in larger spaces and are usually used by people who can walk short distances but need help for longer distances.

# Wheelchair customisation

Wheelchairs are designed to suit the person using them. They should be the right size to give enough support to the body and be comfortable to sit in.

You need to be shown how to help someone get in and out of a wheelchair. You may need to give them a small amount of support, help them stand or turn and perhaps even use a hoist or lifting device. When pushing a wheelchair, keep your body upright. Use your leg muscles and avoid straining your back muscles.

# Mobility aids

Mobility aids assist people who have difficulty with walking and balance. They give extra support when walking, help a person balance and may take some weight.

The most commonly used mobility aids and their features are described below.

### Walking frames

Walking frames aid mobility. Some have a small seat for use when the person needs a rest. A physiotherapist should make sure the walking frame is the right height for the person. It should be in good condition and able to grip onto the floor well so it does not slide when the person puts weight on it.

### Walking stick

Some people use a walking stick that helps them balance during walking, making them more stable and helping to prevent falls. Walking sticks need to be in good condition with a handle that is the right length and is easy to hold. They should have a stopper or grip on the end so they do not slip.

### Crutches

Crutches may be full-length to fit under the person's armpits; or be elbow crutches. They must be the right size for the person and be in good condition with stoppers on the bottom to prevent them slipping.

# Transfer people

There are many pieces of equipment that are used to assist with transfers. You will be shown which pieces of equipment you need to use for the individual.

When moving people, aged care and community care workplaces generally have a no-lift policy. This means that people are not lifted manually but are lifted using mechanical hoists.

Throughout your career you'll need to complete specific training in order to use new and different types of equipment correctly. Some of the most common equipment used in the aged care and community care workplace include:

- patient lifts and hoists
- adjustable-height beds
- sliding sheets
- wheelchairs
- walking aids.

Remember, always check with your supervisor if you are not sure or if you see equipment being used incorrectly.

# Lift and transfer aids

Some people may not be able to get in or out of bed or a chair unassisted. You should not lift them and move them from one place to another alone. You should always use equipment to lift and move people safely. Some commonly used transfer aids include hoists, handrails and special beds.

Here is more information about aids that assist in lifting and transferring people safely.

### Hoists

Hoists are used to transfer people. A person may be transferred from a wheelchair to a bed, a bed to a chair, or from a chair to a swimming pool. Hoists can be portable, moving easily from place to place and operated by remote control. Using a hoist properly means the worker does not need to lift the person; they guide the person from one place to another.

### Handrails

Many people rely on handrails to assist them to stand up or sit down. These may be on the wall close to a bed, shower, bath or toilet. Handrails are usually made of rounded metal so they can be gripped easily. They should be at the right height and angle for the person. An occupational therapist usually assesses the best place and height for handrails in a person's home.

### Beds

Adjustable beds are available for people who have difficulty getting in and out of bed. Some beds can be raised or lowered depending on the person's needs. Sometimes it is necessary to adjust the height of a bed or raise the head of the bed to assist the person to sit up or get out of it, or to assist in providing personal care such as dressing or bed bathing.

# Scales

Scales are used to monitor a person's weight. People who can stand independently may be able to be weighed using regular bathroom scales. For people who are unable to easily stand, there are scales that are attached to a chair or hoist sling. The person is assisted to sit or lie comfortably in the chair or sling and, once still, their weight is recorded. If you are concerned about a change in a person's weight, record this in their care notes and inform your supervisor so that the person can be assessed and equipment adjusted to better meet their needs.

# Continence aids

There are a range of continence aids you may be required to use. You may also need to change sheets or bedding. Many beds have a plastic sheet under the regular one. This stops urine reaching the mattress. You must wear gloves when changing pads or underwear or cleaning continence aids.

Here are some of the types of continence aids.

## Pads or special underwear

▶ Common continence aids include pads or special underwear, which need to be changed regularly.

**Catheter**

▶ Some people may have a catheter in place to manage continence issues. Catheters may be inserted into the body via tubing that drains the urine into a bag. A person with a catheter does not have to control the flow of urine.

**Commode**

▶ A commode or toilet chair can assist people unable to sit safely on a toilet. These are stable and secure, easy to get into and out of, and can be used in a bedroom or bathroom. The commode has a pan under the seat that must be emptied and cleaned safely after use.

# Personal audio-visual aids

There are many different types of audio-visual aids that are used to help people in many areas of life. You need to learn about the operation of those used by the people you support.

The person or their primary carer may show you how an aid works, or there may be details in the care plan. Ask your supervisor if you are not sure. You may need to change the way you communicate with people to accommodate the aid or equipment that they use.

Personal audio-visual aids include:

▶ reading aids, such as page turners or magnifying screens or glasses

▶ hearing aids and teletypewriter (TTY) telephones

▶ communication devices, such as voice output machines, communication boards or text writing machines

▶ remote controls for the television or lights.

# Modified feeding aids

These aids can be used by people who may have difficulty eating or drinking. They may have a physical condition that prevents them from moving food or drink to their mouth or a condition that has affected their ability to swallow. They may also not eat enough of the right food to stay healthy.

To ensure people who require feeding aids are provided with the correct equipment, they need to be assessed by an occupational therapist. You will be shown what equipment or aid to use for individuals and, if necessary, how to use it. If a person has been assessed as requiring a feeding aid, it is important that it is used all the time. This assists the person to remain as independent as possible and to remain safe when eating or drinking.

Some examples of aids related to feeding are listed below.

---

**Types of feeding aids that may be used**

▶ Cups with lids to prevent spills

▶ Plates or bowls with raised edges to prevent food being pushed over the side

▶ Feeding tubes that deliver food directly to the person's stomach via a tube in their nose or directly into their stomach

▶ One-handed kitchen or eating devices

▶ Cutlery with specialised grips

---

**Example**

**Safely prepare for each task**

Sherie is a support worker. She is only 152 cm tall and has a thin build. She goes to Michael's home twice a week to help him get out of bed, get dressed and settle in the lounge room. Michael cannot walk or transfer himself in or out of bed or chairs at all. He needs assistance with all transfers.



Michael is 183 cm tall and a heavy build. There is no way that Sherie would be able to lift him herself. There is a portable hoist at Michael's home. After Sherie has helped Michael to dress, she brings the hoist into the bedroom. She places the slings carefully around Michael in the way she has been shown by a physiotherapist, hooks the slings to the hoist and uses the controls to lift Michael from the bed.

While he is in the sling, she wheels him on the hoist, to the lounge room. She turns the hoist so that Michael is positioned over his recliner, once again using the controls to carefully lower him into the recliner, checking his position as he lowers.

# Practice task 10

Research two mobility aids by interviewing an older person and a person with a disability, or the carer of someone who uses feeding aids.

Find out as much as you can about the following:

1. What type of aids or equipment do they use?

2. When did they discover they needed these aids? What signs were there?

3. Did they need to be assessed for needing the aid or equipment by a health or other professional? What kind of professional was it?

4. What difference has the equipment or aid made to their life?

## Click to complete Practice task 10

# 3B Take account of identified risks in the provision of personal support

Workplace safety is everyone's responsibility. Employers and employees must make an active contribution to ensuring their workplace is safe. Hazards need to be identified and risks assessed to reduce injury in the workplace. When working with people in providing personal care, workers are vulnerable to injury and need to take adequate steps to ensure their work practices eliminate or reduce the risk of injury. In identifying and dealing with workplace health and safety risks, you are preventing or reducing the likelihood that people, their family members, other staff and yourself will come to harm.



## Workplace safety legislative requirements

All work health and safety (WHS) legislation requires employers to provide a safe workplace and adequate training and supervision, while controlling workplace hazards and risks. You must work in line with legislative requirements, regulations, Australian and industry standards, and the relevant codes of practice.

WHS legislation describes the legal requirements for ensuring workplaces are safe and healthy, which are listed below.

### Legal requirements for safe and healthy workplaces

- ▶ Manage risks to health and safety.
- ▶ Promote and maintain the health, safety and welfare of people at work.
- ▶ Protect people at work from injury and illness, including psychological injury.
- ▶ Protect the health and safety of the public in workplaces.
- ▶ Consult workers and encourage participation in maintaining WHS.
- ▶ Provide rehabilitation and maximum recovery for injured workers.

## WHS policy

All workplaces in Australia are required to have a WHS policy that describes the organisation's responsibility for the health and safety of its employees. The policy should include the organisation's goals and objectives regarding WHS and a general set of guidelines related to health and safety in the workplace.

The WHS policy will help you fulfil your duty of care as a worker for the organisation.

## WHS procedures

WHS procedures are instructions developed to ensure all employees work safely and effectively. In the context of working in the personal care industry, particular information should be contained in an organisation's WHS procedures.

Information contained in WHS procedures includes:

▶ standard safety precautions and housekeeping

▶ safe handling of hazardous substances (such as cleaning products)

▶ emergency and fire drills

▶ hazard identification and risk control

▶ manual handling

▶ emergency contact numbers, including local doctors and hospitals

▶ location of first-aid equipment and first-aid officers.

## WHS regulations

The WHS legislation of each state or territory is supported by regulations and codes of practice. The WHS regulations support the legislation by outlining specific workplace health and safety requirements that must be addressed.

The Model Work Health and Safety Regulations, which provide a framework that most states and territories have adopted, have specific requirements for hazardous manual tasks that must be addressed.

These requirements are summarised below.

### Manage risk

A person conducting a business or undertaking (PCBU) must manage risks to health and safety relating to a musculoskeletal disorder associated with a hazardous manual task, in accordance with guidelines for managing risks to health and safety.

### Control measures

In determining the control measures to implement, the PCBU must have regard to all relevant matters that may contribute to a musculoskeletal disorder, including:

▶ postures, movements, forces and vibration relating to the hazardous manual task

▶ the duration and frequency of the hazardous manual task

▶ workplace environmental conditions that may affect the hazardous manual task or the worker performing it

▶ the design of the work area

▶ the layout of the workplace

▶ the systems of work used

▶ the nature, size, weight or number of persons, animals or things involved in carrying out the hazardous manual task.

## Code of practice: hazardous manual tasks

The WHS regulations determine that it is a legal requirement for the person conducting a business or undertaking (PCBU) and workers to address hazardous manual tasks in the workplace. A PCBU has a broad definition that includes both employers and supervisors.

The code of practice for hazardous manual tasks was developed to provide guidance on how to manage risks associated with those manual tasks with the potential to cause musculoskeletal disorders (MSDs).

A PCBU must consult with workers, so far as it is reasonably practical, to develop their own set of procedures to manage the risk of MSDs.

The hazardous manual tasks code of practice helps PCBUs and workers to:

▶ identify hazardous manual tasks

▶ assess the risks

▶ control the risks

▶ review the control measures.

## Musculoskeletal disorders

MSDs come about in two main ways:

▶ Gradual wear and tear to joints, ligaments, muscles and inter-vertebral discs through repeated or continuous use of the same body parts, including static body positions

▶ Sudden damage caused by strenuous activity or unexpected movements, such as when loads being handled move or change position suddenly

The strenuous activity and loads being handled in providing support to people such as in transfers is regarded as a hazardous manual task and puts the worker at risk of developing an MSD.

**MSDs may include conditions such as:**

▶ sprains and strains of muscles, ligaments and tendons

▶ back injuries, including damage to the muscles, tendons, ligaments, spinal discs, nerves, joints and bones

▶ joint and bone injuries or degeneration, including injuries to the shoulder, elbow, wrist, hip, knee, ankle, hands and feet

▶ nerve injuries or compression

▶ muscular and vascular disorders as a result of hand–arm vibration

▶ soft tissue hernias

▶ chronic pain.

## Workplace policies and procedures

Most workplaces have rules and guidelines that explain how tasks happen in the workplace, including working in people's homes or in a community or residential setting. They may have different names, but all contain details about what is accepted and what is not. They might be called policies, procedures, protocols or work instructions. They tell workers at all levels what they should be doing.



You must read and understand the rules and guidelines that affect the work you do. There will be different sorts of information in different types of documents. Your supervisor will show you which ones are important for your role.

# Duty of care

Using equipment or processes that you are not permitted, trained or qualified to use may cause harm or injury to the person or to the worker using the equipment. You may also be in breach of your duty of care as well as contravening legislation or workplace policy.

## Your duty of care requirements

A duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to the person using your service, co-workers or others while making sure you follow the organisation's policies and procedures.

# Report risks

Where a risk or potential risk has been identified, there will be information in the person's personal care support plan to alert workers to the risk and provide strategies for managing the risk to prevent injury or harm to the person, the worker or others. It is important that you follow such instructions carefully.

Any risks or potential risks you observe, risks that have not previously been identified, and the actions you take to prevent them causing harm must be recorded. You need to fill out a hazard report or incident report.

Here is information about the difference between a hazard report and an incident report.

| Hazard report |
|---|
| A hazard report contains details of risks you have observed. The hazards may not have caused harm yet. You may have just noticed that there is a risk of harm occurring. |

| Incident report |
|---|
| An incident report describes an accident or event that has already happened and may have caused harm. Completing the report ensures the risk is dealt with to prevent it causing harm in the future. |

# Report hazards

It is important that you report hazards as soon as you notice them. You have a responsibility to provide support to people in the safest way possible. This means that if you have noticed a hazard, such as a broken piece of equipment the person uses, and not reported it, you have not done your job properly. You have put a person at risk by not protecting them from harm.

Completing a hazard or incident report ensures that the hazard has been documented and will be fixed or managed. It means that all those people who need to be told about the hazard are told. It is the best way to prevent harm from the hazard.

Here is more information about hazards.

### Immediate risk

Where the hazard risk is immediate, it is important you take action to prevent it from occurring without putting yourself or others at any further risk. The risk must then be reported immediately.

### Non-immediate risk

If you have identified a risk that is not immediate but has the potential to cause harm or injury at a later time, you should report this to your supervisor so that appropriate preventative action can be taken.

# The human body system

When working in the community services environment, you need to have and apply a basic knowledge of the structure of the human body. By understanding the structure, function, location of body systems, terminology and the principles for maintaining a healthy body, you will be able to play an active role in assisting a person to improve their health and prevent illness and disease. In addition, you will be able to communicate appropriately with other medical, allied health and welfare professionals involved in the care of the person. Here is a basic summary of some of the human body systems.

### Cardiovascular system

The cardiovascular system is made up of the heart and the blood vessels leading to and from the heart.

The heart in turn is made up of heart walls, chambers and valves.

The cardiovascular system is responsible for transporting blood throughout the body. Its role of transport supports many of the other body systems.

### Respiratory system

The respiratory system is made up of the upper respiratory tract, which includes the nose, mouth, tongue, voice box (larynx), windpipe (trachea), and lungs. The system is located in the head, neck and chest.

The respiratory system is responsible for ensuring the body has sufficient oxygen intake to oxygenate the blood and expels carbon dioxide.

### Musculoskeletal system

The musculoskeletal system incorporates two major systems: the muscular system and the skeletal system. The skeletal system is made up of all of the bones in the body from the skull down to the lower limbs and toes. The skeleton and bones play a number of roles. Some bones, such as the skull and the rib cage, play a protective role shielding the brain and the lungs respectively. Other bones help a person stay upright. The skeleton acts as a frame for the body's tissues and skin; it also makes ambulation and movement possible.

## Endocrine system

One of the major functions of the body's systems is to keep the body in balance. The medical term that describes the processes used to regulate the body is homeostasis. One of the systems that plays a major role in homeostasis is the endocrine system.

The endocrine system produces and secretes hormones that are distributed throughout the body and regulate other functions of the body,

These hormones regulate:

▶ growth

▶ metabolism

▶ heart rate

▶ organ function

▶ bone density

▶ mood.

## Digestive system

The digestive system helps to break down and process food. This system distributes nutrients throughout the body and excretes waste products.

Components of the digestive system include:

▶ mouth

▶ teeth

▶ oesophagus

▶ stomach

▶ pancreas

▶ liver

▶ bile duct

▶ intestines

▶ rectum

▶ anus.

## Urinary system

The urinary system processes and expels waste fluids from the body, deals with and expels toxins and helps maintain blood pressure. It maintains the required levels of chemicals in the blood and blood volume. It is made up of the kidneys, ureter, urinary bladder and urethra.

The body has two kidneys: the left and right kidney. These are located in the middle of the torso just below the rib cage toward a person's back. The kidneys process fluids and toxins.

## Reproductive system

As the name suggests, the male and female reproductive systems are responsible for reproduction. These systems also help with development – in particular, with the development of secondary sex characteristics such as pubic hair in both males and females.

## Integumentary system

The integumentary system is made up of the skin, glands, hair and nails. This system plays a number of roles. The skin that covers the human body, in particular:

▶ acts as a barrier protecting internal organs

▶ helps make use of vitamin D, an essential vitamin that helps build and maintain bones

▶ is a major organ that allows us to sense heat, cold, sharp surfaces and other environmental factors that need to be acted upon.

The appearance of a person's hair, nails and skin can also indicate illness or disease. People in aged care and in home and community care settings may spend much of their time inside. As a result, they may not get enough vitamin D.

## Lymphatic system

The lymphatic system plays an important role in defending the body and its cells against pathogens. It filters, removes and reacts to pathogens.

Persons with compromised immune systems or inefficient lymphatic systems need special care. In particular, persons must not be exposed to people with the flu or other contagious diseases and allergens. The lymphatic system forms part of the immune system.

The lymphatic system is made up of:

▶ nodes located at various places throughout the body, including on the neck, under the arms, in the abdomen and intestines, near the genitals and near the knees

▶ ducts

▶ capillaries and blood vessels

▶ thymus

▶ spleen

▶ red bone marrow.

## Nervous system

The nervous system is responsible for communicating information received by the senses (sight, smell, touch, hearing and taste) to the brain. It processes information and communicates required responses to the muscles and bones of the body.

The nervous system is divided into two parts:

▶ The central nervous system (brain and the spinal cord)

▶ The peripheral nervous system (nerves, ganglia and major organs such as the skin, eyes and ears)

# Infection control procedures

Everyday activities in health care, aged care and home and community care involve the risk of infections being transmitted. Food handling, personal care and cleaning are all activities that involve exposure to a number of hazards, including infectious agents.

The risk of infection will always be present; however, with careful planning these risks can be reduced. Despite these measures, there may be times when you are exposed to hazards in your workplace. The consequences of exposure can be reduced by following your organisation's relevant infection control policies and procedures and by early identification and reporting risks of infection.

## Standard precautions to prevent the spread of infection

Standard precautions are work practices that should be applied to everyone, regardless of their perceived or confirmed infectious disease status. These precautions aim to provide a basic level of infection prevention and control.

In most community services environments, standard precautions are recommended for the treatment and care of all people and any situation that has a risk of exposure to or from:

▶ blood products, including dried blood

▶ body fluids, secretions and excretions

▶ lacerations and all forms of broken skin

▶ mucosal membranes.

## Standard infection control precautions

Standard infection control precautions aim to prevent the transmission of disease that can occur through contact with contaminated surfaces such as a person's body or hands, equipment, plant and the surrounding environment.

Standard precautions for the community services environment are outlined below.

### Hand hygiene

The single most important measure in reducing the risk of cross-infection in the community service environment is effective hand hygiene

### Use of personal protective equipment

When selecting personal protective equipment (PPE), you should first complete an assessment and determine the risk of transmission of infectious agents to yourself and the people receiving care. You should also take into consideration the risk of your skin and clothing becoming contaminated from exposure to another person's blood, body substances, secretions or excretions.

## Management of sharps

The use of sharps in your workplace can place you and others at risk of injury and potential exposure to blood borne viruses including hepatitis B, hepatitis C and immunodeficiency virus (HIV).

All workers should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments by following these standard precautions:

▶ Do not pass sharps directly from hand to hand.

▶ Ensure the person who generated the medical sharp is responsible for its containment and disposal.

▶ Never recap, bend or break a needle after use.

▶ Make sure you dispose of sharps waste straight after use in a safe and appropriate manner.

## Physical environment

Poor environmental hygiene such as ineffective or lack of cleaning and decontamination techniques can increase the transmission of infectious agents in the healthcare setting.

All cleaning methods and cleaning agents should be appropriate to the infection risk. Considerations should be made regarding whether disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces is required.

## Clean reusable items

All reusable environmental facilities and equipment must be cleaned and reprocessed appropriately between uses. This may include routine cleaning, disinfection or sterilisation. Wherever possible, sharing of equipment and facilities should be kept to a minimum. This includes restricting restroom use to those receiving care and ensuring visitors use the available public facilities.

## Respiratory precautions

Covering sneezes and coughs can prevent the dispersion of respiratory secretions into the air and onto the environment.

Remember that hands should be washed with soap and water after contact with respiratory secretions or objects contaminated by such secretions.

## Waste management

Handling and disposing of general and clinical waste may increase potential exposure to blood and body substances. Whenever handling waste products, standard precautions should be followed.

Waste should be contained in appropriate receptacle identified by colour and label and disposed of according to facility waste management protocol.

## Linen management

Linen must be handled and laundered in such a way that it does not spread potentially pathogenic microorganisms to other people and the environment.

# Personal protective equipment (PPE)

Personal protective equipment (PPE) is anything used or worn by a person to minimise risk to the health and safety of that person. PPE may include special clothing, shoes, masks, hats, gloves, goggles and a range of other protective wear.

In the community services environment, PPE is often used as a standard precaution to prevent the spread of infection and disease. The Model Work Health and Safety Act and Regulations (2011) outline that PPE must be worn by all workers if it has been provided by the employer and is required as part of any workplace policy, procedure or work practice.

The following PPE is commonly used to prevent the spread of infection and disease in the community services environment.

## Gloves

Gloves must be worn whenever you are likely to come into direct contact with blood, body fluids, mucous membranes, non-intact skin and other potentially infectious material.

Gloves should also be worn whenever you handle or touch visibly or potentially contaminated items and surfaces, such as soiled linen or used tissues.

Once you have finished the task that required the use of gloves you should remove and dispose of them within the contaminated area. You should then wash your hands and apply fresh gloved before moving between a contaminated body site and a clean body site, and before touching clean items or surfaces.

It is a standard precaution that hand hygiene must be performed before and after glove use.

When using gloves, remember that disposable gloves are intended for single use only and should be considered contaminated once they have touched a surface, person or site that is considered unclean.

## Gowns and aprons

In some workplaces an apron or gown may be required depending on the potential risk of contact with infectious material and the potential for blood and body substances to penetrate through the clothes to the skin.

You may be required to wear a clean non-sterile apron or gown to protect skin and prevent soiling of clothing during procedures and/or care activities that are likely to generate splashing and/or sprays of blood or body substance.

You may be required to wear a long-sleeved fluid impervious gown if there is a risk that clothing may become contaminated with blood and body substances, secretions or excretions.

Remember that once you have used a gown or apron, you should assume it is contaminated and should therefore remove the apron/gown and perform hand hygiene before moving between environments.

## Face masks and goggles

It is important to ensure that contaminated substances do not come into contact with your mucosal surfaces, including your eyes, nose, mouth and airways. You may therefore be required to use masks and protective eyewear to reduce the risk of exposure from splashes or sprays of blood and other body substances.

If a procedure has a known risk of potentially generating splashes of blood, body substances, secretions or excretions then a face shield or a mask should be worn, along with protective eyewear.

**Example**

## Standard precautions to prevent the spread of infection

The following three examples demonstrate standard precautions in community services environments.

### Example 1

**Use of PPE**

Amy assists people with various medical conditions to shower, dress and use the toilet. Amy's workplace applies standard infection control precautions and requires that she wears gloves in situations where she may be exposed to bodily fluids, such as changing bed linen, washing people, assisting with personal care, and handling used continence pads, tissues and dentures.

### Example 2

**Hand hygiene**

Jim's infection control policy uses standard precautions based on the principle that anyone may have a transmittable microorganism. This policy requires that Jim wash his hands before and after touching a person, performing a procedure, touching a person's environment and after touching any material that is considered unclean.

### Example 3

**Clean shared equipment**

Lorraine works at a facility where they only have three sling hoists that must be shared between 15 people who require this kind of mechanical device to transfer from bed to chair. To minimise the infection control risk, each person has their own sling and the hoist is required to be cleaned between uses, so that it is cleaned before it is moved to a new environment and used on the next person.

# Assist people

Many older people and people with disabilities need help to carry out personal care tasks. This section looks in detail at some different types of personal care tasks and how support workers may assist people. There are many different ways in which support workers assist people with their daily activities. The assistance you provide will depend on information in their support plan, the layout of their house, their abilities and their preferences.

Care you may be required to provide for a person:

- Mobility and transfer
- Showering
- Bed bathing
- Shaving
- Dressing and grooming
- Assisting with toileting and the use of continence aids
- Assisting with eating or drinking and using feeding techniques
- Assisting with oral health care

# Mobility and transfer

People may be independent or they may need reminding about the best way to assist with independent transfer or mobility – their support plan will describe how much assistance is required. They may need limited assistance, such as stabilising a walking frame or positioning their hands and feet. When a person is unable to walk at all, their transfers may need to be done using a hoist.



People with physical disabilities may require assistance or support with mobility and transfer, including in and out of vehicles. Mobility and transfers may be required for activities of daily living such as getting out of bed, going to the toilet or going to the kitchen for food and drink. Support workers need to learn about fall recovery techniques.

## Standard precautions

You may have people you care for who have difficulty moving around. This may be the reason they need assistance. They may not be able to stand up from a chair or get themselves out of bed And they may not be able to lower themselves onto a toilet. They may require assistance to do these things.

It is important that support workers pay close attention to their own and the person's safety. Back injuries are a common workplace injury in this profession, so try not to harm either yourself or the person you are supporting.

Most workplaces have a 'no-lift' policy. This means that workers must not lift people when they are assisting them. Workers must use the correct techniques and equipment to assist people to move from place to place without being lifted by a worker.

You must understand your workplace's rules and guidelines about lifting and moving people. You should know the equipment that is available to assist you. You also need to know how to use this equipment properly and safely.

## Move and lift people

As a support worker, your role often involves assisting people to move from one place to another.

You may need to assist a person to:

- get out of bed
- move from the bedroom to the bathroom
- get in or out of the shower
- get in or out of a wheelchair
- sit in a lounge chair
- get into a swimming pool
- get up after a fall.

# Move and lift people safely

It is very important that you assist people to move around in a safe way that protects you and the people you care for from injury. If you do not assist in a way that is safe, the person may fall and injure themselves. If you try to prevent them from falling, you too could be injured.

## Important things to remember when assisting people to move

▶ Encourage people to use rails, bars or the arms of furniture to support themselves as they move into a sitting or standing position, as this is much safer than them leaning or pulling on you.

▶ Encourage people to take their time and to feel stable at each stage of the movement.

▶ Ensure people are using the correct equipment in the right way to help them to get up and down and move around.

▶ Avoid trying to catch a person if they begin to fall, even though your instinct tells you otherwise (suddenly catching a heavy, moving weight is almost guaranteed to cause a back injury).

▶ Keep as physically fit as possible.

▶ Ask for help if you cannot assist a person to move on your own.

# Techniques for moving and lifting people

There are techniques or instructions you can use to assist people to move around or get up and down safely on their own. A good example of one of these techniques is the process to assist a person to get up out of a chair, as described below.

## Assisting a person to get out of a chair

Sit forward in the chair.

Have the person's feet apart and placed just underneath the chair.

Have the person's hands on the arms of the chair or, if the chair has no arms, on their knees.

Bend forward at the hips and look up before standing.

Have the person's 'nose over their toes'.

# Falls recovery

If you are a support worker, it is important to know how to help a person recover from falling over. Using correct procedures will allow you to avoid further injury to the person who has fallen and to yourself.

**Fall recovery steps**

**1** **Do not hurry**
Do not hurry, and let them rest as often as they need to. If they get stuck at any time, make them comfortable and call the ambulance.

**2** **Take time**
Do NOT try to get the person up straight away.

**3** **Be calm**
Calm the person and yourself. Get them to take deep slow breaths.

**4** **Check for injuries**
If they are badly injured, such as with a broken bone, they need to stay where they are. Make them as comfortable as possible and call an ambulance. Keep them warm while you wait for the ambulance.

**5** **Check capability**
If they are not badly injured and feel they could get up, get two sturdy chairs and place one near the person's head and one near their feet.

**6** **Guide lightly**
It is important that the fallen person does the work. You should only guide lightly, helping the person to roll onto their side.

**7** **Direct the person to kneel**
Help the person to kneel. If they have sore knees, place a towel underneath as cushioning.

**8** **Place a chair**
Place one chair in front of the kneeling person.

**9** **Use chair**
Ask the person to lean on the seat of the chair and bring one leg forward and put that foot on the floor.

**10** **Place a second chair**
Place the second chair behind the person. Ask them to push up with their arms and legs and then sit back in the chair behind them. Guide them up and back into the seat, remembering not to lift them – they should be doing the work. Keep your back upright.

**11** **Report**
Let the person's doctor know that they have had a fall.

(Adapted from Australian Government Department of Health and Ageing at: www.health.gov.au/internet/publications/publishing.nsf/Content/dff-toc~dff-surroundings~dff-surroundings-getup)

> **Example**
>
> ### Assist a person to move safely
>
> Mrs Wallis is sitting in her lounge chair. The support worker comes to get her for her shower. Mrs Wallis puts her hands up and asks the worker to pull her out of the chair. The worker explains that she cannot do this. She explains that it would be dangerous and could injure one or both of them. She instructs Mrs Wallis to make sure she is sitting forward in the chair and to place her hands firmly on the arms of the chair. She tells her to make sure her feet are tucked just underneath the chair. She then tells Mrs Wallis to lean forward in the chair, look up and use her arms and legs to push herself out of the chair. She is encouraging and reassures Mrs Wallis that there is no hurry.

# Shower

Some of the people you support will need assistance with showering. Showering can be a dangerous task if, for example, a person is unsteady on their feet or has reduced movement in their joints.

There is no single procedure that will explain to you how to shower someone; however, there are some things you should remember, which are described here.

> **Things you should remember when showering a person**
>
> **Water temperature**
> Check the water temperature before the person gets into the shower and do not run other taps in the house while the person is showering in case this affects the shower water temperature.
>
> **Slips and falls**
> Prevent slips and falls by ensuring there is a non-slip mat on the floor at the shower door for your use and for the person to step on when they get out of the shower. The person's feet and the floor should be dry before they step off the mat.
>
> **Privacy and dignity**
> Maintain the person's privacy and dignity by only uncovering them when you are ready for them to get into the shower. Avert your eyes as much as possible and have towels, dressing gown or clothes ready for when the person gets out of the shower.
>
> **Warmth**
> Keep the person warm. Older people and people with physical disabilities may get cold quickly, so help them to dry and dress as quickly as possible.
>
> **Your personal safety**
> Keep yourself safe. Do not put yourself at risk of injury by trying to lift the person or letting them lean heavily on you. Be especially cautious while working in wet or damp areas.

# Bed bathe

People unable to get out of bed must be properly washed while still in their bed. This is not an easy job and may often require two workers. The person's support plan will explain exactly how much help the person needs.

Consider the following when bed bathing a person.

**Things to remember when helping with a bed bath**

▶ Keep the bed dry by placing towels underneath the person in the area you are washing and using a damp cloth.

▶ Monitor the water temperature and ensure it doesn't get cold.

▶ Maintain privacy and dignity by keeping the person covered as much as possible.

▶ Keep the person warm by working in stages, drying each part of the body after you have washed it.

▶ Keep yourself safe. Do not risk injury by trying to lift the person or roll them yourself.

▶ Get the person to roll themselves as much as possible; use towels or specialised equipment to assist.

# Shave

If a person needs assistance to shave, the type and amount of assistance you need to provide will be written in the support plan. In some instances, an electric shaver may be used, while other people may prefer to use shaving cream and a blade razor. Be careful, as razor blades are sharp and nicks or cuts to the person or yourself can easily occur.

# Dress and groom

It is common for support workers to assist people with dressing and grooming. The support plan will detail how much and what kind of assistance to provide.

Here are some things to keep in mind.

**Things to remember when helping with dressing and grooming**

▶ Respect the person's right to choose their own clothing. Assist them with choices if they are unable to do this.

▶ Respect privacy and dignity by assisting the person to keep covered as much as possible until they are dressed.

▶ Be aware of the person's preferences for certain types of attire.

▶ Clothing should be clean, in good condition and appropriate for the day ahead.

▶ Ensure that the person is appropriately groomed for the activities planned for the day.

▶ People feel good when their hair is brushed and appropriately arranged and they have accessories or make-up in place.

# Toileting and continence aids

Some people may require assistance with getting to the toilet, or with using aids due to incontinence. Some may be physically unable to get to the toilet without help or they may need help with their clothing. Others may need a special raised chair or toilet seat if sitting down on the toilet is difficult. The person's support plan will explain what kind and how much assistance the person will need.

Here are some things to consider when assisting people to get to or go to the toilet.

**Privacy**

▶ Close bathroom or toilet doors where practicable to provide the person with privacy.

**Hygiene**

▶ Remember hygiene – ensure that the person is able to, or assisted to, clean themselves properly. If assisting, wear gloves and follow appropriate hygiene guidelines.

**Seats**

▶ Ensure that any equipment, such as over toilet chair or raised toilet seats are clean and fitted properly and will not move when the person sits on them.

**Mobility**

▶ Protect yourself. Do not try to lift a person onto or off the toilet. Instruct them to hold rails or use frames to stand independently.

# Incontinence

If a person you are working with requires assistance for incontinence, perhaps a pad inserted in their underwear or change of special underwear, you may need to help with this. This will be explained in the support plan.

There are a number of ways you can assist people who are incontinent, as shown below.

**Tips for assisting people with incontinence**

Ensure the pad is correctly placed to prevent soiling of clothing.

Treat the person with respect, being careful not to make the person feel embarrassed about their incontinence.

Wear gloves and dispose of the pad or underwear appropriately.

# Feeding techniques

The support plan will tell you what type and how much eating and drinking assistance is required. Some people may not be able to eat food in the normal way at all and may be fed through a tube that goes directly into their stomach. You may be required to pour the nutrient liquid into the tube or to assist with preparing the liquid. If you need to do any of these tasks, you will be shown how.

Sometimes food may need to be prepared in a special way for those who have difficulty chewing or swallowing. Other people may not be able to manage cutlery or a cup at all and may need to be fed.

When feeding a person, consider the following to ensure the person feels comfortable.

### Take your time

▶ Do not rush the person while they are eating. Rushing can increase the risk of choking and decrease the person's enjoyment of their food.

### Provide variety

▶ Mix things up a bit. If there are different types of food on the plate, place a mixture of different things on the spoon, or change the food type for each spoonful.

### Be social

▶ Meals are often a social occasion, so talk to the person while you are feeding them. Be aware not to require or oblige the person to speak while they have food in their mouth and wait until they finish speaking before offering the next mouthful of food.

### Maintain dignity

▶ Be aware of the person's dignity. Requiring assistance with eating can be embarrassing and make the person feel vulnerable. Try to behave as if feeding the person is incidental to the reason you are with them.

# Oral health care

Some older people or people with disabilities may require assistance to care for their teeth or mouth. Tasks associated with teeth and denture cares are shown below.

### Teeth

Where people still have some or all of their own teeth, you may be required to remind the person to brush their teeth, assist with preparation of the brush and toothpaste, or assist with brushing.

### Tongue and gums

Oral hygiene requires not only brushing the teeth and gum line, but also brushing the tongue to remove bacteria.

### Dentures

If a person has dentures, these must be removed and cleaned each day using a paste or soaking solution. People with dentures need to maintain oral hygiene and should use a mouthwash. Dentures should preferably be soaked in a soaking solution for around eight hours per day to remove food particles and bacteria.

# Provide support with technical care

Some of the tasks you will carry out while providing personal care support to people may involve helping with or carrying out technical tasks. There is only a limited range of technical tasks that support workers are permitted to carry out. A health professional will usually show you how to carry out specific technical tasks.

For some technical tasks you may need to use items from a first-aid kit. This is especially true if the task you are doing is part of managing an emergency for a person. All workplaces will have first-aid kits and, if you work in people's homes, you may be required to carry a first-aid kit or know where the kit is located in the person's home.

## Check or change a dressing

A person you are providing support to may have a dressing over a wound. The wound might be a minor cut or abrasion (sore) or a larger wound. Dressings protect the wound from infection or knocks as it heals. If you are worried about the wound or the person's condition, you should discuss your concerns with your supervisor or healthcare professional.

Changing a wound dressing requires:

▶ wearing gloves

▶ keeping the area around the wound clean

▶ disposing of old dressings in the appropriate way

▶ following the instructions of healthcare professionals

▶ observing, recording and reporting if there are any indications that the wound looks different

▶ recording what you have done and report any problems or concerns.

## Catheter care

Catheters are used by people who are unable to control their bladder; some men who have had prostate cancer; some people with multiple sclerosis; and people who are paraplegic or quadriplegic. People with catheters may be very sensitive or embarrassed, so remember to respect their privacy. Sometimes males use a urinary drainage system; the only difference between this system and an internal catheter is that condom drainage is used outside the body.

Only a medical professional is able to insert or remove a catheter; you will not be asked to do this and you should never attempt to do so. You may, however, be required to care for a person's catheter and ways to do this are shown below. You need to be careful you do not damage the catheter. Do not pull or knock it. For any personal care tasks involving body fluids such as urine, you should wear gloves to protect both you and the person from disease and infection.

Ways in which you can successfully care a person with a catheter are listed here.

**Assisting a person with a catheter**

▶ Check for any signs of problems, leaking or damage to the tube or bag.

▶ Observe if the catheter still appears to be in the right place.

▶ Ensure the area around the catheter is clean and looks healthy.

▶ Empty the catheter bag through a small tap on the bag.

▶ Replace the bag with a new one.

▶ Help a person change their clothes around a catheter.

## Prostheses

If a person is missing a body part, they may have a prosthesis that they use instead. It may be for appearance or it might help them do all or some of the things they would usually do with that body part.

Since all prostheses are different, a person will often be best placed to tell you about their prosthesis. They may have several, which are used at different times. Generally there will be a sock or stocking that covers the stump. You should make sure the stocking is clean and dry, that there are no wrinkles and that it fits comfortably. The prosthesis will often go over the sock or stocking. The person or their carer can tell you how to fit it.

## Anti-thrombotic stockings

Sometimes older people and people with disabilities wear special stockings on their legs for medical reasons, such as preventing deep vein thrombosis (DVT). Anti-thrombotic stockings that fit tightly over the bare leg may need to be worn all the time, or might only be needed for a few weeks following an operation or injury.

The stockings are hard to put on as they are made of very firm elasticised material. They need to be in the right place, comfortable and without wrinkles or creases in them. In some instances you will need a special device to help put on the stocking.

## Breathing devices

Older people or people with disabilities may require equipment to help them breathe. For example, a person suffering from emphysema may need to use an oxygen supply all the time to increase oxygen intake. Someone with sleep apnoea might use a device that assists their breathing during sleep. Asthma sufferers may require a nebuliser to inhale medication to help them when they are having trouble breathing.

You will be shown how to use breathing equipment by a health professional. There will also be details in the care plan. Your role may just be to help the person fit a mask or plug in a machine to a power point.

## Simple eye care

It is important to remember that eyes need to be treated with care and can be easily damaged. Anything that gets into the eye can cause damage. Often a wipe with a clean, damp cotton pad or rinsing with water and an eye bath will be sufficient to treat minor eye problems. Wipe your eyes only once with a single cloth or cotton ball. Larger foreign objects in the eye may need medical attention. If in doubt, do not try to get the object out on your own. Seek the assistance of a healthcare professional.

Glasses should be checked often. Make sure they are clean, that they are not damaged and that they fit comfortably. Encourage people to have their eyes checked regularly.

Examples of simple eye care include:

▶ wiping the eyes gently to remove 'sleep' in the morning

▶ wiping the eyes to clean away other matter

▶ helping someone to rinse their eye if they have dirt in it

▶ cleaning a pair of glasses

▶ taking off eye make-up at night.

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**Example**

### Activities support workers may be required to undertake

Dimita is a support worker in an aged care facility. She works a morning shift three times a week, assisting people in the facility to wash, dress and get ready for the day.

Today she first assists Mrs Giatroudakis to get out of bed and to shower. Mrs Giatroudakis has had cancer in the past and has had a mastectomy. When Dimita assists her to dress, she places prosthesis in one side of Mrs Giatroudakis's bra. Mrs Giatroudakis also has an in-dwelling catheter. When Dimita assists her to wash and dress, she needs to check that the area around the catheter is clean and dry and that they are careful not to knock or pull the catheter during dressing. Dimita also empties the drainage bag and assists Mrs Giatroudakis to strap the bag to her leg, where it is out of sight once she is dressed.

Next, Dimita moves on to help Mr Karl. Mr Karl has emphysema and needs to use a nebuliser before he gets up in the morning. Dimita helps him to place the mask on his face and plugs the machine in for him. Mr Karl also requires oxygen, so Dimita helps him to place the oxygen tubes in his nostrils and to get the oxygen bottle on a trolley ready to move around with him for the day.

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# Practice task 11

For this activity you will need a toothbrush and toothpaste, gloves, access to water, and cups for rinsing. Work with a partner. Follow the instructions below to carefully clean the other person's teeth. Wear gloves when you are brushing. Ensure you use clean water and cups for each turn.

Instructions for cleaning another person's teeth:

▶ Put only a small amount of toothpaste on the brush. Brush should be soft bristled.

▶ Use short, back-and-forth brushing motions to clean the outside and inside of the teeth as well as the chewing surfaces.

▶ Follow this with up-and-down motions to clean the inside surfaces of the front teeth.

- ▶ Brush along the gum line. This is very important as gum disease starts here. Brush gently to avoid damaging the gums.
- ▶ Brush back molars.
- ▶ Very gently brush the tongue to remove bacteria.
- ▶ Ask the other person to spit out the toothpaste and provide them with water to rinse their mouth.

1. Write down three things that are difficult about brushing someone else's teeth.

2. Record ways that you can deal with these difficulties when assisting a person to brush their teeth.

3. Identify the risks that exist for the other person and for you as the person brushing their teeth.

4. Now that you have experienced brushing someone else's teeth, write down your own step-by-step instruction to tell another support worker how this task can be done. Make sure you include steps, detailed instructions and advice to avoid any difficulties you had with the task.

**Click to complete Practice task 11**

# 3C Identify and respond to routine difficulties during support routines

While it is important that workers provide assistance to people as directed in the personal support plan, there are occasions when it is difficult to meet a person's needs for support.

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### Sources of difficulty in meeting a person's needs

▶ Organisational limitations

▶ The personal care support plan

▶ Your own skills and knowledge

▶ The person's behaviour, preferences or abilities

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## Capacity to meet a person's needs

The organisation you work for may not have the capacity to cater to the person's needs. If this is the case, inform your supervisor of the identified need that is unable to be met so the person can be referred to a service that can meet this need.

If the person's support plan does not address a need that the person requires and the need is something that you could meet, the person's needs should be assessed and their support plan revised.

Where there is a need that you are unable to meet because you lack the skills and/or knowledge, you may be able to seek support for training as part of your regular appraisal with your supervisor. If there is a need that is to be met immediately, inform your supervisor that you require training as soon as possible.

## Difficulties relating to a person's behaviour

If the difficulty is related to the person's behaviour, preferences or abilities, assess the situation and the reasons behind the difficulty. When you encounter difficulties in providing personal care, consult with the person and try to involve them in determining their needs and planning their support. This can work well when the person is able to provide a true account of their difficulties.

If you are able to deliver the required support to the person according to the support plan and still respond to the person's behaviour or preference, then adapt the support to meet their need. Conditions such as mental illness, intellectual disability or dementia can affect a person's ability to clearly express their needs. If you are unable to meet their need, deal with their behaviour or deliver the care required, contact your supervisor to discuss the situation and receive advice about dealing with the situation.

**Example**

**Difficulty meeting a person's needs**

Bob is a 65-year-old man with alcoholic dementia. Kate is the worker who goes to his home to assist him with personal care tasks and to prepare an evening meal.

One day when Kate arrives, Bob is sitting with a glass of yellow liquid. He says it is apple juice, but Kate can see a wine cask hidden under a newspaper. Bob says he doesn't want help today – he just wants someone to talk to. Kate explains that she is required to provide him with the support he has agreed to in his support plan. He again says he doesn't want this today, but asks her if she can change a light bulb for him. Kate explains that she is not permitted to climb a ladder and that she would like to provide him with the support he needs according to the agreed support plan.

Bob continues to sip from his glass and refuses to accept help with his personal care. Kate steps out of the house and phones her supervisor to request advice.

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# Practice task 12

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

**Case study**

Marlow works for a local council personal care service. She provides support to Max, an eight-year-old autistic boy. Often her role is to care for Max when his parents want to have a night out. Marlow helps him with his dinner, bathes him and readies him for bed, then reads him a story before he goes to sleep.

Tonight a number of things happen. First, Max refuses to eat his dinner and misbehaves while Marlow is helping him with the bath, splashing water all over the bathroom. When his parents come home, they cannot give her any information or reason for his behaviour.

Max's parents then ask Marlow if she would consider staying the night with Max occasionally so that they can go away for a weekend. The local council does not provide overnight care.

1. What were the difficulties that Marlow encountered? Describe each in a few words, including why it is difficult.

..................................................................................................................

..................................................................................................................

2. What strategy could Marlow use to address each of the difficulties?

..................................................................................................................

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## Click to complete Practice task 12

# 3D Identify changes in the person's requirements

Most people share some fundamental care needs that, if not met, may have adverse effects. A person's care needs may change in a number of different ways. It is important that a support worker is observant, and notices and reports any changes that indicate needs are not being met.

How you report these changes will depend on how quickly support or assessment is needed, and on your workplace guidelines. You may report by telephone, face-to-face with your supervisor or a health professional or in a written report. By reporting changes in a client's physical or medical condition promptly, the client can be assessed by a health professional and receive any treatment or additional support they need.

## Monitor the support plan

An important objective of a personal support plan is to increase a person's ability to direct their own lives. Sometimes inclusions in service delivery plans are restrictive or do not provide sufficient opportunities for development. Monitoring the plan allows timely changes to be made to help ensure the objectives of the support plan are achieved. Plans are developed and care is delivered in a way that is person-centred. This means that support is provided to the person with their goals, aims, preferences and abilities in mind.

Support plans may change because the person's needs, abilities or preferences have been reviewed. A meeting may be called to discuss a person's needs, which may be requested by the family, the carer, the person or a support worker.

Ways to review and monitor personal support plans include:

▶ observation

▶ assessment results

▶ discussion and consultation.

## Observation

Observation can provide direct evidence about the person's progress. Observation happens while you are assisting the person with their personal care. It involves paying attention to whether their need for assistance and their abilities to perform tasks remain the same or have changed from when their support plan was developed. Observation is often most effective when done informally and as part of your daily work. Your observations should be noted and reported so that the support plan can be changed to reflect individual needs.

## Nutritional care

In order for people to stay healthy and as well as they can, and to have energy to get through the day, it is important that they are well nourished. A well-balanced diet includes food from each of the food groups every day and adequate water. If you observe any changes in a person that suggest the person may not be eating well, report it so that they can get the support required to maintain their nutritional care.

### Reasons why people's nutritional needs may change

▶ They are unable to prepare their own meals.

▶ They have a condition that means they forget to eat and drink the right type or amount of food and drink.

▶ They develop a condition or intolerance such as diabetes, high cholesterol, coeliac disease or fructose malabsorption, which means they must have a special diet.

## Health and condition

A number of things may impact a person, resulting in a change in their health and condition.

Some causes of changes in a person's condition include:

▶ failure to comply with a health provider's instructions

▶ progressive disorders or diseases

▶ increased frailty due to age

▶ adherence to health provider's instructions

▶ active participation in health care.

## Concerns about a person's health

Reporting changes to a person's physical or medical condition promptly means the person will be assessed by a health professional and receive any treatment or additional support they may need.

Changes to physical or medical health may be evident from a number of signs.

Signs of changes in a person's physical or medical health may include:

▶ being unable to bend well

▶ being unable to hold onto things with their hands

▶ having difficulty getting in or out of a chair or bed

▶ seeing or hearing less than usual

▶ experiencing frequent dizzy spells or falls

▶ being in pain

▶ having sores or skin rashes

▶ eating insufficient food or fluids

▶ having pale, flushed or clammy skin.

## Changes to a person's behaviour

Any changes to the person's behaviour must be reported. A change in behaviour may indicate that the person has a medical condition affecting their mental health or it may indicate they have an infection or are in pain. While it is important that you are observant and report any changes, you do not have to know or try to diagnose what is wrong. Do not try to treat a medical or physical change unless you have been trained for this.

Here are some signs that may indicate change in a person's behaviour.

### Signs of potential change in a person's behaviour

▶ Lacking motivation – the person is not interested in anything

▶ Crying a lot or looking sad

▶ Being excessively happy or full of energy

▶ Doing risky or dangerous things

▶ Being forgetful or vague

▶ Being angry or violent

# Assessment tools

A variety of tools can be used to assess physical, mental and cognitive wellbeing, and a person's ability to carry out activities of daily living (also known as ADLs). Doctors, nurses, psychologists and your supervisor should interpret the results of the assessments to identify the person's progress.

Types of tools used to assess a person's needs include:

▶ personal information questionnaires

▶ functional ability assessment forms

▶ health condition assessment forms

▶ psychosocial needs forms

▶ mental health and wellbeing forms

▶ mental status examinations.

# Discuss and consult

Consultation about a person's condition and progress can be verbal, written, informal or formal. It needs to happen between all parties working with the person, as shown below.

### Team members and support staff

You may need to discuss the person's progress with other support workers. Ensure you speak about the person only with those involved in their care. If you need to seek the expert advice of a worker or professional not involved in their care, you should not refer to the person by name and only speak in general terms so that the person remains anonymous, or seek the person's permission to discuss their care.

Program planning meetings are formal ways to discuss and consult with all stakeholders (those involved in the care and support of the person). These meetings may be known as case conferences or program support groups. These meetings offer all stakeholders the chance to share information about the person's condition, consider possible solutions and decide on a service delivery plan.

## People and their carers

It is important to actively encourage people to participate in determining whether their needs are being met through the process of consultation.

Reviewing a person's support plan through a consultation process may help establish whether a person's care needs are increasing, stabilising or decreasing. The person or their family members are often best placed to know when things have changed, or when the support provided is not meeting the person's needs.

However, it is also worth considering that when changes are gradual, the person and those who are with them all the time may not notice them and may be surprised when changes are pointed out to them.

# Verbal communication

Informal verbal feedback should be sought during day-to-day interactions with people. Ask the person about their comfort level, health and wellbeing when providing personal care. Take the time to discuss with the person whether they feel their needs are being met. Be mindful of privacy considerations when dealing with this type of information. If you are unsure, ask your supervisor.

When communicating verbally with people, make sure you choose your questions carefully. Questions should not be leading, closed or vague.

Here are some of the types of questions and an example of each.

## Leading

▶ A leading question is a statement disguised as a question. A person may feel obliged to agree with you.

▶ Example

– 'We are meeting your needs, aren't we?'

## Closed

▶ A closed question requires only a 'yes' or 'no' answer. A person may say 'yes', but this might indicate they don't want to be rude or they would like the conversation to finish, rather than actual agreement. There are instances where closed questions are effective; for example, if you want a person to commit to or reject a proposed action.

▶ Example

– 'Are we meeting your needs?'

## Vague

▶ A vague question can be interpreted in a range of ways. Answers to vague questions may not provide the information that you require.

▶ Example

– 'How is it all progressing?'

**Specific**

▶ A specific question provides the person with a clear indication about the information you are seeking.

▶ Example

– 'What was your experience with the learning support centre like?'

**Open**

▶ An open question encourages a person with a disability to explain in more detail.

▶ Example

– 'How can we improve the care we offer you?'

## Ask questions

The questions you choose to use are important; however, there are other factors that contribute to the success of the consultation. Listen to your people and their carers. Make sure you take their feedback seriously, follow up on all promises and never discuss people you provide support to with unauthorised people.

If you are consulting formally with people and carers about the support provided, make sure the environment allows the person to feel comfortable. The room should be at a pleasant temperature and free from distractions. Your body language should match your words – it often sends a more powerful message than words.

Each time you ask questions, consider whether the person feels:

▶ comfortable with you

▶ confident that you will act on their feedback

▶ confident the information will only be shared with the appropriate personnel.

## Feedback

Acknowledging feedback can be verbal (for example, 'It sounds as if this has been distressing for you') or it can be a written acknowledgment, which is normally provided or authorised by a manager. Written acknowledgment should be provided quickly and does not have to include a solution. It shows the person that their feedback has been received, is being acted upon and provides a reference point for further contact.



People and their carers should be kept informed of the outcome of the feedback they provide. This encourages them to provide feedback in the future.

All forms of feedback should be:

▶ acknowledged

▶ investigated

▶ acted upon

▶ documented.

**Example**

### Manage changing needs

Gretel is a support worker who works in an aged care facility. She visits Mr Goldman in his room to help him with showering and dressing. While she is helping him to dress, she notices he is having difficulty bending to get his socks and shoes on (a task he has always been able to do before). Gretel asks him if he is having trouble and he tells her that his hips are very stiff and sore.

Gretel informs her supervisor of this change so that something can be done to assist Mr Goldman.

# How to report changes

Changes must be reported to your supervisor and to others involved in the person's care. Your supervisor can arrange for the person to be assessed if necessary, and to receive any additional support they require from others who are involved.

There are a number of different ways to report changes. How you report the change will depend on the situation, the type of change, the urgency to report it and your workplace policies and procedures. The most common ways of reporting changes are shown below.

## Telephone

The telephone may be a quick and convenient way to report a change to your supervisor, particularly if you work in the person's home.

However, be sure to follow up with a written report.

## Face to face

In some workplaces, you will see your supervisor every day you work. This is often the case in a day centre or a special school. You may be able to report the change to your supervisor face to face or you can ask your supervisor to observe the change with you. Alternatively, tell your supervisor about the change you have observed and discuss what should happen next.

Telephone and face-to-face reporting are best for reporting changes in a person's needs that require urgent attention.

## Written report

You must record any changes that you notice and the actions you have taken. This allows other people involved in the person's care to be made aware of the change in their needs, and what has been done to support them.

Written reports may be in the form of progress notes or case notes, kept in the person's file. Notes are usually in date order and may be handwritten or entered in a computer record. Written notes must be clear, provide detail and describe only what you have observed and been told by the person. You should not write about what you think may have happened or give your opinion when writing notes.

<table>
<tr><td rowspan="7" style="writing-mode: vertical">Example</td><td colspan="2">**A written case note**</td></tr>
<tr><td>**Person/client's name:**</td><td>**Mrs Kieselbach**</td></tr>
<tr><td>Date:</td><td>23/04/16</td></tr>
<tr><td>Worker name:</td><td>Lin Mai</td></tr>
<tr><td>Notes:</td><td>Attended Mrs Kieselbach today. Personal care support was provided as per the care plan.<br><br>Mrs Kieselbach began to speak to me in German a number of times today. When I reminded her to speak English, she switched back to English. A number of times I had to repeat things as she appeared not to understand me.<br><br>This change was reported to Sue Kelly, supervisor, by phone. Sue will discuss the change with the doctor, and possibly arrange for transition to German-speaking workers.</td></tr>
<tr><td>Signature:</td><td>*Lin Mai*</td></tr>
</table>

# Report concerns about a person's health

You must report every change that affects a person's care needs. Do not assume someone else will see the change or that it has already been reported. Dealing with health issues early may reduce their longer-term impact.

A change to the person's health or a change that is likely to affect their health must be reported to your supervisor who will take appropriate action, perhaps after making their own assessment of the situation.

Where a change in the person's health means they are at immediate risk of harm or permanent damage, you may need to act quickly to provide first aid and call for emergency assistance. Once the situation has been stabilised, you should make urgent contact with your supervisor to receive instructions about what actions to take next and to ensure the person receives the support they require.

Your organisation will have specific policies and procedures that you must follow when reporting to your supervisor on a person's condition. Often the best course of action is to make a verbal report, but you should always put your observations in writing using the appropriate documentation.

# Incident reports

An incident report is a form that is filled out if there has been an incident or event (something that has happened to cause an accident or injury). A near miss (something that almost causes an injury or accident) should also be reported.

All workplaces have incident report forms. Your supervisor can tell you where they are kept in your workplace. Make sure you fill in all the relevant sections using clear, simple language. Record exact details, writing down only what you saw, did or were told.

**Example**

## Incident report

| Link Chain Attendant Care Incident report form | | | |
|---|---|---|---|
| Date of incident | 04/04/16 | Time of incident: | 10.30 am |
| Names of people involved | Matthew Stanley | | |
| Person reporting incident | Sarah Yeates | | |
| Location of incident | Kitchen | | |
| Brief description of incident | When Matthew stood up from the table, he fell to the floor. I checked him for injuries. He said he didn't feel sore anywhere. He got himself back up onto the chair. I asked him how he fell, and he said he felt dizzy when he stood up and then lost his balance. | | |
| Description of injuries/first aid provided | Matthew had a small graze on his elbow, which I washed and covered with a dressing. No other injuries were apparent. | | |
| Who was incident reported to? | Program coordinator – Lyn Tilley | | |
| Follow-up action taken | Lyn called Mr Stanley's carer, who picked him up to take him to the doctor. | | |
| Signature | *Sarah Yeates* | | |
| Date | 04/04/16 | | |

# Practice task 13

Read this case note, then answer the questions that follow.

| Link Chain Attendant Care Case note | |
|---|---|
| Client name | Bea Reardon |
| Date | 27/03/16 |
| Worker name | Kerrie Burns |
| Agency | Link Chain Attendant Care |
| Notes | Care provided today as per care plan. |
| | Bea appeared very sad today. She also appeared uninterested in eating breakfast, or taking a shower and getting dressed. I asked her if anything was wrong and she told me her neighbour and close friend, Millie, had a serious stroke last week and is in hospital, and probably will not be able to return home. |
| | Bea says she misses her as they have always had a sherry together in the evenings. She also says it makes her worry more about being alone and what might happen if she became unwell or had a stroke. She says she worries that she could be lying on the floor for days before someone found her. I made Bea a cup of tea and reassured her about safety. |
| | I reported my concerns and our conversation to my supervisor, who will arrange visits from the GP and a social worker. She will also arrange for a personal alarm for Bea. |
| Signed | *Kerrie Burns* |

1.  How are Bea's requirements changing?

    .
    .
    .
    .
    .

2.  What dot-points would you include in a report to your supervisor to document your concerns about Bea?

    .
    .
    .
    .
    .

## Click to complete Practice task 13

# 3E Work with the person and supervisor to identify required changes to processes and aids

When you notice a change in the person's need for, or ability to use, a process, aid or equipment, you should report the change to the supervisor as soon as possible so the person can be assessed and the appropriate process or aid provided. There is a range of processes, aids and equipment that you or the person uses in personal care and activities of daily living.

Here are examples of types of processes or aids and examples of situations where changes in the person's ability may indicate that a change is needed to the processes and/or aids.

## Wheelchairs or other transport devices

**Example of situation indicating requirement for change:**

A child who uses a wheelchair is growing too tall for their chair.

**Suggested change:**

The child requires assessment to identify a more appropriate chair for them.

## Mobility aids

**Example of situation indicating requirement for change:**

An elderly woman who uses a walking stick has had a number of falls or near-falls while using the stick.

**Suggested change:**

The person should be assessed to see if a walking frame may assist her to maintain her balance better.

## Lifting and transfer aids

**Example of situation indicating requirement for change:**

A person with multiple sclerosis who, in the past, has required only direction to use handrails to transfer from bed to chair and chair to chair, can no longer lift his own body weight.

**Suggested change:**

The person may require lifting with a hoist to aid with transfers.

## Beds

**Example of situation indicating requirement for change:**

A child, who stays regularly in a children's respite house, falls out of bed.

**Suggested change:**

The specialised bed may need to have the sides put up or be kept as low to the ground as possible to prevent injuries from falls.

## Breathing devices

**Example of situation indicating requirement for change:**

A person who has independently used a nebuliser now has arthritis in her hands.

**Suggested change:**

The person may now need assistance to plug in the nebuliser and adjust the mask on her face.

## Scales

**Example of situation indicating requirement for change:**

A person appears to be losing weight quite rapidly.

**Suggested change:**

Weight checks for the person may need to be performed more regularly; for example, weekly instead of every three months.

## Continence aids

**Example of situation indicating requirement for change:**

A person with dementia removes the incontinence pad from their clothing and tries to flush it down the toilet.

**Suggested change:**

The person may require specialised underwear with the padding built in so they cannot remove it.

## Personal audiovisual aids

**Example of situation indicating requirement for change:**

A person who has a progressive visual impairment can no longer read using their magnifier.

**Suggested change:**

The person may require text-to-voice software so they can hear instead of see the information.

## Modified feeding aids

**Example of situation indicating requirement for change:**

A person who has a neurological disorder requiring them to be assisted with meals, is regularly coughing and spluttering when they drink fluids.

**Suggested change:**

The person may need assessment to see if they require their fluids to be thickened to prevent choking.

# Report required changes to processes and aids

When a person's needs appear to have changed in regard to processes or aids used to support them, you must follow up with the person. It is appropriate to discuss the situation with the person as well and talk about their needs and how these needs have changed. The person may be able to give you a valuable insight into what has happened or what needs to happen. From there, the situation should be discussed with your supervisor.

This may be an informal discussion that leads to a formal report. Reporting should be done verbally (by phone or face to face) when the need is immediate, then recorded in notes or incident reports. Written reports may be completed if the need is not urgent. Support workers must not change the process or aid themselves. Changes to processes and aids should be assessed and prescribed by a health professional.

## Example

### Identify required changes to mobility aid

Michelle is a woman with an intellectual disability who loves to go bowling. She has always walked the three kilometres to the local bowling alley to meet up with friends for bowling. However, Michelle has a heart problem that is making walking difficult, tiring and dangerous. A support worker at the group home where Michelle lives is concerned she is putting herself in danger by walking this distance. But he is also worried that if she doesn't attend, she will lose this regular social contact and the opportunity to do something she loves. He speaks with his supervisor to ask whether a referral for a scooter is an option for Michelle to help with her mobility.

# Practice task 14

Look at this table with changes noticed in people's needs. Tick those that may require a change to processes or aids. Note whether you think the change should be reported verbally followed by a written report or in a written report only.

| Change | Change to processes or aids required? | Report verbal and written or written only? |
|---|---|---|
| A person is pale and clammy. | | |
| A person is having difficulty moving an oxygen tank with them when they walk. | | |
| A person has seen a friend using a pick-up stick to reach items on the floor or on high shelves and asks you where to get one. | | |
| A person is demonstrating some behaviours of concern when you take him out shopping. | | |
| A person is having difficulty getting outside to the trampoline as the garden has become overgrown. | | |

## Click to complete Practice task 14

# 3F Maintain confidentiality, privacy and dignity

As a support worker, you are obliged to maintain the privacy and dignity of people you support. The right to privacy is protected by state and Commonwealth privacy laws, while ethical standards protect a person's dignity. Confidentiality, privacy and dignity are also addressed in workplace standards and guidelines.

Privacy and confidentiality in the community services sector are rarely defined separately. The difference between them is described below.

| Privacy | Confidentiality |
|---------|-----------------|
| Privacy refers to a person's ability to control access of others to themselves, their space and their possessions, including information about the person. Privacy also means avoiding embarrassment and humiliation. | Confidentiality is about data or information rather than people. It refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using or disclosing information about a person that is outside the scope for which the information was collected. |

## Privacy, confidentiality and disclosure

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. You always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

You can read more about privacy, confidentiality and disclosure at the following sites:

▶ http://aspirelr.link/aacqa-privacy-policy
▶ http://aspirelr.link/law-handbook-privacy-confidentiality

## Confidentiality

Confidentiality refers to both written and verbal information.

Protecting a person's confidentiality and privacy means making sure personal information about them is not given to or made accessible to those who do not need it. It also means ensuring that people are not able to be observed when receiving personal care and support from anyone other than the workers that are providing the support.

Confidentiality involves how information is:

▶ collected
▶ stored and for how long
▶ destroyed when it is no longer needed

▶ accessed and released to other parties.

# Confidential information

Often you need to share a certain amount of information in order to provide care that best meets the person's needs. Discussing the person's needs and personal information with others who are directly involved in supporting the person and who you know have permission to access the person's information is not breaking confidentiality.



People supported through a community or residential support service may sign a statement or agreement that acknowledges they have read information about their rights and responsibilities in relation to privacy and confidentiality. Often this will be an agreement to have their personal information collected and shared with others directly involved in planning and providing their care. This is often referred to as 'consumer consent'.

When you commence work as a support worker at any organisation or agency, you may also need to sign a confidentiality agreement to show you understand and agree to comply with the workplace policies and guidelines about confidentiality and privacy.

**Example**

### Consumer consent form

| Consumer consent | |
| --- | --- |
| To ensure the consumer is able to make an informed decision about consent to the disclosure of their information, the worker should: | Initial when completed |
| ▶ Discuss with the person the intended use of the information collected. | |
| ▶ Explain that the person's information will only be released to those staff/services directly involved in the person's care. | |
| ▶ Provide the person with information about privacy. | |

**Example**

## Record of consent

| Record of consumer consent | | |
|---|---|---|
| a) Written consent | OR | b) Verbal consent |
| The worker has discussed with me how, when and why certain information about me may need to be passed on to other staff or agencies.<br><br>I understand the recommendations and I give permission for the information to be shared as agreed. | | Verbal consent should only be used where it is not practicable to obtain written consent.<br><br>I have discussed the proposed uses of the consumer's information with them. I am satisfied that the consumer understands the proposed uses and disclosures and has provided their informed consent to these. |
| Signed:<br>(consumer or representative)<br><br><br><br>Date: | | Signed:<br>(staff member)<br><br><br><br>Date: |
| Consumer name: | | Practitioner name: |
| Witnessed: | | Role: |
| Practitioner name: | | |
| Role: | | |

**Example**

## Confidentiality statement

I understand that while working at Monday Disability and Aged Services, I may be given access to written or verbal information about a client, the family member of a client, staff members and the organisation.

I have read and understand the Monday Disability and Aged Services privacy policies and procedures.

I will not disclose information to anyone except as required in the course of my role as a support worker.

I am aware that inappropriate disclosure and use of a client's information can lead to disciplinary action, which may include direct dismissal.

Furthermore, I am aware that failure to adhere to these policies and procedures may result in civil action.

I agree to the above conditions.

Employee:

Name:                          Phone:

Signature:                     Date:

Witnessed by:

Name:                          Phone:

Signature:                     Date:

## Protect confidentiality and privacy

There are a number of situations where the privacy of older people or people with disabilities can be placed at risk. This can occur when their information is gathered for assessment purposes, you are consulting with other colleagues, the person's electronic or paper-based file is accessed or they are receiving care or support. You need to help protect the person's privacy and confidentiality as follows.

### Measures to protect a person's confidentiality and privacy requirements

▶ Gather only information that is required to provide a service to the person.

▶ Discuss a person's information with colleagues in private.

▶ Secure all personal files and other documents containing personal information in a locked drawer or filing cabinet.

▶ Use passwords on computer-based files.

▶ Follow procedures when taking personal information out of the workplace.

## Dignity

Treating a person with dignity requires that you act in a way that is respectful and acknowledges that the person you support is a person with rights, feelings and preferences. One way to protect a person's dignity is to ensure you do not take shortcuts in your work. Take the time to treat each of the people you care for with respect, discuss the tasks you will do, ask how they feel and do not rush them when they are doing tasks. Think about the way you would like to be treated if you required help with personal care tasks and use this as a guide to the way you treat people you support.

**Example**

### Failure to maintain confidentiality, privacy and dignity

Margot is a support worker. She is at the pub having a drink. She sees a support worker from another agency and says, 'John, I've been meaning to ask you about Sam Morrison. He is giving me a great deal of trouble! How do you handle autistic people?'

# Practice task 15

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

### Case study

Tui is a support worker. Tui is assisting Lara with her personal care. Lara has to go to hospital for an operation and expects to be away from home for two weeks. She is worried about who will feed her cat and water her indoor plants.

Tui sees Lara's neighbour as he is leaving and tells him about Lara's operation and that she needs someone to help with the cat and the plants while she is away. The neighbour says he is happy to help. Tui runs back inside and tells Lara that he has told the neighbour about her trip to hospital and that the neighbour will help.

Lara turns white with rage. She says, 'The neighbour is nosy, always going through my mail and checking through the windows. I don't want him knowing my business.'

1. What has Tui done incorrectly?

2. What should Tui have done instead?

**Click to complete Practice task 15**

# Summary

1. Having equipment available and used properly assists people to maintain or improve their independence.

2. Do not operate equipment before you have been instructed in its correct use.

3. The person's individual personal care support plan will tell you how much and what type of care each person requires.

4. Workplace policies and procedures assist workers to deliver appropriate care in line with workplace expectations and applicable laws and standards.

5. Identifying potential risks early and dealing with them can prevent harm and injury to you and people you care for.

6. When assisting with personal care tasks, remember to respect people's preferences, assist them to maintain their dignity, and ensure they feel as comfortable and secure as possible.

7. Training will be provided for technical tasks the support workers are required to perform. Always ask your supervisor if you are unsure about how to perform a task.

8. It is important to assess reasons for any difficulties you are having in providing care and to ask for advice from your supervisor if you cannot resolve these.

9. There are laws, industry standards and codes of practice that govern the ways services are provided to people who access community services.

10. Support workers need to be observant and look for changes in people's support needs and health.

11. All changes to a person's circumstances, support needs and health must be reported to a supervisor.

12. Needs for urgent support or assessment should be reported verbally and followed up with a written report.

13. Incident reports are used to record accidents, hazards or near misses.

14. In cases of sudden changes to people's health, support workers should apply their first-aid training and seek immediate medical assistance.

15. Support workers should follow organisational procedures when reporting changes in a person's physical or medical health to their supervisor.

16. Support workers have a duty to maintain a person's right to dignity, privacy and confidentiality.

# Learning checkpoint 3
# Provide personal support

This learning checkpoint allows you to review your skills and knowledge in providing personal support.

## Part A

The following table includes changes that a support worker might notice. For each one, tick whether it is a major or minor change and how it should be acted on or reported.

| Change noticed | Major | Minor | How would you act on the situation and report it? |
|---|---|---|---|
| The person has an itchy rash all over their back | | | |
| The person's family are on holiday | | | |
| There is a tap that won't stop dripping | | | |
| The person falls and cannot get up | | | |
| The person's dog has run away | | | |
| A tree has fallen down over the person's driveway | | | |
| The person's grandson has moved into the home | | | |
| The person is unusually angry and aggressive | | | |
| The person's phone is out of order | | | |
| The person tells you they now have a case manager | | | |
| The person reports feeling sick and dizzy and appears pale | | | |
| The person says they do not feel hungry today | | | |
| The person is having difficulty with the buttons on their clothes | | | |
| The person is using a walking stick, but is becoming increasingly unsteady on their feet | | | |

# Part B

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

> **Case study**
>
> Simon Paxton has returned home from hospital after a motorcycle accident in which his partner was killed. His injuries have left him a paraplegic, with no voluntary control of his bladder. He has depression as a result of the accident. Simon lives alone in a ground floor apartment.

1.  What type of personal care support might Simon require? Outline some of the requirements you expect might be central to Simon's support plan.

2.  Name three types of aids, equipment or processes that Simon or a support worker assisting him might require to complete his personal support tasks and activities of daily living.

3.  A backup support worker will be required to assist Simon with his shower. Develop a checklist to make sure that the work is performed to the required standard with respect to:
    –   use of equipment to assist Simon
    –   identifying and assessing risks
    –   maintaining Simon's dignity, privacy and confidentiality
    –   addressing difficulties with providing his care.

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# Part C

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

## Case study

Mary-Jo is the support worker providing care support for Mrs Meadows in her home. Mary-Jo helps Mrs Meadows to shower, dress, do her hair and make-up, and be ready to get on the bus that picks her up for the day centre.

Today when she is drying Mrs Meadows, Mary-Jo notices a large bruise on her back and another smaller one on her arm. When Mary-Jo asks Mrs Meadows how they got there, Mrs Meadows tells Mary-Jo she tripped on the path to her clothesline and fell. She says this happened yesterday and she still feels quite stiff and sore.

Once Mrs Meadows is dry and dressed, Mary-Jo rings her supervisor to report Mrs Meadows' injuries. The supervisor, Margaret, says she will contact Mrs Meadows' doctor and also let the day centre coordinator know. Margaret asks Mary-Jo to go and look at the path to see what Mrs Meadows tripped over. Mary-Jo looks and sees that part of the path is cracked and has lifted. She can see large tree roots growing under the path. She returns to the phone and describes this to her supervisor.

Imagine you are Mary-Jo. Write a case note about this visit to Mrs Meadows.

| Link Chain Attendant Care Case note | |
|---|---|
| Client's name: | |
| Date: | |
| Worker's name: | |
| Notes: | |
| Signature: | |

# Topic 4

In this topic you will learn how to:

**4A** Comply with the organisation's reporting requirements

**4B** Complete and maintain documentation

**4C** Store information

# Complete reporting and documentation

Completing documentation and reporting is an essential role of support workers and coordinators. These documents may relate to people accessing services, staff and to the organisation and its operations. Documentation has a range of uses – from collecting information about a person's health needs to guiding the actions you take. It records and communicates people's progress and issues that may affect their ability to achieve optimal health. People's records must be accurate and up to date. You, as a support worker need to be aware of and abide by legislative requirements, policy requirements and organisational protocols about how documentation and reports are completed, maintained and stored.

# 4A Comply with the organisation's reporting requirements

Reporting and documentation requirements in community services settings are extensive. Written records provide evidence that actions have been performed and give an account of procedures that have been followed. Passing on documentation regarding changes in individuals, incident reports or hand-over records may also assist in meeting individual duty-of-care requirements. Documents provide evidence of the actions or lack of due care and compliance with industry standards in the event of an incident, accident or other adverse effect. A common expression in community services is, 'If it is not written down, then it did not happen'.

## Reasons for accurate record keeping

There are two main purposes for accurate record-keeping based on communication and accountability. Here is information on those main purposes.

### Servicing people's needs

▶ The first is about maintaining accurate information to respond to a person's needs and to provide effective and quality services. Records and documentation may identify individual needs, act as a guide for planned action and provide a reference point to ensure the individual is receiving the required services, particularly if several workers support a person. Information lacking accuracy or currency about a person's status or the issues affecting them may mean incorrect care or disjointed services are provided.

### Accountability

▶ Another compelling reason for complying with organisational reporting and recording requirements is to demonstrate accountability to service users, funding bodies, government and other stakeholders. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may impact an organisation's professional reputation.

## Organisational policies

Your current or future workplace will have policies that dictate how information is gathered, who receives information about a person's progress, how the information is stored and who may access the information. These policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards.

Legislation, regulations and industry standards that must be met include:

▶ privacy laws

▶ freedom of information legislation

▶ regulations and codes of practice

▶ service standards and principles.

# Collect information

All services, regardless of the service type, will collect general information about the person wishing to access their service. Here is an example of the general information services collect.

### Personal information forms

▶ A personal information form is completed the first time a person uses a service. The basic information about the person may include their first name, middle name and last name, address, telephone number, date of birth, Medicare number, emergency contact details and details of medical conditions, allergies and medication.

### Initial health assessments

▶ These are used to identify physical, psychological, emotional and cultural needs. Support workers may not be directly responsible for completing these forms with a person, but it is helpful to know something of their contents. Health assessments can include health assessment questionnaires, cognitive function questionnaires and intake interviews.

### Personal care plans

▶ Care plans outline roles and responsibilities for those involved in providing care and support. Care plans always include the person's goals, actions, personnel responsibly, resources required and measurable outcomes.

### Case documentation

▶ These can include medical records, progress notes, test results, completed questionnaires and completed assessment tools.

▶ This information can be used to develop an understanding of the progress of the person's general condition or provide an insight into changes in their health condition. This information can also be used to find out what has and has not worked for the person.

### Medical reports

▶ These often help assess a person's needs, sometimes summarising the results of complex testing in plain language. This is an effective and efficient way of accessing a wide range of information about a person's physical and mental health, the types of tests used, the results of tests, diagnosis and prognosis.

## Incident and accident reports

▶ All support workers have work health and safety responsibilities. Communicating with others about risks is part of these responsibilities. If you witness a workplace accident involving a person, you may be required to fill out an accident report form. Recording near misses or incidents also assists in making improvements to workplace safety to minimise hazards or risks.

**Example**

### Comply with organisational reporting requirements

Sara is an older person. One day her support worker, Lois, finds her on the bathroom floor. Sara said she tripped over. Lois helps Sara up and makes an appointment with her doctor.

Then she completes this form.

| Accident/incident report form | | | | |
|---|---|---|---|---|
| **Section 1: Witness details** | | | | |
| Last name: | | Johnson | Given name: | Lois |
| Worker ☐ | | Visitor ☐ | Client ☐ | Contractor ☐ |
| Phone number: | | 03 5411 1111 | | |
| **Section 2: Details of injured person** | | | | |
| Last name: | | Apora | Given name: | Sara |
| Gender: | | M ☐    F ☐ | | |
| Worker ☐ | | Visitor ☐ | Client ☐ | Contractor ☐ |
| Was the person injured? | | | Yes ☐<br><br>Go to Section 3 | No ☐<br><br>Go to Section 4 |

| Section 3: Details of injury | | | | | |
|---|---|---|---|---|---|
| Date: 23/02/2016 | | | Time: Approximately 8 am | | |
| Location (on the person's body) | Bruising – left hip | | Where did the injury occur? | Bathroom floor | |
| How did the injury occur? | The client reported that she tripped over. | | Was the witness present at the time of the accident? | Yes ¨ | No þ |
| Was medical help sought? | | | Yes ☐ | No ☐ | |
| If yes, provide details<br>Contact details:<br>Phone:<br>25 Kalinga St, Bendigo<br>5555 2222 | | | Name: | Jake Black, MD | |
| If no, explain why not | | | | | |
| Witness's name: | | Lois Johnson | | | |
| Witness's signature: | | L. Johnson | | | |

| Section 4: Details of near miss | | |
|---|---|---|
| Who was involved? | | |
| What were they doing at the time of the near miss? | | |
| What equipment was involved? | | |
| Was PPE used? | | |
| Where did the near miss occur? | | |
| Who was the near miss reported to? | | |
| Witness's name: | | |
| Witness's signature: | | |
| **Section 5: Follow-up action (To be completed by a health and safety representative)** | | |
| What follow-up action was taken? | | |
| Name: | | |
| Role: | | |
| Date: | | |
| Signature: | | |

# Practice task 16

Contact an experienced support worker to find out more about the reports they are required to complete. If you are currently in the workplace, you may like to use your own workplace as a resource.

Record your results in this table.

| Document/report/record title | Purpose |
|---|---|
| | |
| | |
| | |

<div style="text-align:center">**Click to complete Practice task 16**</div>

# 4B Complete and maintain documentation

Many of the documents, reports and records completed by workers are considered a legal record of the support provided to people and how the organisation manages matters such as work health and safety and infection control. Most government-funded organisations undergo regular audit evaluations where records are examined to ensure work is carried out to the appropriate standard.

Different types of information may need to be documented at different times, and several people may enter information on a single record. There may be a weekly report on skills development of individuals, and a funding agency may require additional reports to be made monthly.

## Protocols of recording information

The protocols of recording information may be inferred from or detailed in organisational policies and procedures, or even based on unwritten industry standards. Confidentiality and record management must meet legislative requirements. Seek advice from your manager regarding questions about specific protocols surrounding recording information in your workplace.

Here are some protocols for recording information.

### Objective and factual

Professional standards require that reports and documents 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 and ensures individuals are described in ways unaffected by judgments, stereotypes, assumptions or opinion.

### Timely

The nature of a report or document, along with the expectations of the organisation determine the time lines and protocols for completion of reports. Reports such as funding submissions or statistical reports to government have externally set time frames. Internal documentation is dictated by urgency, organisational policy and the end use of the information. For example, person's notes or case notes should be completed regularly so the most current information is always available.

### Confidentiality of other parties

Often case notes, programming and incident reports include interactions that involve events with other people. Confidentiality of people must be maintained when writing notes or reports recorded in another person's file or records.

## Language, jargon and acronyms

Each part of the community services sector often has its own language and jargon. To ensure clarity and accuracy, use complete words rather than abbreviations or acronyms and plain English instead of jargon. Ensure language matches the needs of the intended audience. Spelling is another critical aspect of recording information. Spelling a person's name incorrectly may have a number of dire consequences. Their data may be confused with another person's data leading to serious privacy breaches.

# Subjective and objective information

You need to be in the habit of only using objective language when recording information and verbally reporting information. Objective language is factual whereas subjective language provides a personal (sometimes biased) opinion.

Here are some examples to illustrate the difference between subjective and objective language.

| Subjective language | Objective language |
|---|---|
| ▶ Mrs Smith seemed depressed. | ▶ Mrs Smith stated, 'I am feeling depressed'. |
| ▶ Alex acted aggressively. | ▶ Alex rose quickly, slammed the door and raised his voice saying, 'Get lost and leave me alone!' |
| ▶ Tamara looked nervous when I mentioned her parents. | ▶ When I asked Tamara about her relationship with her parents, she looked down, twisted her hands and did not answer. |
| ▶ Mark is a drug addict. | ▶ Mark uses heroin regularly. |
| ▶ Mr Thompson is unable to care for himself at home. | ▶ Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation. |

# Other considerations when writing reports

When completing workplace documentation, there are a number of other points to consider. Here are some general guidelines.

## Writing reports

**Write legibly**
Your handwriting must be legible and comprehensible.

**Avoid errors and alterations**
Completed documents generally must not be changed. Errors or alterations should be identified in an additional note or new record, clearly explaining the reason for the change. Do not use correction fluid to change a written note or record. Computer-based records may not allow changes to saved information.

**Use correct form**

Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and entries make sense.

**Check information**

Read information back to the person and/or their advocate to confirm its accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify.

**Sign and date**

Records should be signed and dated by the person completing them. Computer-based records may require a log-in to access records that identify the author.

# Write reports

If you are not sure how to write reports, check with your line manager about the guidelines to follow.

Here are some tips to keep in mind.

**Tips to assist in report writing**

▶  Use the correct format; check if there is a template.

▶  Use the organisation's letterhead when appropriate.

▶  Follow protocols about using organisational stationery.

▶  Use correct terminology for your audience; for example, funding applications are different to reports for a person using your service.

▶  Ensure all reports are objective, accurate and easy to read.

▶  Ensure your reports are sending a professional message; use appropriate language, presentation, grammar and spelling.

▶  Show drafts to another authorised person for feedback.

▶  Some organisations have a requirement that any outgoing reports are signed off by a manager.

# Maintain documentation

Recording and documenting work is an ongoing task. Documentation should not be allowed to get out of date. It must be completed as the work is done to prevent errors or omissions. It could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings.

Generally, records of past work are stored and maintained even if they no longer appear relevant, or have been superseded by more recent information. These documents may be required to assess changes in a person's needs over time; to demonstrate past support or to show a history of quality care. Your workplace will have procedures and guidelines about how and when documentation is to be completed.

Here are the two systems used to maintain documentation.
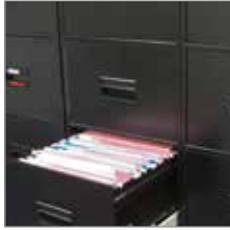
**Manual filing systems**

In manual filing systems, the most recent information is usually towards the front of the file or section with older information stored behind it.

**Electronic filing systems**

Electronic or computer-based records show both current and past information.

# Currency of people's records

A person's personal details can change as people move or change contact details. If you have not updated their records to ensure currency of the details, you risk not being able to contact them or an appropriate person when you need to.

It is not only the person's personal details that can change. Peoples' conditions can improve or worsen or their circumstances or preferences may change. Unless records are updated, decisions may be made based on out-of-date data.

# Maintain internal documents

There are many internal records that need to be kept current and accurate. Here are some examples.

**Organisational and operational documents**

▶ Operational reports may include funding reports, reports regarding supplies and equipment, annual reports, business plans, staff performance appraisals and complaints, and financial forms. If you forget to complete paperwork, there may be significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved.

**Time sheets**

▶ Time sheets record the hours you have worked and, in some cases, the clients you have seen and details such as kilometres driven. An accurate time sheet determines your pay and may also be used for invoicing clients or funding bodies for hours of service provided.

## Work health and safety checklists

▶ Work health and safety checklists record when safety inspections have been carried out and any actions required to improve or maintain safety. Documentation may be used to record safety checks of a workplace, vehicles or person's homes. It may relate to physical safety, infection control, safety with chemicals, food safety or equipment.

## Performance appraisals

▶ When staff performance is assessed, a record of the outcomes and plans for development or improvement are completed. Some organisations may ask you to complete a self-appraisal to say how you think you are performing and how you could develop and improve in your role.

## Funding and grant submissions

▶ Submissions for new or ongoing funding need to accurately reflect actual activities. They must include accurate information about the specific objectives of the project or program, together with an explanation of how the funding will assist to meet these objectives.

## Policies and procedures manual

▶ A policies and procedures manual is a living document that guides the daily activities of staff members. Policies and procedure manuals must be up to date and reflect current practices within the organisation, as they are a critical reference for all employees of a service provider.

## Example

### Complete documentation

Karen is a support worker in an adult training and support service for people with intellectual disabilities.

When Karen arrives at work, she completes the staff register, noting the time she starts work. Before the people arrive, she checks the personal care supply cupboard and completes a supplies request for items that need restocking or replacing.

When the people arrive, Karen assists them as necessary with personal care tasks such as transfers, toileting and putting on and taking off coats, aprons and shoes. Each task she completes is recorded in the person's progress notes in their file.

In the afternoon, Karen takes a work vehicle to the shops to buy supplies. She records the kilometres and reason for travel in the vehicle log book and, on her return, completes a petty cash form to record the money she has spent. Karen updates the supplies checklist to record her purchases. When she has finished work for the day, Karen records the time she finishes in the staff register.

# Practice task 17

1.  Rewrite the extracts from reports in this table using objective language. You may add some details to the scenarios in order to rewrite the extract.

| Extract from report | Re-written objectively |
| --- | --- |
| Sofina was up all night screaming and causing havoc. | |
| Peter cannot be trusted to stay in the car without a staff member, as he provokes the other clients. | |
| Richard refuses to discuss moving into an aged care facility and becomes aggressive when the matter is raised. He is unrealistic about his understanding of his abilities to take care of himself and is at risk. | |
| Mary appears distressed when the support worker arrives in her home and will not comply with any requests the support worker makes. | |

2.  Why is it important not to change completed documents?

3.  Why is it important to make sure all information is entered correctly?

**Click to complete Practice task 17**

# 4C Store information

In any organisation there will be policies, guidelines and procedures about where reports and documents are to be stored. Records must be stored in the correct place so they can be easily located and referred to when required. Many community agencies use electronic systems that allow users to input an individual's details, referrals, assessments and case notes directly to a database. These systems may be password-protected, which limits access to authorised staff only. Other types of workplace documents such as incident reports, safety checklists and time sheets also have specific places where they are to be filed.

Here is some information about different filing systems used for managing people's information.

### Physical files

Within an individual's physical files, each type of record or document will be stored in the same place. For example, in a person's file you might find that personal information is always at the front, progress notes next, assessments behind that and payment records at the back.

### Electronic files

There will be information recorded in a specific place such as a window or field for progress notes and a section for assessments for individual files that are stored electronically.

## Store documentation

Privacy laws demand that an agency has valid reasons for collecting, storing and disseminating information about the people who access their services. There are also various guidelines on how long files must be retained for.

Examples of different types of information and storage protocols include the following.

### Storing documentation



#### Information about legislation and standards

Stored as a reference for obligations of the organisation and workers, to ensure currency and accessibility of information about legislation and standards.

In some organisations this information is stored within policy documents. It may also be displayed visually (for example, summary posters) to increase accessibility.



#### Information about other agencies

Stored as a reference for the organisation and workers to ensure currency and accessibility of information about other services so it can be disseminated or accessed as required.

This information may be filed or stored electronically. It is not confidential, so does not have to be stored securely.

### Organisational policies and procedures

Stored as a reference for obligations of the organisation and workers, to ensure information about policies and procedures is accessible and up to date.

This information may be in hard copy and provided to staff. In some organisations, policies and procedures are only available electronically to ensure the most recent records are used.

### Case files and information

Stored so a plan can be developed and implemented to meet individual needs and to meet duty of care and other legal requirements.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

### Staff information

Stored so human-resource functions (recruitment, induction, professional development and performance appraisal) can be implemented to meet duty-of-care and work health and safety obligations.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

# Update information

There may be times when additional information is required to meet new standards. For example, when privacy legislation was introduced, community services providers had to get both existing and new people who used their services to sign 'consent to disclose information' forms. If they did not do this, it would be illegal for the service to share this information with other agencies. It is extremely important to regularly review and update all information to ensure it complies with all identified requirements.

# Store the information

Information should always be kept in safe and secure areas. You must always follow organisational procedures for filing information. Personal information should not be kept in an area accessible to others.

There will be policies and procedures about where reports and documents should be filed or stored, so they can be easily located and referred to. Many organisations use electronic systems that record client details, referrals, assessments and case notes in a client database. To protect the client's privacy and confidentiality, files are password-protected, so only authorised people can access the information.

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<div style="border:1px solid #ccc; padding:10px;">

**Example**

### Store information

Susan has received information from a person's carer that the person will be away for the next two weeks and will not need to be picked up by the day program bus. Workplace procedure says this information should be recorded in the person's case notes and on the 'bus pickup' whiteboard in the coordinator's office.

Susan records the information as per the procedure. The bus driver now knows not to go to the person's house and the coordinator knows the person's absence is expected and does not need to check up on them when they do not arrive for the day program.

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# Practice task 18

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

### Case study

Mariah is a client of XYZ Care. She has recently been diagnosed with a serious health condition. Details of this health condition are forwarded to XYZ Care. The coordinator reads the information while standing at reception but is distracted by a phone call. The coordinator leaves the paperwork on the desk at reception and one of the administrative staff, thinking the information is rubbish, throws it out with the standard rubbish.

Later a new coordinator takes over Mariah's case. She makes decisions without taking into account Mariah's condition.

1. Identify what went wrong.

   ...........................................................................................

   ...........................................................................................

2. Outline the possible consequences for the workplace, Mariah and the care coordinators.

   ...........................................................................................

   ...........................................................................................

   ...........................................................................................

## Click to complete Practice task 18

# Summary

1.  Documentation can be used to identify and keep a record of a person's needs and the steps taken to meet these needs.

2.  The integrity of a person's information is critical to their care.

3.  There is legislation that affects information collection, use, access and storage.

4.  Protocols require that people's information contained in reports is objective and factual.

5.  When completing documentation, support workers must check the content, accuracy and currency of the information.

6.  People's information must also be complete. Your workplace will have policies and procedures to ensure all required information is collected.

7.  Information must be stored according to organisational procedures.

# Learning checkpoint 4
# Complete reporting and documentation

This learning checkpoint allows you to review your skills and knowledge in completing reporting and documentation.

## Part A

Assume you are coaching a new employee about the information requirements of your sector or organisation. Complete a table similar to the following, which explains:

▶ the document or form that must be completed

▶ a brief description of the document

▶ when and how information should be recorded

▶ where the forms must be stored

▶ how the forms must be led.

| Document | Handwritten or computer record? | Who completes it? | When is it completed? How often? | Where is it stored? |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |

## Part B

Read the scenario, then answer the questions that follow.

<div>

**Scenario**

Ms Harrold has slipped in her kitchen 15 minutes prior to your arrival. You have performed basic first aid and assisted Ms Harrold to her armchair to rest. She is calling out loudly and when you approach her to offer assistance she hits you, causing a bruise on your jaw.

Later, when Ms Harrold is feeling better, you ask her if she knows what she slipped on. She tells you that the fridge has been leaking water on to the floor for the last couple of months and that she usually puts a towel under the fridge to catch the water, but this morning it had seeped through the towel.

</div>

1.  List the documents you need to complete. If necessary, refer to the documents in your workplace or an organisation that you can research for ideas.

2.  Outline the purpose of this documentation.

3.  What would you do with the documentation once you have completed it?

4.  Explain which policies and procedures you need to be aware of when responding to this situation.

5.  Discuss how you will maintain Ms Harrold's confidentiality when making a report regarding this situation.

6.  Outline what you would document in a report to explain what you have observed. Make sure your record is factual and objective.

7.  Suggest how you would ensure that information stored about Ms Harrold is maintained and up to date.