



## Document of Policies

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# Code of Communication

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This policy outlines Evercare Support's expectations and guidelines for appropriate conduct for workers. This policy relates to communication platforms, boundaries and sharing of information inside the scope of the worker's role.

Documents relevant to this policy



Evercare\_Employee Code of Conduct

## 1.0 Professional Boundaries

All workers at Evercare Support are required to set and establish both personal and professional boundaries in their interactions with participants. This applies both in and out of the workplace and outside of working hours.

These boundaries are set to safeguard the working relationship of workers and participants.

Evercare Support requires specific limitations on sharing of personal information.

**Workers should not:**

- Share personal contact information such as phone number or email address
- Friend, follow, interact or chat with participants via social media platforms
- Communicate outside of allotted work times via personal communication (via email, phone or social media)
- Discuss intimate personal details with participants
- Over-share regarding personal family situations
- Discuss their own financial matters with participants
- Discuss their own family matters with participants
- Eat or drink a participant's food or drink
- Give or receive gifts

In addition to the above, Workers should not under any circumstances:

- Discuss details (including confidential information) relating to other clients / rosters
- Discuss funding-related matters with participants
- Discuss shift changes or accept a shift cancellation without notifying management staff
- Invite a participant to social events outside of allotted work times
- Offer financial assistance
- Offer other forms of support that are outside the scope of their role
- ***Offer virtual support via personal communication methods (eg researching at home and emailing participant)***

It is important for all workers to understand the correct channels of communication regarding shift changes.

*All shift changes must have prior consultation and approval from management staff, before accepting requested changes made by participants.*

All workers need to set boundaries with the participants they work with, as well as their team mates. If worker's are unsure about the scope of their role, clarification should be sought via their role description and / or their line manager.

*If workers find themselves in a situation that blurs the boundaries or the nature of the relationship is changing, they have a responsibility to bring this to the attention of the line manager immediately.*

In some circumstances, Evercare Support key staff may provide special permission for workers to share their personal information. However, it is advised that:

- These communication methods are used for direct contact only in relation to that support
- Workers disclose any breach of personal boundary immediately
- Workers are not engaging in conversation via personal communication methods
- Workers are not taking personal tasks or errands for the participant outside of allotted work schedules
- Any disclosure of harm is reported immediately
- Contact is terminated following any breach of boundary that makes the worker feel uncomfortable

## 2.0 Contact and Communication

Communication relating to participant supports, rosters or funding should only be directed to and handled by Evercare Support management team.

Workers should not, unless prior approval is sought and given, enter into conversation with participants around their:

- NDIS funding
- support circumstances
- changes to current supports (eg shift times, regular rosters)

Workers should not, unless under certain circumstances approved by management:

- Initiate communication with a participant's support coordinator
- Initiate communication with a participant's plan manager
- Initiate communication with a participant's legal guardian outside of the scope of their role
- Contact other services or providers in relation to the participant's support requirements

### After Hours Communication

Workers should use appropriate communication channels, i.e phone call, rather than a message in teams chat.

After hours - workers should understand also the appropriate method of communication. It will be made clear to all workers for emergencies and urgent business outside of regular hours - a phone call to the after hours line should be made. Workers will be discouraged from sending texts and messages for urgent business outside of normal working hours.

On-Call / After hours line: **1300 059 618**

### Personal Email Use

In accordance with Evercare support's privacy policy, management will never share personal or confidential information directly to workers' private email addresses. With the exception of shift notifications, all correspondence of a confidential matter is handled through secure platforms where only workers with current employment status have access.

*Workers should not, under any circumstances, contact participants outside of their working hours via their personal email. Contact via personal email to a participant outside of working hours is a breach of this policy and could result in disciplinary action.*

### Photos / Video

Real photos and videos are a powerful tool for marketing and to showcase the work we do. However, photos should not be kept on a worker's device for longer than necessary. Where photos / videos have been captured in relation to a participant, workers should promptly:

- Assess whether the participant has photo permission (never take photos unless consent has been given)
- Provide photos and videos to management team via upload process in shift note tool
- *Delete all content from personal devices within 1 week*
- Management will confirm receipt of photos and utilise as necessary

Unless instructed by management, photos should never be shared via:

- Personal email
- Whatsapp
- Text message

## 3.0 Social Media Representation

### Personal Use of Social Media

In relation to social media and the participants they work with and have worked with in the past, workers should never friend, follow or message participants they work with on any social media platforms.

*Never post photos or videos of participants on personal social media platforms.*

### Representation of Evercare Support on Social Media

Evercare Support acknowledges its workers have the right to contribute content to public platforms including websites, blogs and business or social networking sites. However, any inappropriate behaviour on the public platforms deemed to be outside of the Evercare Support Mission, Vision and Values and policies may have an effect on employment. Such behaviours may include:

- Cyber bullying, harassment or discrimination
- Derogatory comments
- Defamatory comments
- Creation and distribution of inappropriate content

When interacting as an employee of Evercare Support, all staff should:

- Promote the organisation in a positive manner
- Not engage in debate or conversation that may be perceived as the opinion or stance of the company (particularly where controversial topics are being discussed)
- Always provide appropriate contact information and do avoid receiving DMs or personal messages
- Never share images of participants

## 4.0 Gifts

The giving or receiving of gifts may influence decision making and service provision. It also blurs the boundary of professional conduct and may constitute as a conflict of interest.

Evercare Support workers should avoid giving, or accepting gifts from participants. Except for gifts of minor value such as a card or a box of chocolates as a 'thank you' or for special events such as birthdays, **workers must not accept gifts**. In addition, workers must **never** ask for inducements from participants for their work.

If required:

- Workers should consult management should a participant offer them a gift that pushes the boundary of professional conduct
- Workers should speak to management should they require guidance on how to politely decline gifts

## 5.0 On-Call Service

As a provider who supports participants with daily life, Evercare Support offer an On-Call service outside of usual business hours for both participants and staff to utilise.

Our On-Call number is:

**1300 059 618**

Usual business hours is defined as:

Monday - Friday 8.00AM - 5.00PM (public holidays excluded)

Any hours outside of usual business hours, **management staff do not monitor their work phones or apps** and participants and staff are encouraged to communicate with our on-call service for:

- Shift cancellations or No-Shows
- Staff illness / shift cancellation
- Emergencies
- Critical Incidents

- Safety concerns

***Please note our on-call service utilises phone number diversions and cannot respond to text messages.***

All other non-urgent matters should be directed to the worker's line manager the next business day, or communicated via shift notes or other internal communication method.

Evercare Support management staff monitor all shift notes for matters arising from shift notes and will contact workers directly should follow up be required.

## 6.0 Taking Leave (Sick Leave or Annual Leave)

### Sick Leave - All Staff

It is a requirement to notify the line manager (Evercare support management) as soon as practical if a worker is unwell or not able to attend their work due personal circumstances, care requirements or sickness.

Evercare Support request that for all periods expected to be longer than 1 day, a medical certificate must be sought. A medical certificate sought by a treating GP will operate as a clearance in some cases where an infectious illness or injury has been suffered.

In some circumstances, a separate clearance certificate will be required.

For permanent part time and full time employees, a failure to provide sufficient evidence that would satisfy a reasonable reason for the leave, means the worker is not entitled to the leave.

### Annual Leave Requirements

In most cases, Evercare Support Management require notice of *at least 2 weeks notice for all instances of annual leave*. Leave must be given in writing to your line manager, or logged via internal software systems.

Where leave is requested with less than 2 weeks' notice, your line manager may discuss alternative arrangements until an agreement is reached.

Evercare Support will not unreasonably refuse to agree to leave requests, however consideration to backfilling the workers' role is taken and is not always possible at short notice.

## 7.0 Company Software

### Use of Company Software (Flow Logic)

Flow Logic is our organisation's designated client management and service delivery platform. All staff are required to use Flow Logic in line with internal processes and documentation standards. Our software includes access to:

- Participant care plan
- Participant risk assessments
- Participant emergency management plans
- Participant medication records

- Participant critical documents
- Logging of time sheets
- Shift note and goal tracking
- Access to company policy and procedure
- Emergency Management procedures
- Compliance records

Use of this software is mandatory and forms part of each employee's professional responsibilities. Staff receive training on Flow Logic during induction and are expected to maintain competency in its use. Failure to use the system correctly or consistently may constitute a breach of policy.

*\*Also see Evercare Support Timesheet and Shift Notes Protocol*

### Geolocation Tracking Requirements

All staff are required to have geolocation tracking enabled when using Flow Logic during work hours. This is a mandatory compliance measure to support client and staff safety, meet auditing obligations, and ensure accurate service delivery records.

Disabling or interfering with location tracking without prior authorisation may be treated as a breach of policy.

## 8.0 Breach of Policy / Misconduct

### Disciplinary Actions

Evercare Support will enact the following disciplinary procedures in relation to breaches of the policy.

We retain discretion in respect to disciplinary procedures, taking into account your length of service and the severity of the misconduct.

Offence	1st Occasion	2nd Occasion	3rd Occasion	4th Occasion
Unsatisfactory Conduct	Formal verbal warning	Written warning	Final written warning	Termination
Repeated late shift withdrawal (5 or more instances without evidence)	Formal verbal warning	Written warning	Termination	
Repeated verbal / written instruction not carried out (2 or more occasions)	Formal verbal warning	Written warning	Termination	
Misconduct	Written warning	Termination		
Serious Misconduct	Termination			

In accordance with and in alignment with Evercare Support Employee Code of Conduct Policy, any breach of this policy may be deemed an incident of serious misconduct and may result in disciplinary action or, in some circumstances, immediate dismissal.

# Hot water safety

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## Introduction

People with a disability are at an increased risk of scalding when undertaking activities involving hot water (such as showers). In particular, groups that are at a high risk of scalding include:

- children
- people with epilepsy
- people with sensory impairments
- elderly people
- people with reduced mobility
- people with cognitive or physical disabilities, including dementia.

This policy outlines the key principles of hot water safety to ensure that we keep all participants safe.

## Applicability

### When

- applies when undertaking activities involving hot liquids (such as showering).

### Who

- applies to workers involved with assisting participants with tasks that involve hot water.

## Governing regulations for this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

# Scalding

Scalds are a type of burn that occurs from contact with hot liquids or steam. Scalds are preventable. Over 90% of scalding occurs in the bathroom from showers or baths that are too hot. Scalds can also occur from steam from sources like an oven or kettle.

Some key risks of scalding include:

- first, second and third degree burns
- painful injury
- scarring
- infection
- death.

## Australian Standards

To manage risks associated with scalding, regulations for new hot water installations for facilities used by people with disabilities have been introduced in [the Australian Standards](#).

For fixtures used primarily for personal hygiene purposes, water temperature should have a maximum recommended temperature of 45°C.

To avoid certain bacteria, hot water is often stored at a temperature above 60°C. Temperature controlled devices reduce the output temperature of the water. These devices can be used to set the output temperature of the water and maintain maximum temperature at 45°C. These temperature control devices include:

- thermostatic mixing valves (TMV), also known as tempering valves
- thermostatically controlled taps.

## Risk management

Risks of scalding can be managed by:

- running cold water into the shower or bath before hot water
- checking the temperature of the bath/shower before the participant enters the water
- if using a combined bath and shower, never using a plug while a participant is having a shower
- installing and maintaining devices that limit the temperature of hot water, such as thermostatic mixing valves
- using bathroom fixtures that limit water flow, such as shower heads
- ensuring that devices that limit the temperature of hot water comply with Australian Standards, such as maintaining a hot water temperature limit of 45°C
- checking that all new hot water installations in taps/baths/showers have a thermostatic mixing valve/thermostatically controlled tap that delivers hot water not exceeding 45°C
- engaging an appropriately qualified plumber to check temperature control devices annually, at a minimum.

Every participant that can be reasonably expected to be in a situation involving hot liquids as part of their supports will have a risk management plan in place that covers risk management strategies for burns and scalding.

## Treating scalds

If scalding occurs, support workers must:

- remove the participant from the situation that resulted in the scald (e.g. switch off the hot running water and assist them to exit the shower)
- apply cool running water on the scald for 20 minutes
- do not remove clothing or fabric stuck to the burn
- avoid touching the burn
- avoid applying lotions or ice to the area
- remove jewellery or clothing that are near the site of the scald
- dress the participant if they are undressed, but avoid putting clothing on the injured area.

Burns and scalding are classified as an incident and should be reported in accordance with our organisation's incident management policies and processes.

## Emergencies

Some scalds result in emergency situations. Support workers must call an ambulance if:

- the scald/burn is larger than a 20 cent piece
- the burn is deep
- the burn is blistering and/or is producing pus or discharge
- the burn is located on the:
  - face
  - airways
  - hands
  - genitals
- the participant's skin appears leathery
- there are patches of brown, black or white
- the participant also has a fever
- the participant is having trouble breathing
- the participant has a weakened immune system.

Support workers must also escalate emergency situations to relevant management personnel and cooperate with emergency services to ensure the participant receives appropriate interventions in a timely manner.

# Infection control

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## Introduction

An infection is a disease or illness caused by microorganisms (infectious agents) such as bacteria, viruses, fungi and parasites. People with disability are often at a greater risk of infection particularly if they have a chronic disease or are frail. This policy aims to reduce the risk of infection both to participants and to workers.

Infections require three main elements to spread:

- a source of the infectious agent
- a mode of transmission, and
- a susceptible host.

This is the chain of infection and breaking the chain of infection helps to stop the spread of disease. Common modes of transmission include contact, droplet and airborne. Some disease can spread by more than one mode of transmission, e.g. flu can be spread by droplet or contact.

When supporting people with disability, PPE is often used and depending on the support need can include:

- gloves
- gowns or aprons
- face masks
- face shields or protective eyewear.

PPE will be made available to each worker and participant that needs to use PPE.

## Applicability

### When

- applies at all times.

### Who

- applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

## Governing obligations for this policy

-  NDIS Practice Standards 2.7.9 Human resource management
-  NDIS Practice Standards 4.1.7 Safe environment
-  NDIS Practice Standards 4.1.8 Safe environment
-  NDIS Practice Standards 4.1.9 Safe environment

Documents relevant to this policy

-  5 Moments of Hand Hygiene
-  Handwashing
-  Infection control (easy read)

## Infection prevention

Stopping the spread of infection is everyone's responsibility and includes:

- practicing good hand hygiene
- following respiratory hygiene/cough etiquette
- wearing PPE (personal protective equipment) where required
- correctly handling medical devices
- correctly cleaning and managing spills
- correctly handling food, waste and linen.

## Hand hygiene

Hand hygiene is the single most important factor in reducing the spread of infections. Hand hygiene must be performed at the right moments. Hand hygiene can be performed either by washing hands with soap and water or using an alcohol-based hand rub.

The five moments for hand hygiene:

1. before touching a participant or their surroundings
2. before a procedure or where there is risk of being exposed to body fluids
3. after a procedure or body fluid exposure risk
4. after touching a participant
5. after touching a participant's surroundings (e.g. bed, linen).

Additionally, hand hygiene should always be performed:

- before putting on gloves
- after removing gloves
- before touching food and eating
- after going to the toilet
- after lunch breaks or other breaks
- after blowing your nose or coughing
- after handling waste
- after handling unwashed linen or clothing
- after handling animals
- when your hands are visibly dirty.

## Respiratory hygiene/cough etiquette

Covering sneezes and coughs prevents infected people from dispersing droplets into the air where they can spread to others.

Practicing good respiratory hygiene means:

- covering your nose and mouth with a tissue when you cough, sneeze, wipe or blow your nose
- if no tissues are available, cough or sneeze into your elbow rather than your hand

- encouraging participants to use tissues when they sneeze or cough
- providing the means for prompt disposal of used tissues in general waste
- encouraging participants to practice hand hygiene
- making alcohol-based hand rub available.

## PPE - gloves

Gloves should be worn:

- for procedures with a risk of exposure to blood or body substances i.e. assisting a participant with toileting, urinary catheter care or when dressing wounds
- when touching equipment or surfaces that may come into contact with blood or body substances
- when performing blood glucose monitoring
- when performing oral suctioning
- when caring for participants who have an infection spread by contact
- if the worker has broken skin
- when preparing food.

Remember:

- gloves are not used instead of hand hygiene
- perform hand hygiene before and after using gloves
- remove gloves when a care activity is finished, change gloves before starting a different care activity
- dispose of used gloves immediately
- do not use multiple gloves at the same time

Types of gloves include:

- sterile—used for procedures where there is contact with susceptible sites (urinary catheter care) or where aseptic technique is required (wound care or managing a tracheostomy)
- non-sterile—used when emptying a urinary catheter bag or assisting a participant with toileting
- reusable utility—used for non-care activities such as cleaning.

## PPE - gowns and aprons

Waterproof gowns or aprons are used to stop contamination of workers' clothes and skin such as when there is risk of splashes or sprays of blood or body fluids (e.g. vomiting or diarrhoea). When using gowns or aprons:

- perform hand hygiene before and after using them
- gowns must fully cover the torso from neck to knees, arms to end of wrists and adequately wrap around the back with all tie fastenings tied at the back
- remove and dispose of gowns as soon as care is completed
- plastic aprons can be used:
  - when cloths may be exposed to blood or body fluids but low risk that arms will be contaminated
  - when the worker's clothes might get wet (e.g. showering a participant)
  - only once and then disposed of as soon as care is complete.

## PPE - face masks

Face masks protect a worker's nose and mouth from exposure to infectious agents and are used if there is a risk of:

- droplets or aerosols (e.g. from coughs or sneezes)

- splashes or sprays of blood or body fluids (e.g. when providing complex wound care or urinary catheter care).

Face masks protect the wearer when caring for participants who have an infection spread by droplet or airborne route. Face masks can also be worn by participants who are coughing, especially if they are unable to cover their mouth (both only if wearing the face mask will not cause the participant distress).

When using face masks:

- check the manufacturer's instructions before use
- don't touch the front of the mask with your hands once the mask is in place
- use the mask for the care of one person only and change if a care activity is taking a long period of time
- don't leave the mask dangling around your neck
- when the care activity is complete, discard mask and perform hand hygiene.

## PPE - protective eyewear

Protective eyewear protects a worker's eyes from exposure to infectious agents when there is a risk of:

- droplets or aerosols (e.g. from oral suctioning)
- splashes or sprays or blood or body fluids (e.g. when emptying urinary catheter bags).

Protective eyewear protect the wearer when caring for participants who have an infection spread by droplet or airborne route.

When using protective eyewear:

- remember that the outside of the eyewear is contaminated
- when care is complete, remove eyewear using the headband or ear pieces
- clean eye shield after each use with detergent and water and allow to dry
- if eyewear is single use, dispose after completion of care activity.

## Handling medical devices

When supporting participants such as with urinary catheters or tracheostomy, good practices are vital to protect both the participant and the worker from risks of infection. When supporting participants with medical devices:

- always perform hand hygiene before any contact with the device or where the device enters the participant's body
- wear PPE if there is risk of exposure to blood or body fluids
- touch the device as little as possible
- remember that the longer a device is in place, the greater the risk of infection
- medical devices designed for single use must not be used multiple times—always follow manufacturer's instructions.

## Cleaning

Cleaning is an important part of stopping the spread of infection and depends on the objects involved and risk of contamination.

When cleaning:

- most surfaces can be adequately cleaned with warm water and detergent as per manufacturer's instructions
- allow cleaned surfaces to dry completely
- detergent solution followed by disinfectant may be appropriate when an infection is known or suspected.

## Managing spills

Prompt clean-up of spills (e.g. vomit or diarrhoea) helps to stop infectious agents spreading from the environment to people.

When managing spills:

- select the appropriate PPE (e.g. gloves and other equipment) depending on the size of the spill
- immediately wipe up spots and spills smaller than 10cm or cover larger spills with absorbent material
- dispose of contaminated cleaning materials
- clean with detergent solution and consider following with disinfectant for infectious or larger spills
- always perform hand hygiene.

## Food handling and preparation

Safe food handling is important to prevent food-borne illness. When handling food:

- workers must advise their supervisor if suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice, seek medical advice and not return to work until free of symptoms for 48 hours
- workers must advise their supervisor if they have infected skin lesions (e.g. infected skin sore, boil, acne or abrasion, or any discharges from the ears, nose or eyes) and seek medical advice
- workers must advise their supervisor if they believe any food is unsafe to eat
- perform hand hygiene before handling food or putting on gloves
- perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning
- avoid unnecessary contact with ready-to-eat foods
- cover hair and tie back long hair
- secure hair clips, hair pins, buttons on clothes, jewellery and bandages
- ensure bandages or dressings on any exposed parts of the body are covered with a waterproof covering
- do not sneeze, blow, cough over unprotected food or surfaces likely to come into contact with food
- do not eat over unprotected food or surfaces likely to come in contact with food
- do not spit, smoke or use tobacco or similar preparations in areas where food is handled
- do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood or money without first performing hand hygiene
- do not wear gel, acrylic or false fingernails, jewellery or lanyards that may come into contact with food.

When preparing food:

- keep hot food hot and cold food cold
- use separate storage, utensils and preparation surfaces for cooked and uncooked foods
- wash all utensils and preparation surfaces thoroughly with hot water and detergent after use.

## Handling linen

To avoid spreading infectious agents from used linen:

- wear gloves and disposable gown/apron when handling linen of participants who have an infection
- take laundry basket to the bedside and put linen directly in the basket
- place linen soiled with blood or urine or other body fluids into leak-proof laundry bags—do not carry soiled linen
- don't sort or rinse used linen in areas used to provide support to participants
- perform hand hygiene after handling linen
- store clean linen in a clean dry place, separate from used linen.

## Transporting participants

When transporting participants, care is required to reduce the risk of spreading infection. When transporting participants:

- perform hand hygiene before and after transport
- if a participant has a respiratory illness, encourage them to wear a mask and to perform respiratory hygiene/cough etiquette
- contain and cover any infected areas of the person's body.

## Exposure to blood or body fluids

If a worker comes in contact with blood or body fluids (e.g. on unprotected clothes or skin):

- flush the area with running water
- wash the area with soap and water
- report the incident to key management personnel
- record the incident as per the Manage incident process
- seek medical advice.

If any clothes are contaminated, rinse the item under running water, soak in a bleach solution, then wash separately from other clothing or linen with hot water and detergent.

## Worker training

All workers will receive infection control training upon induction. Refresher training will also be conducted periodically. Training will cover every aspect of infection control, including:

- cleaning procedures
- hand hygiene practices
- respiratory hygiene
- cough etiquette
- the use of PPE.

## Infection control responsibilities of key management personnel

Responsibilities of key management personnel include:

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough etiquette
- ensuring workers are trained in the correct practices to reduce risk of infection
- ensuring appropriate PPE is available to workers when required
- auditing of infection control policy and practices.

## Infection control responsibilities of workers

Responsibilities of workers include:

- practicing hand hygiene at all times
- practicing respiratory hygiene/cough etiquette

- wearing PPE when required
- advising key management personnel and seek medical advice if they are suffering from diarrhoea, vomiting, fever or have infected skin lesions
- advising key management personnel if they notice anything that might increase the risk of infection e.g. inadequate cleaning or a participant who is unwell.

# Manual Handling

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## What is Manual Handling?

Manual handling is any task in which a person lifts, pushes, pulls, carries, lowers or otherwise moves, holds or restrains any person or object. Manual handling tasks, although different for each person, are regularly part of the role of a support worker in supporting participants with their every day life and care tasks.

The use of manual handling can increase a participant's independence, dignity and quality of life. It is important to use safe practices and equipment to reduce the risk of injury to the person and worker.

Manual handling tasks workers may perform in their role include:

- Using equipment such as hoists
- Transfers of clients in and out of wheelchairs, from bed to chair, from chair to toilet etc.
- Pushing shower chairs and wheelchairs
- Transferring wheelchairs or equipment into vehicles
- Using slide sheets
- Rolling / repositioning
- Assisting clients to stand.

The main risks involved in manual handling tasks are:

- Lifting and transferring the client inappropriately or not using the equipment provided correctly
- Lifting and transferring equipment incorrectly
- Lifting or transferring heavy equipment
- Twisting, stooping or using unsafe postures while moving clients or carrying loads
- Doing more lifts/transfers than necessary
- Repetitive movements eg in massage or exercise routines
- Lack of experience or skill in routines required
- Unpredictable movements due to spasms etc
- Lack of communication between client and carer during transfers

## Purpose

The purpose of this Manual Handling Policy is to ensure the safety and well-being of all employees and participants during the performance of manual handling or manual lifting tasks. This policy aims to minimise the risk of injury associated with manual handling or manual lifting activities and to promote safe practices in accordance with relevant regulations and guidelines.

## Applicability

Who

- applies when participants are supported with transfers, using hoist or other equipment, repositioning or rolling, pushing a wheelchair, lifting equipment.

#### When

- applies to all workers, supervisors, contractors, volunteers and key management personnel supporting participants with manual tasks, or as part of the role of their work

#### References:

Refer to Work Safe QLD data set:

[Work Safe QLD Manual Lifting Data Set](#)

Applicable processes for this policy



Manage risks in the workplace



Manage risks to participants

#### Documents relevant to this policy



[Worksafe QLD Manual Tasks - People Handling](#)



## Mobility and Manual Handling Plans

During a participant's onboarding process, or when their circumstances change, key management personnel will identify and document participant's support needs, including their mobility and manual handling requirements.

- If a participant uses a hoist (or other equipment or methods for transfers), they should have an individualised mobility and manual handling plan which details safe manual handling practices for the equipment they have been prescribed.
- Staff should be trained on safe transfers in line with the participant's manual handling plan
- Key personnel to support annual review of handling plans, or as advised by a health professional, or as soon as the needs of the person change.
- Known / familiar staff should assist with assessments where possible

## Risk Management

When identifying manual handling risks in the workplace, we use the following approach:

#### Identification

- Consult with workers and observe the tasks.
- Document all the people handling tasks in participant's individual risk assessment.
- Document that actions within each of the manual handling tasks.
- For each action, determine which of the direct risk factors are present.
- For each action, identify the contributing and modifying factors

#### Assessment

- Consult with the workers.
- Determine the level of risk associated with each action.
- Prioritise actions for control.

**Control**

- Consult with workers.
- Determine solutions that will manage the contributing and modifying risk factors
- Work with allied health providers and participant's manual handling plan to implement suitable control measures

**Review**

- Monitor and observe manual handling practices
- Consult with workers.
- Report incidents where required
- Make adjustments to control measures where required
- Consult with allied health professionals to review manual handling plan as required.

## Worker Training

Workers should be:

- Trained on how to implement a participant's mobility and manual handling plan.
- Trained in the environment they will work in, with the participant present.
- Trained to use a hoist, using the same model of equipment they will operate in their workplace.
- Receiving regular refresher training based on recommendations from an appropriately qualified health professional and should take in to account any natural staff turnover.
- Receiving regular supervision to ensure consistency.
- Training schedules and attendance should be recorded.
- Familiar with when to act and report on issues associated with equipment, so as to prevent serious injury to participants and workers.

## Evercare Support Handling Procedures

The participant's manual handling plan is available to all staff performing manual lifting tasks. This plan should provide direction to all workers. Whenever there are changes to any element's of a participant's mobility, characteristics or condition, staff should document and seek an update to the manual handling plan as soon as possible.

Workers will be advised of any documented handling plan, any updates of the plan and the need to follow the plan, where required.

**Lifting Limits**

No worker should ever fully lift a person, other than a small child, without assistance from mechanical aids, devices or another worker.

While there is no industry standard weight limit due to variances in method, size of load, size and strength of worker, Evercare Support have applied lifting limits on manual tasks:

- For women, a maximum of 16kg load limit when lifting solo
- For men, a maximum of 25kg load limit when lifting solo

**Team Handling**

For team handling, ensure workers discuss the procedure before commencing.

Ensure that:

- Team members are of similar capacity and stature and know responsibilities during the lift
- Aids are used to assist with the lift where possible
- There is enough space for handlers to manoeuvre as a group to complete the lift
- Appropriate training has been provided
- The lift has been rehearsed

## Responsibilities of Workers

Workers have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of other persons. Workers must comply with any reasonable instructions, as far as they are reasonably able, and cooperate with all workplace health and safety policies or procedures.

- Workers must always follow participant's individual manual handling plans where applicable
- Workers must always review the risk management strategies identified in participant's individual risk assessment
- Workers must use personal protective equipment (PPE) as required, in accordance with instruction and training provided
- Workers must adhere to safe manual handling practices as trained.
- Workers must reporting any concerns or incidents related to manual handling promptly to their supervisor
- Workers should follow the instruction of safe lifting as outlined in this policy
- Workers should never attempt a full manual lift on their own

## Responsibilities of Key Management Personnel

Key management personnel should ensure workers undertake training around work, health and safety requirements for safe manual handling as per the NDIS Commission Code of Conduct and applicable state or territory legislation.

- Ensure that manual handling risks are identified, assessed, and controlled for all participants, workers and workplaces
- Provide adequate resources and support to enable safe manual handling / manual lifting practices
- Provide adequate training for workers to refresh safe manual handling / manual lifting practices
- Undertake regular risk assessments in relation to safe manual handling / manual lifting taking into account the risks to both participants and workers
- Ensure workers are familiar with the relevant procedures relating to the risk assessments and participant manual handling plans
- Ensure workers are familiar with the incident management system and when to notify management personnel
- Maintain a schedule to ensure equipment is in good working order (eg taking photos to monitor wear and tear over time, ensure equipment is labelled, regular servicing)
- Review this policy annually, or more frequently if necessary, to ensure compliance with regulations and to incorporate any updates in best practice guidelines.

### Work load

Key management personnel should overcome additional strain on workers by:

- Plan resources and organise tasks to ensure continuity and staff training in individual manual handling plans
- Have a plan to utilise backup workers from other agencies as required
- Anticipate and prepare for staff shortages by facilitate training / worker buddy shifts in advance
- Facilitate rotation of tasks / staff to minimise the risk of strain on individual workers in lifting tasks

## Planning for Emergency Situations

In some cases, there is no time to assess the risk factors and plan a handling procedure for a specific person, and sometimes the handling actions need to be carried out speedily.

Examples of emergency situations that may be experienced:

- A person has collapsed in a toilet or other restricted space
- A person has had a fall
- A person has had a seizure
- A person needs to be extricated from a car
- Implementation of restrictive practices

General procedures of safe lifting practice should be implemented in these situations. Workers should assess the risks to participant and self and refer to their manual handling training and first aid training for safe lifting practices.

If the person being handled is able to bear their own weight, if it is safe to do so, they can assist the worker.

Workers should always call for immediate help in emergency situations.

## Commitment to best practice and training

Evercare Support is committed to ensuring staff utilise best practice manual handling skills by:

- Providing ongoing training tailored to individual support needs.
- Implementing annual mandatory training for all staff in manual handling techniques.
- Continuously updating training to reflect best practice guidelines and industry standards.

## More Resources

Resources for development of Manual Handling Policy:

- [WorkSafe QLD](#)
- [NDIS Commission Practice Alert - Hoists](#)
- [WorkSafe VIC](#)

# Mealtimes management

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## Introduction

This policy outlines our organisation's practices in relation to mealtimes management.

When assisting participants during mealtimes, we are committed to providing each participant with meals that meet their individual needs and preferences. This means that we will always provide meals that are:

- both nutritious and enjoyable
- of appropriate texture for each participant
- based on each participant's specific mealtimes management
- prepared in a safe, hygienic and timely manner.

### When

- applies when assisting participants throughout the mealtimes management process.

### Who

- applies to all workers and key management personnel involved in mealtimes management.

## Governing regulations for this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

## Documents relevant to this policy



NDC\_Mealtimes Management Plan Template

## Assessing mealtimes management needs

We will identify each participant that requires mealtimes management.

Before assisting participants with meals, our organisation will ensure that their specific needs are assessed by appropriately qualified health practitioners.

This assessment is part of the process of creating a mealtimes management plan that reflects the needs and preferences of each participant.

Key areas that need to be assessed include:

- swallowing and nutritional needs
- seating and positioning needs

- environmental needs
- appropriate meal timing and frequency
- any medications the participant is taking and if/how this will impact their diet
- any allergies the participant has and how this will impact their diet
- general and oral health needs.

## Mealtime management plans

Each participant requiring mealtime management must have a mealtime management plan. When undertaking mealtime management our organisation will ensure that:

- we work with health professionals to obtain appropriate mealtime management plans, including:
  - doctors
  - speech pathologists
  - dieticians
  - pharmacists
  - occupational therapists
  - physiotherapists
- workers and key management personnel understand and adhere to the participant's specific plan at all times
- the mealtime management plans include:
  - each participant's specific mealtime needs, including swallowing, eating and drinking
  - risk assessments relating to meal planning, preparation and consumption
  - steps that must be taken if safety incidents occur, such as coughing or choking on food or fluids
  - the contact information of people involved in providing mealtime management, including qualified health practitioners
- each participant requiring mealtime management is involved in assessing their needs and creating their mealtime management plan
- we obtain each participant's consent before involving them in the process of assessing their needs and creating their plan
- all relevant workers understand how to manage incidents related to mealtime management, including coughing or choking on food or fluids
- we review all assessments and plans annually or:
  - as often as recommended by the participant's qualified health practitioner
  - more frequently if the participant's needs change or any difficulties are observed
- each participant that requires mealtime management can access their plan
- each worker undertaking mealtime management can access the plan of every participant they are supporting.

## Worker training

Our organisation will ensure that each worker that will be undertaking mealtime management has the appropriate training to do so in a safe and effective manner.

Our worker training will cover:

- the specific needs and preferences of the participants the worker will be supporting
- the specific skills needed to carry out every aspect of each participant's plan
- the preparation and provision of safe and enjoyable meals, including:
  - timely meal planning and preparation
  - how to maintain a safe food consumption and preparation environment
  - modifying foods (e.g. food texture) in accordance with each participant's mealtime management plan
- the identification, management and mitigation of emerging and chronic health risks

- signs of common food-related complications, such as choking
- identifying all other people involved in managing chronic and emerging health risks (e.g. key management personnel, the participant's qualified health practitioner)
- when and how to seek help from other people involved in managing chronic and emerging health risks (e.g. key management personnel, the participant's qualified health practitioner)
- the steps the worker will need to take if safety incidents occur during meals, such as coughing or choking on food or fluids
- storage arrangements for relevant records relating to mealtime management and how these records can be accessed.

## Developing menus

Our organisation will work with the participant to develop menus that meet their needs and preferences. This includes religious and cultural preferences.

We will assist each participant with making informed choices about their meals by:

- giving the participant a variety of options and explaining these options (with the use of relevant communication aids, if required)
- encouraging the participant to suggest meals and beverages they would like to consume
- allowing the participant sufficient time to consider their options
- giving the participant the opportunity to ask questions about their options
- giving the participant the opportunity to consult their family, representatives or any other members of their support network about their options.

When developing menus, we will always consider the following:

- the participant's preferences (including religious and cultural preferences)
- food/drink recommendations made by an appropriately qualified health practitioner
- the contents of the participant's mealtime management plan
- any chronic or emerging health risks that will have an impact on the participant's diet such as:
  - swallowing difficulties
  - anaphylaxis and other food allergies
  - obesity
  - being underweight.

## Food texture

All workers must prepare foods that are accurate to the participant's management plan. Each meal must be of appropriate texture, and texture-modified if required. In order to ensure this, workers must:

- consult the participant's mealtime management plan
- consult the menu developed for the participant
- explain the menu to the participant
- prepare the food in accordance with the participant's mealtime management plan.

Once food has been prepared, workers must check that the food is of correct texture. To do this, workers must:

- check to ensure the food has been prepared in accordance with the participant's plan and menu
- support the participant to have their meal in an environment and manner that meets their needs
- monitor the participant for any signs that the food is not of a suitable texture, such as:
  - difficulty chewing and/or swallowing
  - coughing
  - gagging
- if the above signs are present, stop food consumption immediately

- if an incident has occurred, manage the situation in accordance with our incident management policies and processes
- prepare an alternative meal that is more suitable for the participant.

## Managing safety incidents

Our organisation will ensure that our participants can consume meals in a safe manner. We will do this by:

- undertaking risk assessments for each participant that requires mealtimes management
- adjusting our risk management data in response to changing participant needs
- training all relevant workers to respond to different types of risks and incidents, including how to respond to emergency situations
- managing any incidents in accordance with our incident management policies and processes.

## Complaints about mealtimes management

Any complaints about any aspect of mealtimes management will be addressed in accordance with our Complaints management policy.

## Food safety and storage

We will ensure that all our food is prepared in a safe and hygienic environment. This is important for maintaining food quality and avoiding food poisoning.

Our organisation will maintain food safety by:

- ensuring the all food preparation areas are kept clean and tidy
- providing appropriate cooking utensils and implements
- providing appropriate storage facilities (e.g. fridges, freezers, pantry cupboards)
- ensuring that all food is stored and prepared in accordance with all relevant health standards
- undertaking regular kitchen inspections.

When preparing food, workers must:

- always clean their hands
- comply with our Infection control policy
- ensure that each item is stored in the appropriate place, including:
  - perishables such as meat, dairy and vegetables are refrigerated below 5C
  - dry staples, such as flour, rice and pasta are stored in a cool, dark and dry pantry cupboard
  - frozen foods are put into a freezer and stored at -15C or cooler
- ensure that all food and drinks can be easily identified as meals to be provided to specific participants (e.g. by labelling)
- ensure that food and drinks to be provided to different participants are sufficiently differentiated from each other
- follow the food preparation instructions provided by the organisation and/or the directions on the packet
- wash up after cooking
- avoid cross-contamination by:
  - washing their hands after touching raw food
  - covering raw food, including meat, and storing it separately from ready-to-eat food
  - using different utensils, plates and chopping boards for raw and cooked food.

# Medication

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## Introduction

This policy provides guidance on the best use of medications including its storage, administration and documentation, promotes improved health outcomes for participants, and minimises risks of inappropriate use or harm. As some medications are potentially dangerous, all medications must be treated with due care and safety.

To reduce the likelihood of medication errors during administration, the six rights of medication are recommended when administering all types of medication. The six rights are:

1. right person
2. right medication
3. right dose
4. right time
5. right route, and
6. right documentation.

## Applicability

### When

- applies when participants we support require medication.

### Who

- applies to all employees involved in sourcing medication and supporting participants to take medication.

For additional information regarding medication management, refer to the resources below:

[National Medicines Policy](#)

[NDIS Practice Alert: Polypharmacy](#)

[Getting ready to assist clients with medication](#)

[Guiding principles for medication management in the community collection](#)

[National strategy for the quality use of medicines](#)

Governing obligations for this policy

-  NDIS Practice Standards 4.3.1 Manage medication
-  NDIS Practice Standards 4.3.2 Manage medication
-  NDIS Practice Standards 4.3.3 Manage medication

#### Governing regulations for this policy

-  Narcotic Drugs Act 1967 (Cth)
-  NDIS (Quality Indicators) Guidelines 2018 (Cth)
-  Therapeutic Goods Act 1989 (Cth)

#### Applicable processes for this policy

-  Administer subcutaneous injection
-  Evercare Support\_Medication Disposal

#### Documents relevant to this policy

-  5 Moments of Hand Hygiene
-  Handwashing
-  Long Term\_Medication Chart Medication Management
-  [Medication Audit Form](#)
-  NDC\_Medication Disposal Chart\_Fillable
-  Respite\_Medication Chart\_User Guide



## Medication safety

#### To maintain safe use of medication:

- follow rules of hand hygiene before administering medications—this includes the use of an alcohol hand rub or a soap and hand wash
- before administering a medication to a patient, check expiry date of medication to ensure in-date status
- prescribed or routine medications must be packaged in a DAA or its originally dispensed packaging (if not practicable for a DAA)
- do not dispense any medication from a broken DAA where there is evidence of tampering
- medications which must be in their original dispensed packaging (not a Webster-pak or other DAA) include:
  - liquids and syrup
  - granules and powders
  - creams and ointments
  - nasal sprays, nebulisers and inhalers
- before crushing any medication, check with the prescribing doctor or pharmacist prior as crushing some medications for administration can reduce efficiency or make the medication poisonous
- medications can be dangerous and can cause adverse side effects or reactions—workers need to be alert for abnormal reactions, allergies, hypoxia, behavioural changes or loss of consciousness
- always check a person's allergy or sensitivity status prior to administering medication

- if conditions or reactions escalate, attend to participant, notify a health professional, or call Triple Zero (000) in event of emergency.

## Medication documentation

All medications must only be used in accordance with their prescribed instruction.

Each prescribed medication requires a doctor's medication print out or completed medication chart with the following details:

- name, address and date of birth of the participant
- any known allergies of the participant
- name of medication
- dosages as determined by the prescribing doctor
- times of administration
- route of administration
- the reason why it has been prescribed
- any specific directions for use
- PRN (as needed) medications must specify conditions for use
- name, contact number and signature of the prescribing doctor
- BD—twice a day, TDS—three times a day, QID—four times a day, Mane—morning, Nocte—night
- cessation date of episodic or 'short course' medication
- commencement date for medication to begin
- pharmacy contact details (where it was packaged).

## Medication consent

All participants are encouraged and support to manage their own medication and consent for its use.

If we are administering, written consent is required before a participant can receive medication, except in an emergency.

Written consent by a substitute decision maker is required if we are to administer medication to a participant who is unable to consent themselves.

Written consent by a parent is required if we are to administer medication to a participant who is a child.

Young people and children over 14 years should be supported to consent for medication use themselves if they are considered to have an appropriate level of understanding.

All staff required to administer Schedule 8 medications will be required to sign a 'consent to administer' declaration, signed by key management staff, the participant or their representative, and the worker.

## Medication administration

S4 and S8 medication must only be administered by authorised persons—this is a legal requirement (except for participants who self-administer).

Authorised persons administering drugs of addiction must be trained in the administration of medication.

Medication must only be administered to one participant at a time.

A pill dispenser device such as a Pil-Bob should be used to dispense pills for administration from a DAA such as a Webster-pak.

## Storage of prescription-only and restricted medications

Directives in this section are legal requirements for storing Schedule 4 (S4) and Schedule 8 (S8) medications. The Australian Government Department of Health has strict guidelines for these medications which include storage, periodic inventories, drug register entries, loss of drugs, order and supply, administration, destruction of old stock/unwanted stock.

All S8 medications are to be kept in a locked cupboard of approved construction and firmly fixed to the premises (S4 and S8 medications cannot be kept in a fridge).

Central stock of S4 and S8 medications must be recorded in a drug register of all stocks received and stock transferred.

As medication scheduling is nationally based, it is important to understand the laws on managing storage and supply of medicines may vary between states and territories. Always consult with a local pharmacist when participants are planning any interstate travel. More information can be found on [The Pharmacy Guild of Australia](#)

## Storage of over-the-counter medications

Directives in this section are regarding the storage of S2 and S3 medications.

- all medications we are responsible for must be stored in a locked draw, cabinet or medication fridge in a secure location
- any non-active medication must be stored in a separate compartment labelled “non-active” from a participant’s current or active medication
- a risk assessment and appropriate action should be undertaken if is identified that the security and storage of medications presents a potential risk to the participant, worker or organisation.

## Medication disposal

All medication that is expired or no longer required must be returned to a pharmacy for disposal.

Medication for disposal must not be:

- placed in rubbish bins
- washed down the sink
- flushed down the toilet.

Sharps disposal containers should be securely stored either in a locked room or lockable drawer or cabinet.

## Medication errors

Follow your standard incident management processes to manage medication errors.

Examples of medication errors or incidents include:

- medication given to an incorrect person
- incorrect timing
- incorrect dosage
- incorrect route/site
- incorrect medicine/s

- an allergic reaction
- incomplete documentation on medication order and medication administration records
- DAA packaging is broken or tampered with
- missed medications
- refusal of medications
- overdose
- near miss.

For further information refer to the

[Australian Commission on Safety and Quality in Healthcare](#)

## Medication responsibilities for workers

The responsibilities of workers are to:

- attend required training for supporting participants with medications
- ensure the safe storage of medications
- ensure the safe disposal of expired or contaminated medications and medications no longer required
- be familiar with the participant's known behaviours in order to understand their usual behavioural patterns and report any unusual behaviours or adverse side effects
- promptly report any concerns, issues or incidents to key management personnel
- seek advice from key management personnel if ever in doubt about their own medication knowledge, skills or capabilities.

All staff required to administer Schedule 8 medications will be required to sign a 'consent to administer' declaration, signed by key management staff, the participant or their representative, and the worker.

## Medication responsibilities for key management personnel

The responsibilities of key management personnel are to:

- ensure all workers involved in supporting participants with medications are appropriately trained and kept up to date with relevant legislation and professional standards
- provide adequate resources to enable training, assessment and reassessment of workers involved in supporting participants with medications
- ensure personnel work within their scope of practice
- provide appropriate support, direction and referral to workers in the event of medication concerns, issues or incidents.
- two audits per year are required for each S4 and S8 drug register
- any incident involving S4 and S8 medications must be reported to the appropriate key management personnel, pharmacist, Department of Health, and police.

# Participant money and property

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## Introduction

Our organisation is committed to ensuring that participant money/property will be handled openly and securely according to the requirements of all relevant legislation. Each participant's money and property will only be used for specific interventions associated with that participant's goals.

Our organisation will never give financial advice or information other than that which would reasonably be required under the participant's plan.

### When

- applies when handling a participant's money and property.

### Who

- applies to all workers.

## Governing obligations for this policy

-  NDIS Practice Standards 4.2.1 Participant money and property
-  NDIS Practice Standards 4.2.2 Participant money and property
-  NDIS Practice Standards 4.2.3 Participant money and property

## Documents relevant to this policy

-  Money Handling Consent and Agreement
-  NDC\_Money Management Protocol

## Responsibilities of workers

All workers who help participants manage their money and property management must:

- manage all participant money and property:
  - with the consent of the participant; and
  - for the purposes intended by the participant
  - in ways that reflect the best interest of the participant
- understand how each participant wants to use their money and/or other property
- maintain open lines of communication around money and property management with:
  - the participant

- key management personnel
- the participant's support network
- support the participant with accessing and making use of their own money and property
- participate in money and property handling worker training and understand all relevant policies and processes.
- sign off on participant money handling agreement with each relevant participant
- when applicable, support each participant with:
  - developing and reviewing a personalised budget
  - building financial management skills
  - making decisions about how to spend their money.
- report incidents and complaints associated with the handling of money and other property
- never mismanage participant money/property under any circumstances; examples of mismanagement include (but are not limited to):
  - utilising participant money/property for personal use
  - purposefully altering and tampering with money/property management records
  - neglecting to record expenditures
  - failing to obtain appropriate consent before making use of participant money/property
- once all transactions with the participant's money are completed, complete and submit a participant money handling form to management, ensuring the form contains the signatures of the supporting worker and witness
- keep all participant information confidential
- produce receipts for all expenditure of each participant's finances and attach to these to the handling participant money form
  - **Note:** If multiple transactions are made with the money given by a participant, the receipt of each transaction will need to be attached to the form.

## Responsibilities of management

All key management personnel must:

- lead the development of processes around managing money and/or other property
- ensure that there are always appropriate processes in place to manage, protect and account for money and other property
- ensure that supports funded under a participant's plan are used effectively and efficiently
- ensure that supports funded under a participant's plan are complemented by community and mainstream services to achieve the objectives of the participant's plan
- regularly review and audit all policies and processes related to the management of money and other property.
- communicate policies and processes regarding the proper management of money and property, including through organised worker training
- ensure that workers never give financial advice or information other than that which would reasonably be required under the participant's plan
- coordinate worker training regarding the management of participant money and other property
- create, file and keep track of all the required documentation (receipts, records of transactions, participant forms etc.) to ensure the consistency of advice and practice
- manage the resolution of incidents and complaints.
- ensure that any workers responsible for handling money and property have been properly authorised and trained
- review all documentation submitted by workers and follow-up any discrepancies
- ensure any money lost accidentally by a worker is compensated and returned to the participant
- ensure any allegations of financial irregularity against a worker are fully investigated and if required, referred to police and/or other relevant external agencies.
- ensure all completed participant money handling forms are kept in the participant's file for a minimum of seven years.

## Documentation requirements

Each participant requiring money and/or property management will have their specific requirements, consent and preferences recorded in their service agreement and support plan.

Our organisation will maintain and regularly review policies and processes relating to money and property management.

Evercare Support requires all workers who handle participant money to sign off the Participant Money Handling agreement. The agreement outlines the responsibilities of the support worker regarding the use of participant money handling. This includes, but is not limited to debit cards, credit cards, cash, vouchers, or any other payment methods) for purchases related to the participant.

Each use of a participant's money/property will be recorded on a participant money handling form and associated receipts will be saved and provided to management.

## Assessing financial management capability

Each participant has the right to have access to and control over their own money. We will support our participants in managing their finances as independently as possible.

We will assess each participant's financial management skills. Our assessment is aimed to learn more about the participant's:

- specific needs
- level of existing financial management skills
- living situation, support level and environment.

## Breach of policy

Breach of this policy can lead to disciplinary action, including termination of employment.

# Smoking and vaping

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## Introduction

Our organisation acknowledges the importance of providing a safe and healthy environment for all participants, workers, contractors, and visitors. In alignment with this commitment, our aim is to minimise the hazards associated with smoking tobacco and other substances. This policy applies to both smoking and vaping.

## Applicability

When
<ul style="list-style-type: none"> <li>applies at all times.</li> </ul>
Who
<ul style="list-style-type: none"> <li>applies to all workers.</li> </ul>

## Important smoking and vaping rules

Workers at every level of our organisation must:

- not smoke on our premises at any time (including indoor and outdoor areas)
- not smoke while undertaking work duties
- not smoke at any time while in the presence of a client
- not smoke while operating company vehicles
- not smoke while providing supports to participants outside the premises (e.g. in community centres or public spaces)
- never break Australian State and Federal laws related to smoking (e.g. smoking illegal substances)
- participate in worker training around our smoking policies
- report any breaches of smoking laws and/or policies.

## Maintaining a smoke-free environment

All forms of smoking are extremely hazardous. Therefore, our main priority is to minimise the hazards, and maintain a completely smoke-free environment.

**This covers both active smoking, as well as inhaling passive smoke.**

We will maintain a smoke-free environment by:

- ensuring that all our company premises, including indoor and outdoor areas, are designated as smoke-free zones at all times, this includes but is not limited to:
  - during business hours
  - outside of business hours

- at work events/functions
- ensuring all our company vehicles are smoke-free at all times
- implementing no smoking rules for workers while they are providing supports to participants outside the premises (e.g. in community centres or public spaces)
- having clear and visible signage in strategic locations indicating that smoking is prohibited
- if applicable, having designated smoking areas that are firmly located outside the premises, with proper disposal facilities for items such as disposable vapes and cigarette butts
- providing information to all workers and participants about our policies around smoking
- if applicable, providing information and resources about quitting smoking
- having clear disciplinary processes in place for any person smoking in a smoke-free zone.

### Smoking while on shift

*Support Workers must not smoke while actively engaged in support duties or in the presence of clients under any circumstances.*

If a worker wishes to smoke during a break on a shift, the following conditions must be strictly observed in line with the worker's employment contract:

- Smoking must occur only during designated break periods, and never inside a client's home, vehicle, or any area used by clients
- Workers must ensure the client is safe, supervised (if required), and not left unattended or unsupported during any smoking break
- Where the client's needs or risks prevent them from being left alone, the worker must not take a smoking break until another authorised staff member can provide cover or supervision
- Smoking breaks must be kept to a minimum, should be in line with the worker's employment contract, and must not interfere with the delivery of supports
- All efforts must be made to ensure clients are not exposed to second-hand smoke, including returning to work free of smoke odour and using designated smoking areas away from client spaces.
- *Workers should never, under any circumstances, smoke with a client, even if both worker and client are smokers*

**To maintain a smoke-free and healthy environment for all workers, the following obligations apply when a client chooses to smoke indoors:**

- Workers should excuse themselves and leave the immediate premises or indoor area while the client is smoking inside.
- Workers may respectfully prompt the client to open windows and doors to assist in ventilating and airing out the space once smoking has ceased.
- Workers should only re-enter the premises once it is safe and reasonably clear of second-hand smoke.
- Prolonged exposure to second-hand smoke is not permitted as part of a worker's duties.
- Any incidents of repeated or prolonged indoor smoking should be reported to a supervisor or manager for follow-up and risk mitigation planning.

All breaches of this policy should be reported to management as early as possible.

Failure to comply with these requirements may result in disciplinary action, in line with our Code of Conduct and Work Health and Safety obligations.

## Disciplinary Actions

Evercare Support Management will enact the following disciplinary procedures in relation to breaches of it's policies and / or procedures.

We retain discretion in respect to disciplinary procedures, taking into account your length of service and the severity of the misconduct.

Offence	1st Occasion	2nd Occasion	3rd Occasion	4th Occasion
Unsatisfactory conduct / suspected breach of policy	Formal verbal warning	Written warning	Final written warning	Termination
Repeated verbal / written instruction not adhered to (2 or more occasions)	Formal verbal warning	Written warning	Termination	
Misconduct (blatant breach of policy)	Written warning	Termination		
Serious Misconduct	Termination			

# Transport

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## Introduction

This policy aims to ensure:

- the safety of workers when travelling or transporting participants
- The safety of participants when travelling in workers' vehicles
- the organisation meets its duty of care responsibilities when transport participants as part of its services.

This includes company-owned vehicles, vehicles owned by participants, and vehicles owned by workers.

## Applicability

### When

- applies when travelling for official duties (for example, going to a participant's home)
- applies when transporting participants.

### Who

- applies to all representatives involved in travelling or transporting participants as part of their duties.

## Governing regulations for this policy



Work Health and Safety Act 2011 (Cth)

## Documents relevant to this policy



Participant Vehicle Safety Checklist



[Staff Compliance Register - Flow Logic Link](#)



Transport Policy\_Declaration Version

# Transporting participants

Participants should only be transported by those authorised to do so, and only when required.

When transporting participants, the organisation should:

- always maintain a safe environment
- be courteous and responsive to the participants being transported
- ensure all passengers wear seatbelts
- ensure appropriate child restraints are used when transporting children (*please see section - child restraints*)

- ensure child restraints are appropriately secured as per manufacturer installation guidelines (*please see section - child restraints*)

In the event of a medical emergency:

- do not attempt to transport a participant
- always call Triple Zero (000) for an ambulance.

## Responsibility of key management

Key management personnel will:

- ensure vehicles used are fit for purpose
- ensure all company vehicles are registered, insured, and maintained
- ensure all drivers have a current driver's licence and any personal vehicles used are insured
- ensure appropriate risk management is in place for any services that involve workers traveling or transporting participants
- Ensure all participant vehicles used by staff are registered, roadworthy, maintained and insured comprehensively
- Ensure all participant vehicles used by staff regularly undergo an internal safety check

## Responsibility of workers

Workers will:

- maintain a current driver's licence appropriate for the vehicle they are driving
- obey all relevant road rules and relevant laws when driving
- if driving a personal vehicle while on duties, ensure it is registered, insured and roadworthy
- if driving a participant's vehicle, ensure it is roadworthy, registered and insured
- advise key management of any incidents that occur, however minor
- submit incident reports for any incidents that occur, however minor
- not drive while under the influence of drugs or alcohol
- not smoke or vape when transporting participants
- not smoke or vape while conducting tasks associated with their employment, whether or not a client is present in the vehicle
- not use a mobile phone while driving unless with a handsfree device.
- adhere to other relevant policies while transporting participants - including *Code of Communication*
- Ensure a positive image of Evercare Support is portrayed
- Abide by any restrictions on their Driver's Licence

**Workers Must advise management where:**

- any changes to their driver's licence occurs - e.g. suspensions or disqualifications
- any changes occur that impact the safety of the worker's vehicle
- the worker is enrolled in month by month registration arrangements
- the worker uses any vehicle other than that which management have details on file

**Workers who use a private vehicle for work purposes must:**

- submit a signed copy of this policy as a declaration of adherence to Evercare Support management, accompanied by copies of the current certificate of insurance and registration documentation;

## Responsibility of Vehicle Owner

Workers who drive a private vehicle for work purposes must ensure that the vehicle is:

- Safe and roadworthy
- Currently registered with the Department of Transport and Main Roads (QLD or relevant state)
- Comprehensively insured
- Clean and tidy
- Free from potential allergens such as pet hair and cigarette smoke

When using a private vehicle for work purposes, workers must not:

- Install or fit any child restraints on behalf of a participant or their family members
- Buckle a child or participant into a safety restraint
- Utilise their own child restraint to transport a participant or child for work purposes, without prior consent from key management

## Reimbursements

Evercare Support will reimburse workers who use a private vehicle for work purposes in accordance with relevant awards and ATO recommendation.

## Responsibility for Actions

Responsibility for Actions:

- Workers will be responsible for any traffic offence/infringement/parking fine incurred while using a private vehicle for work purposes. This includes traffic offence/infringement/parking fines occurred while the vehicle is parked/stationary.
- Workers will be responsible for any damage to their vehicle or to other people or property while using a private vehicle for work purposes. This includes incidents that occur while the vehicle is parked/stationary.
- Evercare Support will not accept liability for any insurable loss incurred while using a Private vehicle for work purposes. All insurance claims/costs associated with an incident/accident incurred while using a private vehicle for work purposes, including insurance excesses are the responsibility of the owner of the vehicle.
- All drivers in control of a vehicle are responsible for their actions and must take the necessary action in the event of any traffic offence, infringement or parking fine and in response to incidents/accidents and damage caused to people or property.

*A worker who commits a traffic offence/infringement or who receives a parking fine while using a private vehicle for work purposes:*

- must advise their manager and provide details of the traffic offence/ infringement;
- will be required to meet the expense incurred and to take responsibility for any penalty associated with the traffic offence/ infringement.

Evercare Support Workers who are involved in an accident or incident while using a private vehicle for work purposes must:

- Administer first aid; and/ or
  - immediately contact emergency services (by phoning 000) and follow any additional directions provided by emergency services;
  - in cases of emergency services ((ambulance/fire services) attending an accident and/or Extensive vehicle damage, and the Queensland Police Service (QPS) do not attend, QPS should be contacted prior to removing the vehicle.
  
- Complete an Incident report and record
  - the time and the date of the accident;
  - names and addresses of any other drivers involved;
  - licence numbers of any other drivers; insurance companies of any other driver;
  - details of any other parties involved;
  - make, model and registration numbers of any other vehicle involved;
  - names, addresses and contact numbers of any witness; and
  - street name that accident occurred on, name of the nearest cross street, direction in which all involved vehicles were travelling.
  
- contact management and appropriate OnCall service as soon as practical and safe following an incident or accident;

Breaching any road rules as defined by the Department of Transport and Main Roads (QLD) and/ or driving in an unsafe manner while driving a private vehicle for work purposes *may be considered misconduct*. Any disciplinary action relating to breaches of this policy will be actioned in accordance with Evercare Support policy.

## Inability of Vehicle Use

A worker’s inability to use their own vehicle for work purposes, or restrictions on their ability to drive because their licence, motor vehicle registration or insurance has expired, been cancelled or suspended may restrict Evercare Support’s ability to roster shifts to that worker, which may result in:

- a reduction in hours;
- restrictions to the shifts/environments the worker can be rostered to work in;
- the possibility that they may not be able to be rostered at all.

## Declaration and Agreement

Executed for and on behalf of Evercare Support.

***I hereby accept the terms contained in this contract.***

Worker Name	
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Date	
Signature	

# Trauma-informed care

Version: 2

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## Introduction

Trauma-informed care is an approach that recognises the importance of having a complete picture of a participant's life situation, not just an understanding of a specific traumatic event/circumstance. The aim of trauma-informed care is to provide the most suitable supports for each participant. This ensures that supports are person-centred at all times.

## Applicability

### When

- applies to all areas of service practice.

### Who

- applies to all representatives including key management personnel, directors, full time workers and part time workers.

## Governing regulations for this policy



NDIS (Quality Indicators) Guidelines 2018 (Cth)

## Benefits of trauma-informed care

The main benefits of trauma informed care include:

- greater participant engagement and support plan adherence
- improved staff wellness
- reduction in avoidable complications and the associated costs
- better quality relationships with the participant
- improvement of long-term outcomes.

## Key principles of trauma-informed care

There are six key principles that underpin trauma-informed care. These principles are:

- trustworthiness and transparency in decision-making
- promotion of safety and comfort
- peer support
- full and inclusive collaboration
- empowerment of the participant
- responsiveness to participant needs.

In addition to the above, other important principles include:

- a holistic understanding of each participant and their unique life situation
- recognition of the signs and symptoms of trauma
- integration of trauma-informed care into policies and practices
- understanding of the widespread impact of trauma.

## How we promote trauma-informed care

Our organisation is an organisation that promotes trauma-informed care. In order to do this, key management personnel will:

- create awareness of the trauma-informed approach
- create a safe social, physical and emotional environment, for example:
  - ensure common areas, such as bathrooms and entrances, are well-lit
  - ensure appropriate noise-levels are maintained at all times
  - have happy and relaxing décor
  - use polite language in signage (e.g 'Please wash your hands using the facilities provided' vs 'Hands must be clean before entering!')
  - provide sufficient privacy
- maintain a culture of staff wellness, for example:
  - provide adequate paid time off to address wellbeing needs
  - incorporate staff wellness activities into daily work activities
  - promote internal and external opportunities for fostering staff wellness
- ensure our services are person-centred at all times
- collect ongoing feedback from participants, staff, stakeholders and the wider community
- train all staff in the trauma-informed approaches, including ways all staff (including administration and clerical workers) can make participants feel safe and welcome
- include principles of trauma-informed care in staff meetings and other regularly scheduled staff activities
- give participants opportunities to contribute to organisational governance.

## Responsibilities of support workers

In order to put trauma-informed approaches into practice, each support worker must:

- empower each participant to exercise decision-making in relation to every aspect of their supports
- support participants to make positive choices, with respect to dignity of risk
- uphold strong professional boundaries with participants
- work in collaboration with each participant to identify the most suitable support approaches
- maintain a safe physical and emotional environment
- be attentive to their own physical and emotional wellbeing
- provide feedback to management
- disclose workplace risks/hazards and injury/incident declarations in a timely manner to management

# Waste management

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## Introduction

This policy provides the guidelines for waste management. Correct and efficient waste management can enhance the organisation's reputation, benefit the community and the environment and minimise exposure to infection and disease. Wherever possible, waste should be reduced and a culture of proactive recycling, reusing and composting encouraged. Reducing waste and actively recycling also reduces the cost of waste disposal.

Waste produced is generally one of the following categories:

- general waste including:
  - general household waste
  - food waste
  - sanitary waste, incontinence pads and disposable nappies
- clinical waste including:
  - used bandages and dressings
  - blood-stained body fluids, materials or equipment
- sharps waste including:
  - needles and syringes with needles
  - finger prickers, lancets or blades
  - auto-injectors such as EpiPens
- pharmaceutical waste including:
  - expired pharmaceutical products
  - pharmaceutical products no longer required
- green organics including:
  - grass clippings
  - grounds maintenance
  - flowers
  - raw fruit and vegetable scraps, coffee beans
- recyclables including:
  - paper and cardboard
  - glass jars and bottles
  - aluminium and steel cans
  - aerosol cans
  - hard plastic (PET) bottles and containers
  - plastic bags
  - printer toner cartridges
- sensitive waste including:
  - printed material with personal or confidential information
  - computers, storage devices and mobile phones used to store or handle personal information
  - computer media (hard disks, CDs and USB memory keys) used to store personal information
- E-waste including:
  - computers and computer parts
  - photocopiers and printers

- o mobile phones
- o medical equipment
- o household appliances such as TVs, radios, microwave ovens, irons and coffee machines.

## PPE

For more information on PPE, refer to the WHS policy.

## Out of scope

This policy does not cover anatomical, cytotoxic or radioactive waste.

## Applicability

### When

- applies to all sites.

### Who

- applies to all workers including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

## Governing obligations for this policy

-  NDIS Practice Standards 4.5.1 Management of waste
-  NDIS Practice Standards 4.5.2 Management of waste
-  NDIS Practice Standards 4.5.3 Management of waste
-  NDIS Practice Standards 4.5.4 Management of waste

## Governing regulations for this policy

-  NDIS (Quality Indicators) Guidelines 2018 (Cth)

## Documents relevant to this policy

-  Emergency waste management plan
-  Waste management plan template

# General waste

General waste is any waste not recyclable or categorised in other waste categories. General waste is insecure and not appropriate for sensitive information as this could increase risks of a data breach (refer to the Information security policy). General waste is not suitable for clinical waste or sharps due to the risk of injury or infection from these.

To reduce general waste, green organics, recyclables and E-waste should not be disposed of in general waste.

To comply with this policy:

- general waste should be reduced wherever possible
- recyclables should not be placed in general waste but recycled wherever possible
- clinical waste and sharps must not be disposed of in general waste at any time
- pharmaceutical waste must not be disposed of in general waste at any time
- where possible, green organic waste (including garden waste and kitchen scraps) should be composted or disposed of in organic waste rather than general waste.

## Infectious waste

Infectious waste (also known as clinical waste) is any blood-stained fluids or material such as bandages or dressings. Infectious waste carries a risk of infection so must not be disposed in general waste. Infectious waste must be placed in separate bins designated for infectious waste and stored in a secure location for collection by a qualified waste management service that handles infectious waste.

To comply with this policy:

- do not dispose of infectious waste in general waste
- do not dispose of sharps in infectious waste
- when emptying infectious waste bags, PPE must be worn including gloves, apron and protective eyewear
- do not fill infectious waste bags more than two-thirds of their capacity and secure the contents before closing the bag
- do not secure infectious waste bags with staples or anything sharp
- store infectious waste in a secure area with restricted access until collection by a suitable waste management service.

## Sharps

Incorrect disposal of sharps i.e. in a plastic bag for general waste, could expose workers and participants at risk of injury and infection. To reduce risks, place all sharps immediately after use in a sharps-approved container (usually yellow) for disposal by a qualified waste management service that handles sharps.

To comply with this policy:

- always dispose of sharps in a sharps-approved container
- do not place sharps in any non-sharps approved waste such as general waste or clinical waste
- always dispose of sharps immediately after use
- do not attempt to recap needles
- do not attempt to retrieve anything from a sharps container
- do not fill a sharps container more than three quarters full or beyond the “fill” line
- lock sharps-approved containers in the medication cupboard when not in use.

## Pharmaceutical waste

Pharmaceutical waste includes pharmaceutical products expired or no longer required. If placed in general waste, these items are potentially dangerous and harmful to the environment.

All pharmaceutical waste:

- must be returned to a pharmacy for safe disposal
- must not be placed in general waste.

## Green organics

To reduce general waste, green organics should be composted or placed in garden waste bins for collection by local government curb side collection, if available. Sites with gardens/yards should compost kitchen scraps to reduce general waste and to enrich the environment. Composting is best done using a compost bin on the ground to attract worms and is mixed with dead leaves, shredded paper and/or mulch to help the compost process. Once broken down, matured compost can be used to benefit the garden.

To comply with this policy:

- if possible and feasible, kitchen scraps (raw fruit and vegetable scraps, raw egg shells, used coffee beans) should be composted with organic garden waste rather than disposed of in general waste
- green organic garden waste and lawn clippings should be placed in organic waste collections operated by local governments (if available), collected by a waste management service or composted onsite.

## Recyclables

Wherever possible, recyclables should always be recycled to reduce general waste. Everything that can be recycled should be recycled or reused, this includes:

- curb side collection (local government, where available) or a waste management recycling service for recycling:
  - paper and cardboard (including newspapers, egg cartons, cardboard boxes and cardboard product packaging)
  - glass jars and bottles
  - aluminium and steel cans
  - aerosol cans
  - hard plastic (PET) bottles and containers
- soft plastic recycling at local supermarkets (where available) for recycling:
  - plastic shopping bags and all soft plastic such as food wrappers and product packaging
- toner cartridge collection services for:
  - used toner cartridges from photocopiers and laser printers
- E-waste collection services for:
  - computers, TVs, radios, household appliances
- mobile phone recycling services for:
  - old mobile phones
- whitegoods recycling services for:
  - refrigerators, ovens, air conditioners or other whitegoods.

To comply with this policy:

- recyclables should be recycled wherever possible
- recyclables should not be placed in general waste
- used toner cartridges should be recycled where possible (for more information, refer to [Planet Ark](#))
- plastic bags should be returned to the local supermarket and placed in bins provided for soft plastics recycling where possible (e.g. Coles and Woolworths have collection points for recycling soft plastic).

## Sensitive waste

To reduce risks of data breach (where personal information is accessed by someone unauthorised):

- sensitive paper waste must be either shredded or disposed of in secure paper recycling bins for collection by a secure document destruction service
- do not dispose of printed material containing personal or confidential information in general waste
- computers, computer storage, mobile phones, media and USB memory keys used to store personal information should be disposed of by a qualified secure E-waste service.

## E-waste

If placed in general waste, E-waste can be dangerous and harmful to the environment. E-waste:

- should be disposed of using an E-waste disposal service
- including mobile phones should be recycled using mobile phone recycling services (see [MobileMuster](#))
- including used toner cartridges should be recycled where possible (see [Planet Ark](#))
- including computers, storage devices, media and USB memory keys used to store personal or confidential information should be disposed of using a secure E-waste destruction service.

## Hazardous waste

Hazardous waste refers to any waste that has the potential to harm humans or the environment. When managing hazardous waste we will comply with all current legislation and local health district requirements.

Some examples of hazardous waste includes:

- pesticides
- batteries
- motor oils
- old computer equipment.

We will minimise the risks associated with hazardous waste by utilising a variety of risk mitigation strategies. These include:

- following the storage suggestions given by the manufacturers
- buying the smallest amount possible for our needs
- storing hazardous upright with lids secured tightly
- keeping ignition sources, such as matches, away from the storage area.

We will dispose of hazardous waste in accordance with all current legislation and local health district requirements. This includes taking part in recycling initiatives in our local area and employing specialist waste removal services, if required.

All information about waste disposal is part of our waste management plan.

## Handling waste

To reduce risks of injury or illness always wear PPE (personal protective equipment) that is appropriate to the type of waste handled.

Handling of waste bags should be minimised and when handling, workers should wear appropriate PPE to reduce risk of injury.

## Waste management responsibilities of key management personnel

The responsibilities of key management personnel include:

- overall waste management policy including waste reduction strategies
- ensuring each site is serviced by an appropriate waste management service
- ensuring workers are trained to dispose of waste and recyclables in correct bins
- ensuring bins are correctly labelled or sign posted to assist workers to correctly sort waste
- facilitating and encouraging composting of green organics and raw kitchen scraps where possible
- ensuring sensitive paper waste is shredded or disposed of using a secure document destruction service rather than disposed of in general waste
- ensuring sensitive E-waste is disposed of by a secure E-waste destruction service
- ensuring workers comply with this policy
- auditing waste management policy and practices.

## Waste management responsibilities of workers

The responsibilities of workers include:

- disposing of waste in the correct bins provided
- recycling all recyclables as directed by key management personnel
- not disposing sharps, clinical or pharmaceutical waste in general waste
- not disposing sensitive waste in general waste or insecure recycling.

## Training

All workers involved in waste management (including in managing infectious or hazardous substances) will be appropriately trained. This includes induction and refresher training in:

- managing different types of waste
- using PPE or any other clothing required when handling the waste or substances
- implementing waste management practices throughout their duties
- the location of appropriate cleaning tools, chemicals and PPE
- risk management strategies associated with different forms of waste in the workplace.

## 14.0 Emergency waste management

Aside from routine waste management, we will also ensure to have a robust system of emergency waste management in place. Evercare Support will:

- have an emergency waste management plan in place, covering each type of incident/waste type
- comply with all local, state and federal laws and guidelines around waste storage, transportation and disposal
- incorporate information around potential waste-related incidents in our risk-assessment and planning process (including participant-specific risk assessments)
- ensure all incidents necessitating emergency waste management are appropriately reported, recorded and managed
- ensure that workers understand how to respond to and manage waste-related emergencies
- have periodic refresher training to ensure worker knowledge remains current
- regularly review our emergency management and risk management plans to ensure that our documentations is always up-to-date.

# Work health and safety

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## Introduction

The work health and safety (WHS) policy aims to ensure all work activities are carried out safely, and with all possible measures taken to remove or reduce risks to the health, safety and welfare of workers, contractors, participants, authorised visitors, and anyone else who may be affected by our operations. The health and wellbeing of everyone affected is the highest priority.

Creating and maintaining a safe work environment is a legal requirement and a critical one for the long term success of the business. It can help us:

- retain staff
- maximise employee productivity
- minimise injury and illness in the workplace
- reduce the costs of injury and workers' compensation
- ensure we meet legal obligations and employee responsibilities.

Personal protective equipment (PPE) is clothing or equipment designed to be worn by someone to protect them from the risk of injury or illness.

Examples of PPE include:

- hearing protection, e.g. ear muffs and ear plugs
- respiratory protective equipment
- eye and face protection, e.g. facemasks\*, safety glasses and face shields
- safety helmets, e.g. hardhats
- fall arrest harnesses for working at heights
- skin protection, e.g. gloves\*, gauntlets and sunscreen\*
- clothing, e.g. high visibility vests, aprons\*, life jackets and coveralls
- footwear, e.g. safety boots and rubber boots.

\* Indicates PPE most likely to be used when providing NDIS supports and services.

## Applicability

### When

- applies to supports and services provided to all participants.

### Who

- applies to all representatives including key management personnel, directors, full time workers, part time workers, casual workers, contractors and volunteers.

Governing obligations for this policy

 NDIS Practice Standards 4.1.10 Safe environment

 NDIS Practice Standards 4.1.11 Safe environment

#### Governing regulations for this policy

-  Occupational Health and Safety Act 2004 (Vic)
-  Occupational Safety and Health Act 1984 (WA)
-  Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
-  Work Health and Safety Act 2011 (ACT)
-  Work Health and Safety Act 2011 (Cth)
-  Work Health and Safety Act 2011 (Qld)
-  Work Health and Safety Act 2012 (SA)
-  Work Health and Safety Act 2012 (Tas)
-  Work Health and Safety Regulation 2011 (Qld)

#### Documents relevant to this policy

 Evercare Support Worker Induction Pack

## WHS commitments

We are committed to work health and safety by:

- creating and maintaining a safe work environment
- complying with all relevant commonwealth, state or territory work health and safety acts and legislation
- proactively manage risks in the workplace
- not compromising the health or safety of anyone at the workplace
- consulting and engaging with workers on WHS matters.

## Use of personal protective equipment (PPE)

As a guideline:

- PPE must be suitable for the nature of the work or hazard
- PPE must be a suitable size and fit and reasonably comfortable for the person required to use it
- PPE must be maintained, repaired or replaced including keeping it:
  - clean and hygienic
  - in good working order
- when PPE is required, it must be used or worn by workers so far as reasonably practical.

## Worker WHS responsibilities

The responsibilities of workers are to:

- comply with instructions given for work health and safety
- use any provided PPE and be properly trained in how to use it
- not wilfully or recklessly interfere with or misuse anything provided for work health and safety at the workplace
- not wilfully place others at risk
- not wilfully injure themselves.

## Managing psychosocial hazards

There has been a growing body of evidence to suggest that psychosocial hazards present immense risks to workers across every level of an organisation.

A psychosocial hazard is any work-related hazard that can cause psychological or physical harm. Some examples of psychosocial hazards include:

- work demands
- inadequate reward and recognition
- poor organisational change management
- lack of support at work
- poor or unsafe work environment
- traumatic events
- violence and aggression
- remote or isolated work
- bullying, harassment, discrimination
- workplace conflicts.

To manage psychosocial hazards in their workplace, our organisation will:

- have a robust risk management system in place to identify and manage psychosocial risks
- have mechanisms in place to review and maintain effective risk management strategies
- review all work health and safety regulations, guidelines, and legislation for our state/territory
- update our policies, processes and documents (e.g. risks register) to incorporate information about the management of psychosocial hazards
- where required, run training with all workers to ensure understanding of psychosocial hazards
- create a supportive culture that encourages workers to report psychosocial hazards
- where required, discuss psychosocial hazards with our HR team and your Worker Compensation insurer.

## Key management personnel WHS responsibilities

The responsibilities of key management personnel are to:

- take a leading role to promote safe work practices across the business
- provide safe work premises, assess risks and implement appropriate measures for controlling them
- ensure safe use and handling of goods and substances
- provide and maintain safe machinery and materials
- provide personal protective equipment (PPE) to workers where relevant
- ensure information, training and instructions are provided on the correct use, wearing, storage and maintenance of PPE
- assess workplace layout and provide safe systems of work
- provide workers with information about and training in:
  - infection control practices
  - use, storage and maintenance of PPE
  - waste management
  - relevant WHS risk management measures

- provide a suitable working environment and facilities
- ensure that WHS related matters are effectively communicated to workers
- have insurance and workers compensation insurance for your employees
- ensure there are procedures for emergencies and drills in place.