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Situation

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

Personal ability

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

Grooming

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



Ensure grooming is appropriate

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

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

Physical disability

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

Vision problems

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

Dementia

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

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



Mobility limitations

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



Memory problems

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



Parkinson's disease

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



Physical disability

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



Teeth or dentures

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



Arthritis

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

Service agreements

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

Example

Scope of role and responsibilities

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

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

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

Practice task 2

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

Case study

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

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

Example

Changes to a client’s language support requirements

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

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

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

Practice task 4

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

Case study

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

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

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

.....

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

.....

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

.....

Here is more information about duty of care.

Duty of care

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

Negligence

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

Dignity of risk

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

Risks or potential risks when providing support

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

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

Evidence of self-neglect

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

Example

Hazard report form

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

Remove or reduce risks

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

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





Topic 2

In this topic you will learn how to:

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

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

- 2C Provide the person with information**

Maximise participation

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

Practice task 7

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

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

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

.....

.....

.....

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

.....

.....

.....

.....

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



Hoists

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



Handrails

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



Beds

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

Scales

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

Continence aids

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

Here are some of the types of continence aids.

Pads or special underwear

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

Personal protective equipment (PPE)

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

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

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

Gloves

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

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

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

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

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

Gowns and aprons

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

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

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

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

Fall recovery steps

- 1 Do not hurry**
Do not hurry, and let them rest as often as they need to. If they get stuck at any time, make them comfortable and call the ambulance.
- 2 Take time**
Do NOT try to get the person up straight away.
- 3 Be calm**
Calm the person and yourself. Get them to take deep slow breaths.
- 4 Check for injuries**
If they are badly injured, such as with a broken bone, they need to stay where they are. Make them as comfortable as possible and call an ambulance. Keep them warm while you wait for the ambulance.
- 5 Check capability**
If they are not badly injured and feel they could get up, get two sturdy chairs and place one near the person's head and one near their feet.
- 6 Guide lightly**
It is important that the fallen person does the work. You should only guide lightly, helping the person to roll onto their side.
- 7 Direct the person to kneel**
Help the person to kneel. If they have sore knees, place a towel underneath as cushioning.
- 8 Place a chair**
Place one chair in front of the kneeling person.
- 9 Use chair**
Ask the person to lean on the seat of the chair and bring one leg forward and put that foot on the floor.
- 10 Place a second chair**
Place the second chair behind the person. Ask them to push up with their arms and legs and then sit back in the chair behind them. Guide them up and back into the seat, remembering not to lift them – they should be doing the work. Keep your back upright.
- 11 Report**
Let the person's doctor know that they have had a fall.

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

3C Identify and respond to routine difficulties during support routines

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

Sources of difficulty in meeting a person's needs

- ▶ Organisational limitations
- ▶ The personal care support plan
- ▶ Your own skills and knowledge
- ▶ The person's behaviour, preferences or abilities

Capacity to meet a person's needs

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

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

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



Difficulties relating to a person's behaviour

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

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

observant and report any changes, you do not have to know or try to diagnose what is wrong. Do not try to treat a medical or physical change unless you have been trained for this.

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

Signs of potential change in a person's behaviour

- ▶ Lacking motivation – the person is not interested in anything
- ▶ Crying a lot or looking sad
- ▶ Being excessively happy or full of energy
- ▶ Doing risky or dangerous things
- ▶ Being forgetful or vague
- ▶ Being angry or violent

Assessment tools

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

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

- ▶ personal information questionnaires
- ▶ functional ability assessment forms
- ▶ health condition assessment forms
- ▶ psychosocial needs forms
- ▶ mental health and wellbeing forms
- ▶ mental status examinations.

Discuss and consult

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

Team members and support staff

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

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

People and their carers

Example

A written case note

Person/client's name:	Mrs Kieselbach
Date:	23/04/16
Worker name:	Lin Mai
Notes:	<p>Attended Mrs Kieselbach today. Personal care support was provided as per the care plan.</p> <p>Mrs Kieselbach began to speak to me in German a number of times today. When I reminded her to speak English, she switched back to English. A number of times I had to repeat things as she appeared not to understand me.</p> <p>This change was reported to Sue Kelly, supervisor, by phone. Sue will discuss the change with the doctor, and possibly arrange for transition to German-speaking workers.</p>
Signature:	<i>Lin Mai</i>

Report concerns about a person's health

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

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

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

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

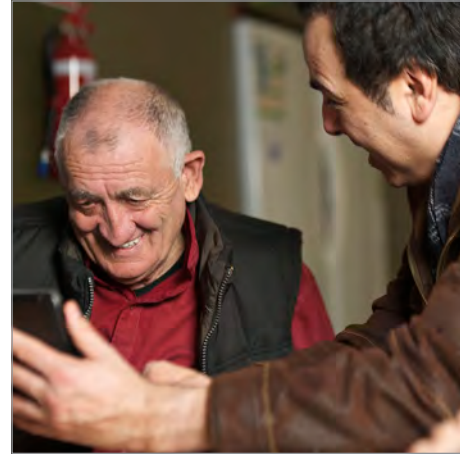
Incident reports

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

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

Confidential information

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



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

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

Example

Consumer consent form

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

Learning checkpoint 3

Provide personal support

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

Part A

The following table includes changes that a support worker might notice. For each one, tick whether it is a major or minor change and how it should be acted on or reported.

Change noticed	Major	Minor	How would you act on the situation and report it?
The person has an itchy rash all over their back			
The person's family are on holiday			
There is a tap that won't stop dripping			
The person falls and cannot get up			
The person's dog has run away			
A tree has fallen down over the person's driveway			
The person's grandson has moved into the home			
The person is unusually angry and aggressive			
The person's phone is out of order			
The person tells you they now have a case manager			
The person reports feeling sick and dizzy and appears pale			
The person says they do not feel hungry today			
The person is having difficulty with the buttons on their clothes			
The person is using a walking stick, but is becoming increasingly unsteady on their feet			

Incident and accident reports

- ▶ All support workers have work health and safety responsibilities. Communicating with others about risks is part of these responsibilities. If you witness a workplace accident involving a person, you may be required to fill out an accident report form. Recording near misses or incidents also assists in making improvements to workplace safety to minimise hazards or risks.

Example

Comply with organisational reporting requirements

Sara is an older person. One day her support worker, Lois, finds her on the bathroom floor. Sara said she tripped over. Lois helps Sara up and makes an appointment with her doctor.

Then she completes this form.

Accident/incident report form				
Section 1: Witness details				
Last name:	Johnson	Given name:	Lois	
Worker <input type="checkbox"/>	Visitor <input type="checkbox"/>	Client <input type="checkbox"/>	Contractor <input type="checkbox"/>	
Phone number:	03 5411 1111			
Section 2: Details of injured person				
Last name:	Apora	Given name:	Sara	
Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>		
Worker <input type="checkbox"/>	Visitor <input type="checkbox"/>	Client <input type="checkbox"/>	Contractor <input type="checkbox"/>	
Was the person injured?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Go to Section 3	Go to Section 4	
Section 3: Details of injury				
Date: 23/02/2016		Time: Approximately 8 am		
Location (on the person's body)	Bruising – left hip	Where did the injury occur?	Bathroom floor	
How did the injury occur?	The client reported that she tripped over.	Was the witness present at the time of the accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was medical help sought?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, provide details		Name: Jake Black, MD		
Contact details:				
Phone:				
25 Kalinga St, Bendigo				
5555 2222				
If no, explain why not				
Witness's name:		Lois Johnson		
Witness's signature:		L. Johnson		

Use correct form

Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and entries make sense.

Check information

Read information back to the person and/or their advocate to confirm its accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify.

Sign and date

Records should be signed and dated by the person completing them. Computer-based records may require a log-in to access records that identify the author.

Write reports

If you are not sure how to write reports, check with your line manager about the guidelines to follow.

Here are some tips to keep in mind.

Tips to assist in report writing

- ▶ Use the correct format; check if there is a template.
- ▶ Use the organisation's letterhead when appropriate.
- ▶ Follow protocols about using organisational stationery.
- ▶ Use correct terminology for your audience; for example, funding applications are different to reports for a person using your service.
- ▶ Ensure all reports are objective, accurate and easy to read.
- ▶ Ensure your reports are sending a professional message; use appropriate language, presentation, grammar and spelling.
- ▶ Show drafts to another authorised person for feedback.
- ▶ Some organisations have a requirement that any outgoing reports are signed off by a manager.

Maintain documentation

Recording and documenting work is an ongoing task. Documentation should not be allowed to get out of date. It must be completed as the work is done to prevent errors or omissions. It could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings.

Generally, records of past work are stored and maintained even if they no longer appear relevant, or have been superseded by more recent information. These documents may be required to assess changes in a person's needs over time; to demonstrate past support or to show a history of quality care. Your workplace will have procedures and guidelines about how and when documentation is to be completed.



Organisational policies and procedures

Stored as a reference for obligations of the organisation and workers, to ensure information about policies and procedures is accessible and up to date.

This information may be in hard copy and provided to staff. In some organisations, policies and procedures are only available electronically to ensure the most recent records are used.



Case files and information

Stored so a plan can be developed and implemented to meet individual needs and to meet duty of care and other legal requirements.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.



Staff information

Stored so human-resource functions (recruitment, induction, professional development and performance appraisal) can be implemented to meet duty-of-care and work health and safety obligations.

This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access.

Update information

There may be times when additional information is required to meet new standards. For example, when privacy legislation was introduced, community services providers had to get both existing and new people who used their services to sign 'consent to disclose information' forms. If they did not do this, it would be illegal for the service to share this information with other agencies. It is extremely important to regularly review and update all information to ensure it complies with all identified requirements.

Store the information

Information should always be kept in safe and secure areas. You must always follow organisational procedures for filing information. Personal information should not be kept in an area accessible to others.

There will be policies and procedures about where reports and documents should be filed or stored, so they can be easily located and referred to. Many organisations use electronic systems that record client details, referrals, assessments and case notes in a client database. To protect the client's privacy and confidentiality, files are password-protected, so only authorised people can access the information.

